

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



2014 Emergency Medical Services Plan

2020-2023 Annual Updates

Reviewed and updated 2020-2023

Contains Provider Data for CY 2019-2023
Financial Data for FY 2019-2022

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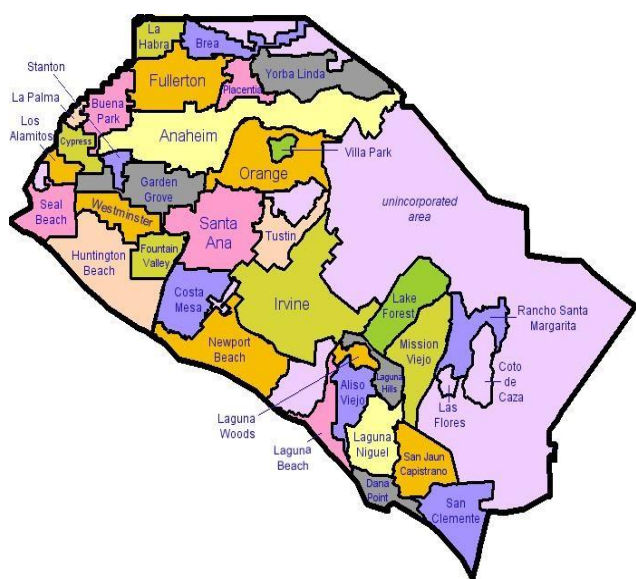
2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
August 2020-2023

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.

Orange County & EMS System Demographics

Population: 3.16 million
34 major cities & unincorporated areas



- 12 fire departments; 26 law agencies
- 1 Joint Forces Base
- 6 Medical Dispatch Centers
- 21 Ambulance Companies; >430 Ambulances
- 20 9-1-1 BLS Ambulance Zones
- >5,000 EMTs; 1,350 Paramedics
- 196 Mobile Intensive Care Nurses
- 24 emergency receiving centers
 - 4 Trauma Centers
 - 13 cardiovascular receiving centers
 - 9 stroke-neurology receiving centers
 - 2 comprehensive children's emergency
 - 7 base hospitals
 - 2 burn centers
 - 13 labor & delivery
- 15 EMT Training Programs
- 3 Paramedic Training Programs

ORANGE COUNTY 9-1-1 EMERGENCY RESPONSES FY									
2022-23	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16	2014-15	2013-14
301,153	279,301	241,980	242,201	234,589	234,459	204,683	193,538	183,794	170,804

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 and includes updates for years 2020-2023.

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](#).

Tammi McConnell, RN, MSN
Orange County EMS Director

August 14, 2023

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
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X	X		
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			

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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X	X		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X	X		In Progress 2/2023: Docs to EMSA & Awaiting Response
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan	X		X		
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X	X		

Table 1: Summary of System Status
B. STAFFING/TRAINING

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

Table 1: Summary of System Status**C. COMMUNICATIONS**

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

Table 1: Summary of System Status
D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X	X		
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X			
4.13 Intercounty Response*		X	X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X	X	Completed 8/2015	Completed 10/2019
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X		Completed 8/2015	Completed 10/2019
4.20 "Grandfathering"		X			Completed 10/2019
4.21 Compliance		X			In Progress 2/23 Docs to EMSA & Awaiting Response
4.22 Evaluation		X		Completed 8/2015	

Table 1: Summary of System Status
E. FACILITIES/CRITICAL CARE

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

Table 1: Summary of System Status
F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X	X	Completed 8/2015	
6.02 Prehospital Records		X			Completed 8/2016
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management -System*		X	X		In Progress
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X	X		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

Table 1: Summary of System Status
G. PUBLIC INFORMATION AND EDUCATION

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

Table 1: Summary of System Status
H. DISASTER MEDICAL RESPONSE

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

Section 2

Updated System Assessment Forms

UPDATED SYSTEM ASSESSMENT FORMS

System Organization and Management

1.24 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: Per EMSA, does not meet minimum standard.

NEED(S):

All ALS providers adhere to OCEMS medical control policies and procedures. There is a need to clarify the need to establish ALS agreements for provider agencies that performed ALS prior to the enactment of the EMS Act.

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.

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

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

August 2023 Update: IN PROGRESS: On 2/2/23, provided additional historical documentation of public ALS providers in service prior to 1980 (1978 EMS Plan). Awaiting EMSA response.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Staffing/Training

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard.

NEED(S):

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

OBJECTIVE:

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

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

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

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

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

October 2019 Update: IN PROGRESS: No change

October 2020 Update: Submitted proposal utilizing Epidemiology & Laboratory Capacity (ELC) funding for an EMS Bi-Directional Data Exchange Project to create technical linkages between EMS providers & designated emergency receiving centers (ERCs). OCPRHIO no longer involved.

November 2021 Update: Implemented Bi-Directional Data Exchange Project to enable more real time hospital data. ADT Software/EMS Health Information Hub will establish direct bi-directional data exchange between EMS providers & each designated emergency receiving center (ERC).

August 2022 Update: Enhancements to existing EMS data system modules (Health Information Hub) & EMS reporting & analytics software to allow aggregated patient outcome dashboards completed. Continue to engage with ERCs to coordinate agreements, security assessments, VPN connections & configuration/testing.

August 2023 Update: Initial beta testing completed with one provider and one ERC & starting to expand to others. All ERCs onboard with varying levels of progress.

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.

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

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

2020 - August 2023 Update: IN PROGRESS: On 2/2/23, provided additional historical documentation of public ALS providers in service prior to 1980 (1978 EMS Plan). Awaiting EMSA response.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Data Collection/System Evaluation

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high-risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: Meets minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

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

OBJECTIVE:

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

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

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

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

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

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

2020-2023 Update: IN PROGRESS: No Change from prior update.

TIME FRAME FOR MEETING OBJECTIVE:

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

Section 3

System Resources and Operations

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENTReporting Year: 2020-2023**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)	100	%
B.	Limited Advanced Life Support (LALS)		
C.	Advanced Life Support (ALS)	100	%
2.	Type of agency	B	
	a) Public Health Department		
	b) County Health Services Agency		
	c) Other (non-health) County Department		
	d) Joint Powers Agency		
	e) Private Non-Profit Entity		
	f) Other: _____		
3.	The person responsible for day-to-day activities of the EMS agency reports to	B	
	a) Public Health Officer		
	b) Health Services Agency Director/Administrator		
	c) Board of Directors		
	d) Other: _____		
4.	Indicate the non-required functions which are performed by the agency:		
	Implementation of exclusive operating areas (ambulance franchising)	X	
	Designation of trauma centers/trauma care system planning	X	
	Designation/approval of pediatric facilities	X	
	Designation of other critical care centers	X	
	Development of transfer agreements		
	Enforcement of local ambulance ordinance	X	
	Enforcement of ambulance service contracts	X	
	Operation of ambulance service		
	Continuing education	X	
	Personnel training	X	
	Operation of oversight of EMS dispatch center	X	
	Non-medical disaster planning		
	Administration of critical incident stress debriefing team (CISD)	X	
	Administration of EMS Fund [Senate Bill (SB) 12/612]		
	Administration of disaster medical assistance team (DMAT)	X	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**5. EXPENSES (Unit 6400: EMS only, does not include Emergency Management section/grant(s) expenses)**

	<u>FY19/20</u>	<u>FY20/21</u>	<u>FY21/20</u>
Salaries and benefits (All but contract personnel)	\$2,498,922	\$3,026,767	\$2,792,514
Contract Services (e.g. nurse medical director)	33,080	55,295	91,951
Operations (e.g. copying, postage, facilities)	988,955	1,089,431	1,235,445
Travel	12,137	0	4,134
Fixed assets			
Indirect expenses (overhead)			
Ambulance subsidy			
EMS Fund payments to physicians/hospital			
Dispatch center operations (non-staff)			
Training program operations			
Other:			
Other:			
Other:			
TOTAL EXPENSES	<u>\$3,533,094</u>	<u>\$4,171,493</u>	<u>\$4,124,045</u>

6. SOURCES OF REVENUE (Unit 6400: EMS only, does not include HDM/grant revenue)

Special project grant(s) [from EMSA]			
Preventive Health & Health Services (PHHS) Block Grant			
Office of Traffic Safety (OTS)			
State general fund			
County general fund	\$793,459	\$798,208	\$1,638,065
Other local tax funds (e.g., EMS district)			
County contracts (e.g. multi-county agencies)			
Certification fees	\$398,400	\$277,175	\$295,125
Training program approval fees	\$5,694	\$4,823	\$9,079
Training program tuition/Average daily attendance funds (ADA)			
Job Training Partnership ACT (JTPA) funds/other payments			
Base hospital application fees			
Trauma center application fees			
Trauma center designation fees	\$17,717	\$34,277	\$24,648
Pediatric facility approval fees			
Pediatric facility designation fees			
Other critical care center application fees			
Type: _____			
Ambulance service/vehicle fees	\$258,091	\$202,681	\$206,687
Contributions			
EMS Fund (SB 12/612)	\$1,081,068	\$1,042,078	\$960,774
American Rescue Plan Act		\$68,028	<\$592>
FEMA _____		\$94,566	<\$9,457>
Witness Fees		\$275	
Other(specify): <u>AMB EOA CONTRACT</u>	\$724,448	\$693,537	\$773,306
TOTAL REVENUE	<u>\$3,533,094</u>	<u>\$4,171,493</u>	<u>\$4,124,045</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

☐ We do not charge any fees

☒ Our fee structure is:

EMT OC Certification (¹ Does not include state pass thru initial fee)	\$125.00¹
EMT OC Recertification (² Does not include state pass thru recert fee)	\$125.00²
Ambulance Driver/Attendant License (³ Waived if applicant certifies thru OCEMS)	\$85³ / 2yrs
Paramedic Accreditation	\$73.00
Mobile Intensive Care Nurse/Authorized Registered Nurse Application	\$108.00 / 2yrs
EMT Training Program Application	\$923 / 4yrs
Paramedic Training Program Application	\$932 / 4yrs
Continuing Education Provider Application	\$3,325 / 4yrs
Trauma Receiving Center (Does Not Include ACS Verification Fee)	\$9,185 / 3yrs
Ambulance Company License	\$2,234 / yr
Ambulance Company Vehicle Inspection / Vehicle	\$160.00 / vehicle
Other: Ambulance Company Unit Re-Inspection / Vehicle	\$109.00 / vehicle
Other: Card Replacement	\$25.00
Other: Interfacility Transport Service Provider Application	\$1,525 / yr
Other: Customized Data Reports	\$109.00 / hour

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS	Hourly Maximum	BENEFITS (% of Salary)	FUNDING SOURCE		
					EMS	GRANTS	COMBO
EMS Director	Admin Mgr III, EMS Director	1.0	\$89.22	55.58%			X
Medical Director	Admin Mgr III (SPL), EMS Medical Director	1.0	\$109.08				X
Associate Medical Director	Admin Mgr III (SPL) Assoc. EMS Med Director	1.0	\$109.08				X
<i>EMS, Health Emergency Management</i>	<i>Chief Pharmacist</i>	1.0	\$78.40			X	
Asst. Admin/Admin. Mgr.	Admin Manager II, Assistant EMS Director	1.0	\$72.23		X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Systems/Standards Chief	1.0	\$58.10		X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Performance Chief	1.0	\$58.10		X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Information Systems Chief	1.0	\$58.10		X		
<i>Asst. Admin/Admin. Mgr.</i>	<i>Admin Manager I, Disaster Chief (Internal)</i>	<i>1.0</i>	<i>\$58.10</i>			X	
<i>Asst. Admin/Admin. Mgr.</i>	<i>Admin Manager I, Disaster (External)</i>	<i>1.0</i>	<i>\$58.10</i>			X	
QA/QI Coordinator	EMS Coordinator, OC-MEDS	1.0	\$50.36		X		
ALS/Field/Training Coordinator	EMS Coordinator, ALS	1.0	\$50.36		X		
BLS/Program/Field Liaison	EMS Coordinator, BLS	1.0	\$50.36		X		
Disaster Medical Planner	EMS Coordinator, Facilities	1.0	\$50.36		X		
Trauma Coordinator	EMS Coordinator, Trauma	1.0	\$50.36		X		
<i>EMS, Health Emergency Management</i>	<i>Program Supervisor II</i>	<i>5.0</i>	<i>\$45.08</i>			X	
Executive Secretary	Office Supervisor	1.0	\$28.66		X		
Data Evaluator/Analyst/Licensing	EMS Specialist	2.0	\$37.48		X		
Other/Ambulance Performance Contract	EMS Specialist	3.0	\$37.48		X		
Other/HEM/EMS Support	Staff Specialist	1.0	\$36.22			X	
<i>EMS, Health Emergency Management</i>	<i>Staff Assistant</i>	<i>2.0</i>	<i>\$30.85</i>			X	
Public Info. & Education Coordinator	Office Specialist	1.0	\$25.85			X	
<i>EMS, Health Emergency Management</i>	<i>Office Assistant</i>	<i>1.0</i>	<i>\$21.97</i>			X	
<i>EMS, Health Emergency Management</i>	<i>Storekeeper</i>	<i>2.0</i>	<i>\$30.24</i>			X	
Data Entry Clerk	Information Processing Technician	1.0	\$24.55		X		

ORANGE COUNTY HEALTH CARE AGENCY – MARCH 2020 - JUNE 2022

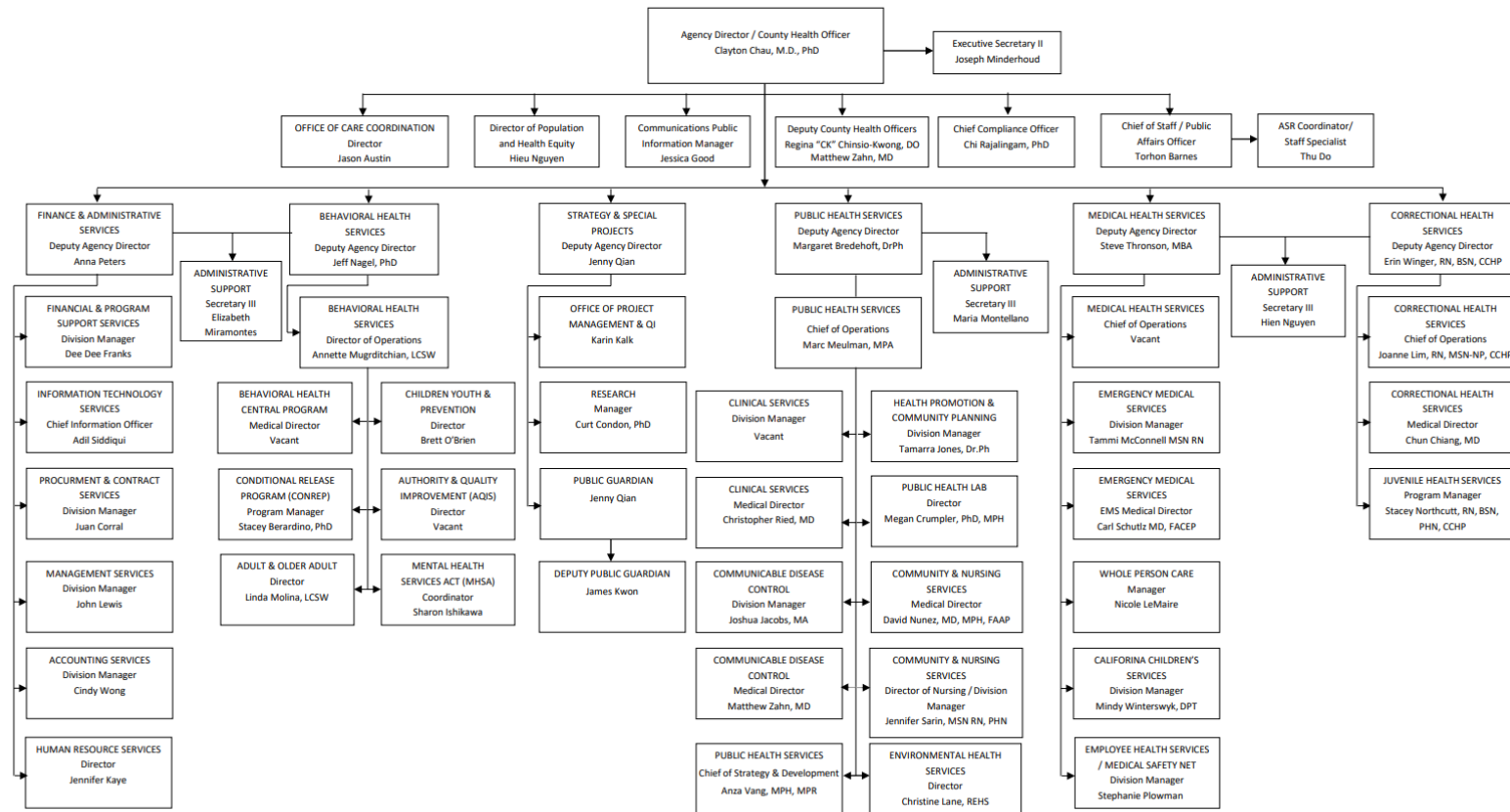


TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

ORANGE COUNTY HEALTH CARE AGENCY – JANUARY 2022 - June 2023

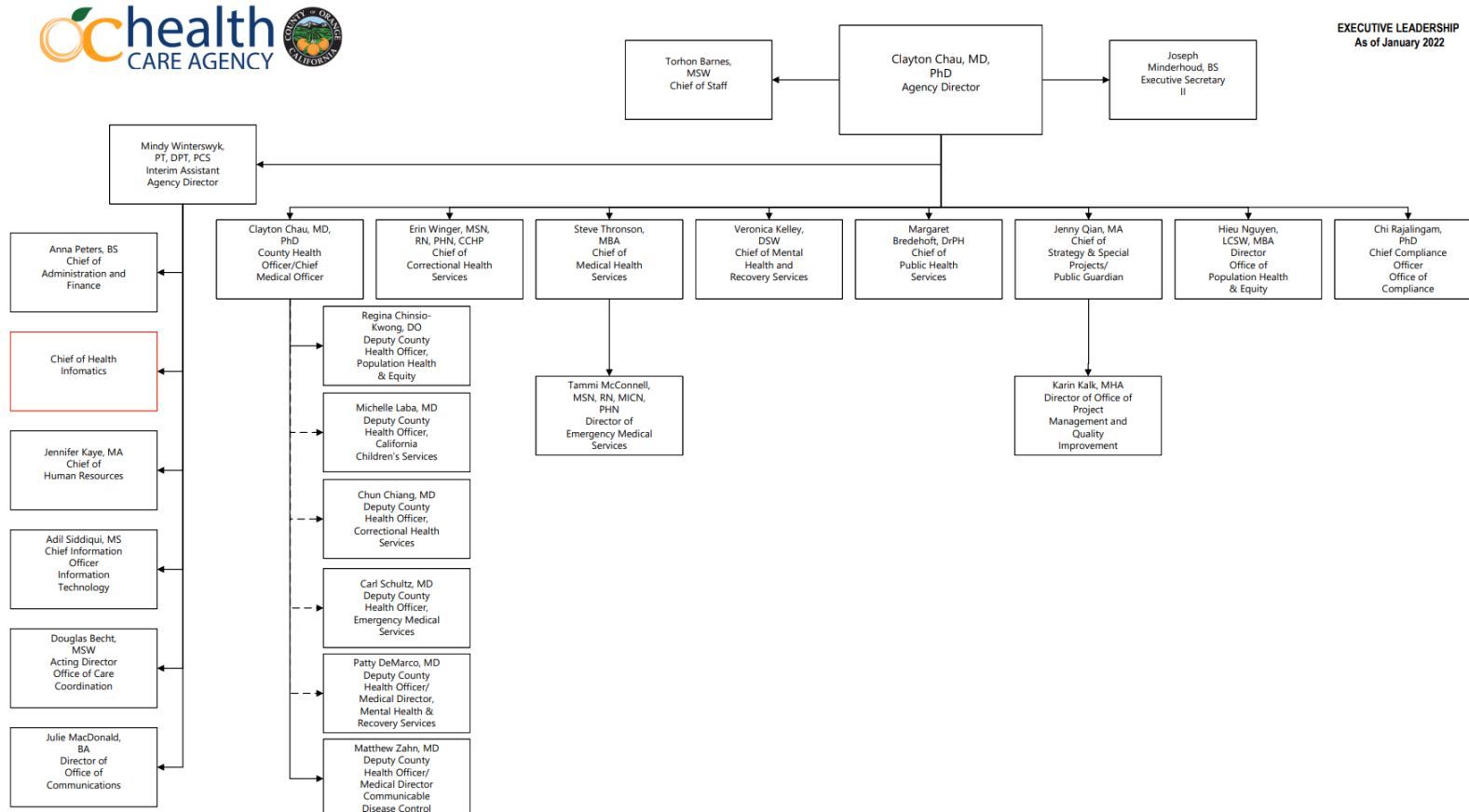


TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

ORANGE COUNTY HEALTH CARE AGENCY – JULY 2023

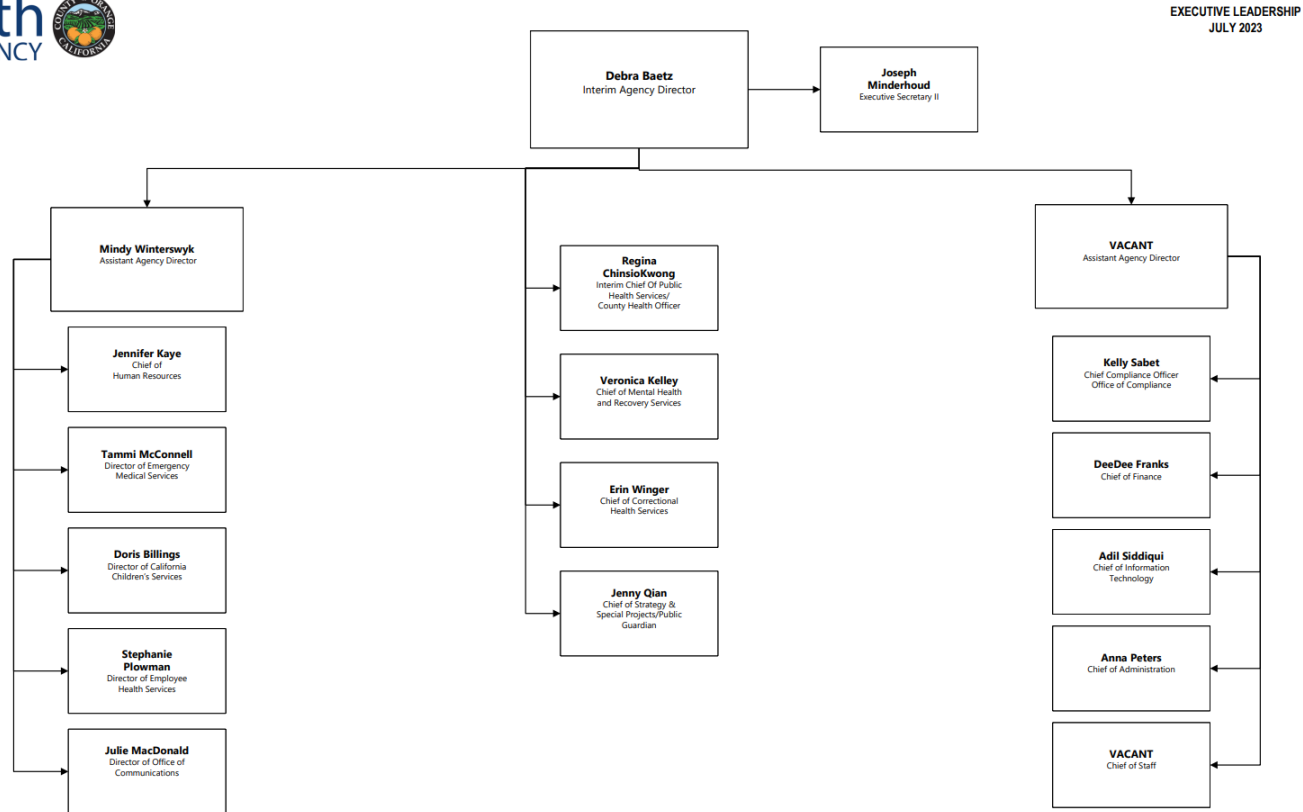


TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

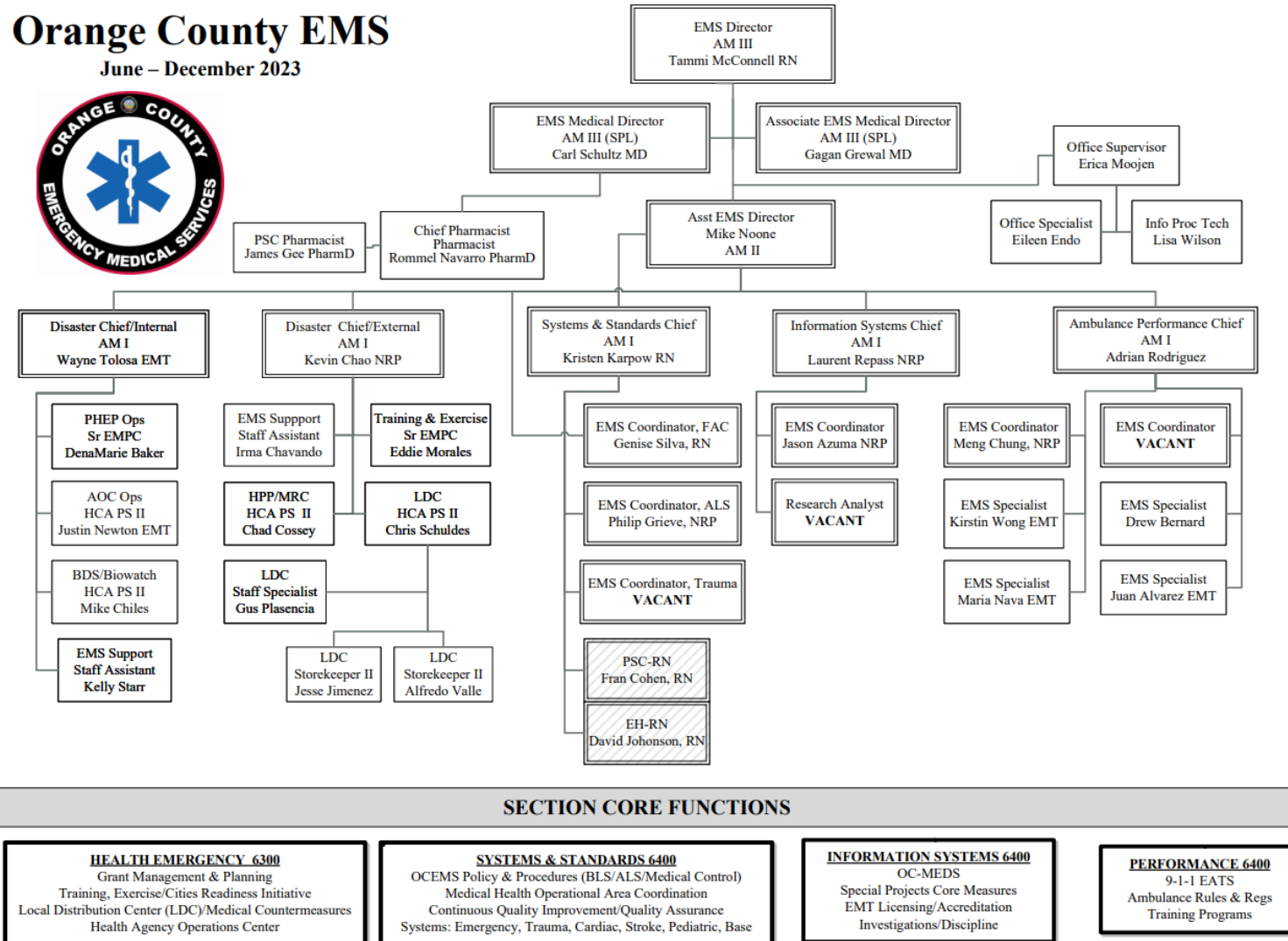


TABLE 3: STAFFING/TRAININGReporting Year: **FY 2020-2023****NOTE:** Table 3 is to be reported by agency. As of 2023, information is publicly accessible on [OCEMS Website](#).

	EMT-I				EMT-II	EMT-P				MICN			
	2020	2021	2022	2023	2020-23	2020	2021	2022	2023	2020	2021	2022	2023
Total Certified ³	4,275	4,805	5,225	5,092						116	80	121	87
Number newly certified this year ¹	1,084	1,404	1,059	1,334						25	24	26	
Number recertified this year ¹	1,125	1,390	1,372	1,324						91	56	95	
Total # of accredited personnel on July 1 of reporting year⁴	2,026	2,428	2,163	3,871		1,247	1,279	1,304	1,344	182	174	176	190
Number of certification reviews resulting in:													
a) formal investigations						1-EMSA	0	0	0	0			
b) probation						0							
c) suspensions						0							
d) revocations													
e) denials													
f) denials of renewal													
g) no action taken						1	0	0	0				

¹Initial ²Renewal/Reinstate ³Current Year New/Recerts + Prior Year New/Recerts ⁴Dashboard Accreditations

1. Early defibrillation

a. # of EMT-1/EMT-P (defib) authorized to use AED

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

2020	2021	2022	2023
3,273	3,707	3,467	5,215
n/a	n/a	n/a	n/a

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: **2020-2023**

- | | | |
|----|---|--|
| 1. | Number of primary Public Service Answering Points (PSAP)
<u>23 primary PSAPs (19-City law enforcement; 1-county sheriff (OCSD); 3-state: CHP, CSUF, UCI; 1-Disneyland)</u> | 24 |
| 2. | Number of secondary PSAPs
<u>(Costa Mesa, LACoFD, Laguna Beach, MetroNet, OCFA)</u> | 5 |
| 3. | Number of dispatch centers directly dispatching ambulances
<u>(Costa Mesa, LACoFD, Laguna Beach, MetroNet, OCFA, Placentia)</u> | 6 |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines
<u>(LACoFD, Laguna Beach, MetroNet, OCFA, Placentia)</u> | 4 |
| 5. | Number of designated dispatch centers for EMS Aircraft
<u>(LACoFD, MetroNet, OCFA, OCSD)</u> | 4 |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? | OCSD + 15 Cities |
| 7. | Who is your primary dispatch agency for a disaster? | OCSD + 15 Cities |
| 8. | Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. | Radio primary frequency <u>Public Safety VHF, UHF, 800 MHz</u> | |
| b. | Other methods <u>Telephone, fax, satellite phone, radio, amateur radio</u> | |
| c. | Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. | Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. | Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) | Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) | Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATIONReporting Year: **2020-2023****Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers (BLS Ambulance)**1. Number of EMT-Defibrillation providers **2020: 18 2021: 20 2022: 22 2023: 21****SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes:

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

TABLE 6: FACILITIES/CRITICAL CAREReporting Year: **CY20-22****NOTE:** Table 6 is to be reported by agency.

TRAUMA¹	2020	2021	2022
1. Number of patients meeting trauma triage criteria	7,998	8,993	9,948
2. Number of major trauma victims transported directly to a trauma center by ambulance	6,039	7,621	8,635
3. Number of major trauma patients transferred to a trauma center	578	631	719
4. Number of patients meeting triage criteria who weren't treated at a trauma center	0	0	0
EMERGENCY DEPARTMENTS (Designated by OCEMS)			
Total number of emergency departments	25	25	25
1. Number of referral emergency services			
2. Number of standby emergency services			
3. Number of basic emergency services	24	24	24
4. Number of comprehensive emergency services	1	1	1
RECEIVING HOSPITALS			
1. Number of receiving hospitals with written agreements	25	25	25
2. Number of base hospitals with written agreements	7	7	7

¹**Data source: trauma registry**

TABLE 7: DISASTER MEDICALReporting Year: **2020-2023**County: **ORANGE****NOTE:** Table 7 is to be answered for each county.**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? **Schools, senior centers, fire stations**
 - b. How are they staffed? **Local medical professionals, city/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 jurisdictions/EOCs you will need to interact with in a disaster? **73**
3. Have you tested your MCI Plan in 2020, 2021, 2022, 2023 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 agreement with community clinics in your operational areas to participate in disaster planning and response? **X Yes** ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes **X No**
8. Are you a separate department or agency? ☐ Yes **X No**
9. If not, to whom do you report? Director, Orange County Health Care Agency
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **N/A**

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

County: Orange **Provider:** All Town Ambulance **Response Zone:** N/A

Address: 7755 Haskell Ave **Number of Ambulance Vehicles in Fleet:** 4
Van Nuys, CA 91406

Phone Number: (877) 787-8737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

County: Orange **Provider:** Ambulanz Health (2020-21) **Response Zone:** N/A

Address: 7755 Haskell Ave **Number of Ambulance Vehicles in Fleet:** 11
Van Nuys, CA 91406

Phone Number: (877) 787-8737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

2299 Total number of responses
14 Number of emergency responses
2150 Number of non-emergency responses

2299 Total number of transports
14 Number of emergency transports
2150 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

21284 Total number of responses
1502 Number of emergency responses
19782 Number of non-emergency responses

19592 Total number of transports
57 Number of emergency transports
19536 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/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: 7755 Haskell Ave **Number of Ambulance Vehicles in Fleet:** 4
Van Nuys, CA 91406

Phone Number: (877) 787-8737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 13257 Saticoy Street **Number of Ambulance Vehicles in Fleet:** 3
North Hollywood, CA 91605

Phone Number: (818) 859-7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

32 Total number of responses
18 Number of emergency responses
14 Number of non-emergency responses

32 Total number of transports
25 Number of emergency transports
7 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 1557 Santa Anita Ave. **Number of Ambulance Vehicles in Fleet:** 1
South El Monte, CA 91733

Phone Number: (562) 968-1818 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Table 8: Resource Directory
Reporting Year: 2020-2022 (licensing data)
Response/Transportation/Providers
Note: Table 8 is to be completed for each provider by county. Make copies as needed.

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

Address: 1517 W. Braden Court **Number of Ambulance Vehicles in Fleet:** 123
Orange, CA 92868

Phone Number: (714) 288-3800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 123

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

638381 Total number of responses
271656 Number of emergency responses
355213 Number of non-emergency responses

430204 Total number of transports
190423 Number of emergency transports
239781 Number of non-emergency transports

Table 8: Resource Directory
Reporting Year: 2020-2022 (licensing data)
Response/Transportation/Providers

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

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

Address: 2316 South Susan St **Number of Ambulance Vehicles in Fleet:** 13
Santa Ana, CA 92704

Phone Number: (800) 420-2221 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 13

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

48259 Total number of responses
2672 Number of emergency responses
45587 Number of non-emergency responses

43363 Total number of transports
1811 Number of emergency transports
41552 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 3200 E. Birch Street, Suite A **Number of Ambulance Vehicles in Fleet:** 16
Brea, CA 92821

Phone Number: (800) 400-0689 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 16

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

53608 Total number of responses
25763 Number of emergency responses
27845 Number of non-emergency responses

40001 Total number of transports
14362 Number of emergency transports
25639 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

617 Total number of responses
58 Number of emergency responses
559 Number of non-emergency responses

587 Total number of transports
15 Number of emergency transports
572 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

County: Orange **Provider:** Frontline EMS **Response Zone:** N/A

Address: 12868 Garden Grove Blvd Suite A
Garden Grove, CA 92843 **Number of Ambulance Vehicles in Fleet:** 1

Phone Number: (657) 377-0827 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

16 Total number of responses
1 Number of emergency responses
15 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 144 East Emerson Ave Suite A **Number of Ambulance Vehicles in Fleet:** 6
Orange, CA 92865

Phone Number: (714) 997-4262 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

1143 Total number of responses
214 Number of emergency responses
929 Number of non-emergency responses

1129 Total number of transports
116 Number of emergency transports
1013 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 9441 Washburn Road **Number of Ambulance Vehicles in Fleet:** 25
Downey, CA 90242

Phone Number: (562) 741-6230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

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

55451 Total number of responses
3672 Number of emergency responses
51779 Number of non-emergency responses

52225 Total number of transports
3610 Number of emergency transports
48605 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 6605 East Washington Blvd **Number of Ambulance Vehicles in Fleet:** 48
Commerce, CA 90040

Phone Number: (800) 700-9344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 48

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

105550 Total number of responses
506 Number of emergency responses
105044 Number of non-emergency responses

100696 Total number of transports
473 Number of emergency transports
100223 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

County: Orange **Provider:** LifeWest Southern California **Response Zone:** N/A

Address: 3176 Pullman St Suite 114 **Number of Ambulance Vehicles in Fleet:** 6
Costa Mesa CA 92626

Phone Number: (800) 400-2300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

4353 Total number of responses
25 Number of emergency responses
4328 Number of non-emergency responses

4173 Total number of transports
5 Number of emergency transports
4168 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 2950 La Jolla Street **Number of Ambulance Vehicles in Fleet:** 31
Anaheim, CA 92806

Phone Number: (714) 347-3262 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 31

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

113889 Total number of responses
22973 Number of emergency responses
90916 Number of non-emergency responses

101735 Total number of transports
10139 Number of emergency transports
91596 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 625 East Carnegie Drive Suite 150 **Number of Ambulance Vehicles in Fleet:** 3
San Bernardino CA 92408

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

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

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

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

Air Ambulance Services

276 _____ Total number of responses
273 _____ Number of emergency responses

270 _____ Total number of transports
257 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 260 North Palm Street Suite 200 **Number of Ambulance Vehicles in Fleet:** 74
Brea, CA 92821

Phone Number: (888) 353-9556 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 74

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

191527 Total number of responses
3442 Number of emergency responses
194085 Number of non-emergency responses

185140 Total number of transports
1979 Number of emergency transports
183161 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: 8928 Sepulveda Blvd. **Number of Ambulance Vehicles in Fleet:** 9
North Hills, CA 91343

Phone Number: (818) 810-3600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

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

1537 Total number of responses
2 Number of emergency responses
1535 Number of non-emergency responses

1066 Total number of transports
6 Number of emergency transports
1063 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

17 Total number of transports
1 Number of emergency transports
16 Number of non-emergency transports

Table 8: Resource Directory
Reporting Year: 2020-2022 (licensing data)
Response/Transportation/Providers

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

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

Address: 15501 South Broadway **Number of Ambulance Vehicles in Fleet:** 11
Gardena, CA 90248

Phone Number: (855) 474-6735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

12636 Total number of responses
302 Number of emergency responses
12334 Number of non-emergency responses

12536 Total number of transports
20 Number of emergency transports
12287 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

County: Orange **Provider:** Symbiosis **Response Zone:** N/A

Address: 1801 Orange Tree Lane Suite 100 **Number of Ambulance Vehicles in Fleet:** 7
Redlands, CA 92374

Phone Number: (866) 728-3483 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

1209 Total number of responses
66 Number of emergency responses
1143 Number of non-emergency responses

960 Total number of transports
3 Number of emergency transports
957 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

<u>24,018</u>	Total number of responses	<u>0</u>	Total number of transports
<u>23,979</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>39</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

Address: One Civic Center Circle **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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

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

Table 8: Resource Directory
Reporting Year: 2020-2022 (licensing data)
Response/Transportation/Providers

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

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

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

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

County: Orange **Provider:** Garden Grove Fire Department (2019 data); joined OCFA 2019 **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

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

<u>10,274</u>	Total number of responses	<u>0</u>	Total number of transports
<u>10,272</u>	Number of emergency responses	<u>0</u>	Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

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

Table 8: Resource Directory
Reporting Year: 2020-2022 (licensing data)
Response/Transportation/Providers

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

County: Orange **Provider:** City of La Habra (Contracts w/ LA County Fire & Care Ambulance) **Response Zone:** OA-12

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

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

<u>9,685</u>	Total number of responses	<u>0</u>	Total number of transports
<u>9,678</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>7</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

County: Orange **Provider:** Orange County Fire Authority **Response Zone:** OA-3, 8, 18, EOA-20, 25, Regions A, B, C, D, E

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

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

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

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

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

Transporting Agencies

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

45 Total number of responses
45 Number of emergency responses

Air Ambulance Services

60 Total number of transports
60 Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2022 (licensing data)

Response/Transportation/Providers

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

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

100 Avenida Presidio
San Clemente, CA 92672

Number of Ambulance Vehicles in Fleet: Provided by Care

Phone Number: (949) 361-8200

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Anaheim Regional Medical Center
Address: 1111 W. La Palma Avenue
Anaheim, CA 92801

Telephone Number: 714-774-1450

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

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

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

TABLE 9: FACILITIES

County: 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

Emergency Receiving Center Designation revoked Feb 2023; May reapply Aug 2023

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Children's Hospital of Orange County
Address: 1201 W. La Veta Ave
Orange, CA 92868

Telephone Number: 714-997-3000

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Foothill Regional Medical Center
Address: 14662 Newport Avenue
Tustin, CA 92780

Telephone Number: 714-619-7700

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Fountain Valley Hospital
Address: 17100 Euclid Street
Fountain Valley, CA 92708

Telephone Number: 714-966-7200

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Garden Grove Hospital & Medical Center
Address: 12601 Garden Grove Boulevard
Garden Grove, CA 92843

Telephone Number: 714-537-5160

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

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Hoag Memorial Hospital Presbyterian
Address: One Hoag Drive
Newport Beach, CA 92658-6100

Telephone Number: 949-764-4624

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

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

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Hoag Hospital Irvine
Address: 16200 Sand Canyon Avenue
Irvine, CA 92618

Telephone Number: 949-517-3000

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Huntington Beach Hospital
Address: 17772 Beach Boulevard
Huntington Beach, CA 92647

Telephone Number: 714-843-5000

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

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Kaiser Permanente Orange County, Anaheim
Address: 3440 E. La Palma Avenue
Anaheim, CA 92806

Telephone Number: 714-644-2000

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Kaiser Permanente Orange County, Irvine
Address: 6640 Alton Parkway
Irvine, CA 92618

Telephone Number: 949-932-5000

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: La Palma Intercommunity Hospital
Address: 7901 Walker Street
La Palma, CA 90623

Telephone Number: 714-670-7400

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

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

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Los Alamitos Medical Center
Address: 3751 Katella Avenue
Los Alamitos, CA 90720

Telephone Number: 562-598-1311

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Mission Hospital, Mission Viejo
Address: 27700 Medical Center Road
Mission Viejo, CA 92691

Telephone Number: 949-364-1400

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

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Mission Hospital, Laguna Beach
Address: 31872 Coast Highway
Laguna Beach, CA 92651

Telephone Number: 949-499-1311

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

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

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Orange Coast Memorial Medical Center
Address: 9920 Talbert Avenue
Fountain Valley, CA 92708

Telephone Number: 714-378-7000

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Orange County Global Medical Center
Address: 1001 N. Tustin Avenue
Santa Ana, CA 92705

Telephone Number: 714-835-3555

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

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

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Placentia Linda Hospital
Address: 1301 North Rose Drive
Placentia, CA 92870

Telephone Number: 714-933-2000

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

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

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

Telephone Number: 949-837-4500

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

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

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: South Coast Global Medical Center
Address: 2701 S. Bristol Street
Santa Ana, CA 92704

Telephone Number: 714-754-5454

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

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: St. Joseph Hospital
Address: 1100 W. Stewart Drive
Orange, CA 92868

Telephone Number: 714-633-9111

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

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

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Saint Jude Medical Center
Address: 101 E. Valencia Mesa Drive
Fullerton, CA 92835

Telephone Number: 714-992-3000

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

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

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

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

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

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

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: West Anaheim Medical Center
Address: 3033 W. Orange Avenue
Anaheim, CA 92804

Telephone Number: 714-827-3000

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

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

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

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

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

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

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Anaheim Fire Department		Telephone Number:		714-765-4022			
Address:		201 S. Anaheim Blvd, Suite 300							
		Anaheim, CA 92805							
Student Eligibility*:	Restricted	Cost of Program:	**Program Level	EMT-Basic					
		Basic:	\$0						
		Refresher:	\$0						
Number of students completing training per year:				2019	2020	2021	2022		
Initial				52	52	51	45		
Refresher:				0	0	0	0		
Continuing Education:				35	0	0	0		
Expiration Date:				12/31/22	12/31/22	12/31/22	12/31/22		
Number of courses:									
Initial training:				NR	NR	NR	NR		
Refresher:				NR	NR	NR	NR		
Continuing Education:				30	30	30	30		
*Open to general public or restricted to certain personnel only.									
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each									

Training Institution:		Coastline ROP		Telephone Number:		714-429-2250			
Address:		1001 Presidio Square							
		Costa Mesa, CA 92624-1584							
Student Eligibility*:	Open to public	Cost of Program:		**Program Level	EMT-Basic				
		Basic:	\$1200						
		Refresher:	n/a	Number of students completing training per year:		2019	2020	2021	2022
				Initial	52	52	51	45	
*No cost for HS students				Refresher:	0	0	0	0	
				Continuing Education:	0	0	0	0	
				Expiration Date:	9/30/21	9/30/21	9/30/21	9/30/25	
				Number of courses:					
				Initial training:	4	4	4	3	
				Refresher:	0	0	0	0	
				Continuing Education:	0	0	0	0	
*Open to general public or restricted to certain personnel only.									
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each									

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		College & Career Advantage (formerly South Coast ROP)			Telephone Number:		949-234-9479		
Address:		33122 Valle Rd San Juan Capistrano, CA 92675							
Student Eligibility*:	Restricted-High School Only	Cost of Program:	**Program Level	EMT-Basic					
		Basic:	\$0						
		Refresher:	n/a	Number of students completing training per year:	2019	2020	2021	2022	
		Initial			68	68	74	52	
		Refresher:			0	0	0	0	
		Continuing Education:			0	0	0	0	
		Expiration Date:			10/18/22	10/18/22	10/18/22	10/18/22	
		Number of courses:							
		Initial training:			8	8	8	8	
		Refresher:			0	0	0	0	
		Continuing Education:			0	0	0	0	
*Open to general public or restricted to certain personnel only.									
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each									

Training Institution:		Costa Mesa Fire Department		Telephone Number:		714-754-5155			
Address:		77 Fair Drive							
		Costa Mesa, CA 92626							
Student Eligibility*:	Restricted Employees Only	Cost of Program:	**Program Level	EMT-Basic					
		Basic:	\$0						
		Refresher:	\$0						
Number of students completing training per year:				2019	2020	2021	2022		
Initial				0	52	51	45		
Refresher:				0	0	0	0		
Continuing Education:				68	68	434	493		
Expiration Date:				11/30/21	11/30/21	11/30/21	11/30/25		
Number of courses:									
Initial training:				0	0	0	0		
Refresher:				0	0	0	0		
Continuing Education:				8	8	15	17		
*Open to general public or restricted to certain personnel only.									
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each									

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Laguna Fire Department		Telephone Number:		949-497-0700	
Address:		509 Forest Ave Laguna Beach, CA 92651					
Student Eligibility*:	Restricted Employees Only	Cost of Program:	**Program Level	EMT-Basic			
		Basic: \$0					
		Refresher: \$0					
Number of students completing training per year:				2019	2020	2021	2022
Initial				0	0	0	0
Refresher:				0	0	46	0
Continuing Education:				37	37	37	37
Expiration Date:				12/31/21	12/31/21	12/31/21	12/31/25
Number of courses:							
Initial training:				0	0	0	0
Refresher:				0	0	1	0
Continuing Education:				12	12	12	12
*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							
Blank: No Response							

Training Institution:		Newport Beach Fire Department		Telephone Number:		949-644-3384	
Address:		3300 Newport Blvd. Newport Beach, CA 92653					
Student Eligibility*:	Restricted Employees Only	Cost of Program:	**Program Level	EMT-Basic			
		Basic: \$0					
		Refresher: \$0					
Number of students completing training per year:				2019	2020	2021	2022
Initial				0	0	0	0
Refresher:				0	0	70	0
Continuing Education:				125	125	130	130
Expiration Date:				11/30/21	11/30/21	11/30/21	11/30/25
Number of courses:							
Initial training:				0	0	0	0
Refresher:				0	0	1	0
Continuing Education:				21	21	27	22
*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							
Blank: No Response							

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		North Orange County ROP		Telephone Number:		714-292-7350	
Address:		1800 W Ball Road Anaheim, CA 92804					
Student Eligibility*:	High School only	Cost of Program:	**Program Level	EMT-Basic			
		Basic:	\$1000				
		Refresher:	\$250				
				Number of students completing training per year:	2019	2020	2021
				Initial	NR	NR	NR
				Refresher:	NR	NR	NR
				Continuing Education:	NR	NR	NR
				Expiration Date:	5/31/21	5/31/21	5/31/21
				Number of courses:			
				Initial training:	NR	NR	NR
				Refresher:	NR	NR	NR
				Continuing Education:	NR	NR	NR
*No cost for HS students							
*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							
NR: No Response							

Training Institution:		Orange Coast College		Telephone Number:		714-432-5089	
Address:		2701 Fairview Road Costa Mesa, CA 92628					
Student Eligibility*:	Open to Public	Cost of Program:	**Program Level	EMT-Basic			
		Basic:	\$1300				
		Refresher:	\$63				
				Number of students completing training per year:	2019	2020	2021
				Initial	85	85	46
				Refresher:	3	3	3
				Continuing Education:	3	3	3
				Expiration Date:	5/31/21	5/31/21	5/31/21
				Number of courses:			
				Initial training:	3	3	2
				Refresher:	1	1	1
				Continuing Education:	1	1	1
*Open to general public or restricted to certain personnel only.							
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each							

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Orange County EMT (OCEMT)			Telephone Number:		949-421-3958			
Address:		26849 Rancho Parkway South Lake Forest, CA 92630								
Student Eligibility*:	Open to Public	Cost of Program:		**Program Level	EMT-Basic					
		Basic:	\$1300							
		Refresher:	\$197	Number of students completing training per year:		2019	2020	2021	2022	
				Initial	550	550	376	284		
				Refresher:	60	48	60	36		
				Continuing Education:	60	60	48	42		
				Expiration Date:	5/31/21	5/31/21	5/31/21	5/31/25		
				Number of courses:						
				Initial training:	20	17	20	8		
				Refresher:	2	2	2	2		
				Continuing Education:	2	2	2	2		
*Open to general public or restricted to certain personnel only.										
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each										

Training Institution:		Orange County EMT (OCEMT)			Telephone Number:		949-421-3958		
Address:		26849 Rancho Parkway South Lake Forest, CA 92630							
Student Eligibility*:	Open to Public	Cost of Program:	**Program Level	EMT-Paramedic					
		Basic:	\$10000						
		Refresher:	\$197						
Number of students completing training per year:				2019	2020	2021	2022		
Initial				81	81	98	149		
Refresher:				0	0	0	0		
Continuing Education:				120	120	132	90		
Expiration Date:				5/31/21	5/31/21	5/31/21	5/31/25		
Number of courses:									
Initial training:				3	3	3	3		
Refresher:				0	0	0	0		
Continuing Education:				4	4	4	4		
*Open to general public or restricted to certain personnel only.									
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each									

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		City of Orange Fire Department		Telephone Number:		<u>714-288-2503</u>	
Address:		178 South Grand Street Orange, CA 92866					
Student Eligibility*:	Restricted Employees Only	Cost of Program:	**Program Level	EMT-Basic			
		Basic: \$0					
		Refresher: \$0					
			Number of students completing training per year:	2019	2020	2021	2022
			Initial	0	0	0	0
			Refresher:	0	0	70	0
			Continuing Education:	363	363	637	574
			Expiration Date:	10/31/21	10/31/21	10/31/21	10/31/25
			Number of courses:				
			Initial training:	0	0	0	0
			Refresher:	0	0	1	0
			Continuing Education:	9	9	12	18
*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							
Blank: No Response							

Training Institution:		Orange County Fire Authority		Telephone Number:		<u>714-573-6072</u>	
Address:		One Fire Authority Road Santa Ana, CA 92706					
Student Eligibility*:	Restricted Employees Only	Cost of Program:	**Program Level	EMT-Basic			
		Basic: \$0					
		Refresher: \$0					
			Number of students completing training per year:	2019	2020	2021	2022
			Initial	0	0	0	0
			Refresher:	0	0	70	0
			Continuing Education:	530	530	530	530
			Expiration Date:	10/31/21	10/31/21	10/31/21	10/31/25
			Number of courses:				
			Initial training:	0	0	0	0
			Refresher:	0	0	1	0
			Continuing Education:	107	107	107	107
*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							
Blank: No Response							

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:		ProTech Life Safety		Telephone Number:		714-661-5762	
Address:		1413 W Braden Court Orange, CA 92868					
Student Eligibility*:	Open to Public	Cost of Program:	**Program Level	EMT-Paramedic			
		Basic:	\$1100				
		Refresher:	\$197				
		Number of students completing training per year:		2019	2020	2021	2022
		Initial		NR	NR	NR	NR
		Refresher:		NR	NR	NR	NR
		Continuing Education:		NR	NR	NR	NR
		Expiration Date:		12/1/20	12/1/20	12/1/20	12/1/24
		Number of courses:					
		Initial training:		NR	NR	NR	NR
		Refresher:		NR	NR	NR	NR
		Continuing Education:		NR	NR	NR	NR
*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							
NR: No Response							

Training Institution:		Saddleback College		Telephone Number:		949-582-4959	
Address:		2800 Marguerite Parkway Mission Viejo, CA 92691					
Student Eligibility*:	Open to Public	Cost of Program:	**Program Level	EMT-Paramedic			
		Basic:	\$1771				
		Refresher:	\$53				
Paramedic Prep: \$204		Number of students completing training per year:		2019	2020	2021	2022
		Initial		40	40	36	35
		Refresher:		0	0	0	0
		Continuing Education:		0	0	0	0
		Expiration Date:		5/31/21	5/31/21	5/31/21	5/31/25
		Number of courses:					
		Initial training:		5	5	4	5
		Refresher:		0	0	0	0
		Continuing Education:		0	0	0	0
*Open to general public or restricted to certain personnel only.							
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each							

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:		Saddleback College		Telephone Number:		949-582-4959			
Address:		2800 Marguerite Parkway							
		Mission Viejo, CA 92691							
Student Eligibility*:	Open to Public	Cost of Program:		**Program Level	EMT-Basic				
		Basic:	\$605						
		Refresher:	\$150	Number of students completing training per year:		2019	2020	2021	2022
Paramedic Prep: \$204				Initial		66	66	127	72
				Refresher:		0	0	0	0
				Continuing Education:		0	0	0	0
				Expiration Date:		3/1/20	3/1/24	3/1/24	3/1/24
				Number of courses:					
				Initial training:		5	5	5	4
				Refresher:		0	0	0	0
				Continuing Education:		0	0	0	0
*Open to general public or restricted to certain personnel only.									
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each									

Training Institution:		Santa Ana College – Nursing Department			Telephone Number:		949-564-6825		
Address:		1530 W 17 th Street Santa Ana, CA 92701							
Student Eligibility*:	Open to Public	Cost of Program:		**Program Level	EMT-Basic				
		Basic:	\$800						
		Refresher:	\$164	Number of students completing training per year:		2019	2020	2021	2022
				Initial		159	159	163	119
				Refresher:		15	15	19	13
				Continuing Education:		90	90	104	77
				Expiration Date:		8/31/22	8/31/22	8/31/22	8/31/22
				Number of courses:					
				Initial training:		7	7	7	7
				Refresher:		1	1	1	1
				Continuing Education:		13	13	14	12
*Open to general public or restricted to certain personnel only.									
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each									

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019-2022**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:		US Colleges		Telephone Number:		714-687-6824	
Address:		1840 E 17 th Street #105					
		Orange, CA 92013					
Student Eligibility*:	Open to Public	Cost of Program:	**Program Level	EMT-Basic			
		Basic:	\$1995				
		Refresher:	\$NR				
Number of students completing training per year:				2019	2020	2021	2022
Initial						NR	NR
Refresher:						NR	NR
Continuing Education:						NR	NR
Expiration Date:						12/31/25	12/31/25
Number of courses:							
Initial training:						NR	NR
Refresher:						NR	NR
Continuing Education:						NR	NR
<p>*Open to general public or restricted to certain personnel only.</p> <p>** 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</p> <p>NR: No Response</p>							

Training Institution:		West Coast EMT		Telephone Number:		714-558-9604	
Address:		932 Town & Country Road					
		Orange CA 92013					
Student Eligibility*:	Open to Public	Cost of Program:	**Program Level	EMT-Basic			
		Basic:	\$995				
		Refresher:	\$NR				
Number of students completing training per year:				2019	2020	2021	2022
Initial				781	781	467	631
Refresher:				459	459	540	475
Continuing Education:				101	101	211	125
Expiration Date:				2/29/20	2/29/20	2/29/24	2/29/24
Number of courses:							
Initial training:				27	27	27	27
Refresher:				18	18	14	15
Continuing Education:				12	12	18	18
<p>*Open to general public or restricted to certain personnel only.</p> <p>** 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</p> <p>NR: No Response</p>							

TABLE 11: DISPATCH AGENCY**County:** ORANGE**Reporting Year:** 2019-2023**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Costa Mesa Communications</u>		Primary Contact:	<u>Jennifer Ruffalo</u>	
Address:	<u>79 Fair Drive</u>				
	<u>Costa Mesa, CA 92626</u>				
Telephone Number:	<u>714-754-5333/714-754-5260</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	EMD Training	EMT-D	ALS
			BLS	ALS	25 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>Kristen Berry</u>	
Address:	<u>505 Forest Avenue</u>				
	<u>Laguna Beach, CA 92651</u>				
Telephone Number:	<u>949-497-0399/949-497-0399</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	12 EMD Training	EMT-D	ALS
			BLS	LALS	Other
Ownership:	If Public:		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:** 2019-2023**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>La Habra-Los Angeles County Fire Command & Control Center</u>		Primary Contact:	<u>Chief Frank Forman</u>
Address:	<u>850 W. La Habra Blvd</u>			
	<u>La Habra CA 90063</u>			
Telephone Number:	<u>323-881-6183/213-200-2206</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	90 (on district desk) EMD Training EMT-D 12 (FTE's) ALS	
			(ambulance) BLS ALS Other	
Ownership:		If Public:	If Public: <input checked="" type="checkbox"/> City <input checked="" 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>Brenda Carrion</u>
Address:	<u>201 S. Anaheim Blvd., Suite 302</u>			
	<u>Anaheim, CA 92805</u>		JPA/Cities: Anaheim, Brea, Huntington Beach, Fountain Valley, Fullerton, Newport Beach, Orange	
Telephone Number:	<u>714-765-4079/714-765-4077</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	34 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:** 2019-2023**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>Cole Whitlock</u>		
Address:	<u>1 Fire Authority Road</u>				
	<u>Irvine, CA 92602</u>				
Telephone Number:	<u>714-573-6500/714-573-6578</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	33 EMD Training	EMT-D	ALS
			BLS	ALS	Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public:	<input type="checkbox"/> City	<input type="checkbox"/> County
		<input type="checkbox"/> Law		<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District
		<input type="checkbox"/> Other		<input type="checkbox"/> Federal	
		Explain:			

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

TABLE 11: DISPATCH AGENCY**County:** ORANGE**Reporting Year:** 2019-2023**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Placentia Police Department / Fire & Life Safety</u>		Primary Contact:	<u>Stefanie Acosta Reyes</u>	
Address:	<u>401 E Chapman Avenue</u>				
	<u>Placentia, CA 92870</u>				
Telephone Number:	<u>714-993-8221</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	19 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"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain:			

Section 4

Ambulance Zone Summary Forms

Date: December 1, 2020-2023

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region A (Placentia, Yorba Linda)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Emergency Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Placentia, Yorba Linda and Unincorporated/County Islands: Brea Unincorporated, Tonner Canyon, Chino Hills State Park, Country Club, Fairlynn
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 BLS Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2018, an RFP#CS18-1276217-DB was conducted and a contract awarded on January 28, 2020 to Emergency Ambulance Service, Inc. for a five-year term, 6/1/20 through 5/31/25.

Date: December 1, 2020 - 2023

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region B (Cypress, La Palma, Los Alamitos, Seal Beach, Stanton)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Cypress, La Palma, Los Alamitos, Seal Beach, Stanton and Unincorporated/County Islands: Rossmoor, Bolsa Chica, Midway City, Carmel/Lampson, Dale/Augusta, Katella/Rustic, Mac-Syracuse
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 BLS Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2019, an RFP#CS18-1276217-DB was conducted and a contract awarded on January 28, 2020 to Care Ambulance Service, Inc. for a five-year term, 6/1/20 through 5/31/25.

Date: December 1, 2020 - 2023

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region C (Irvine, Tustin, Villa Park)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Irvine, Tustin, Villa Park and Unincorporated/County Islands: John Wayne Airport, Irvine Sphere of Influence, Tustin, Cowan, Lemon Heights, North Tustin (Orange and Tustin portions), Villa Park, Silverado Canyon, El Modena, Lincoln/Glassell, North El Modena, Olive Heights, Orange Park Acres, Santiago Creek)
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 BLS Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2019, an RFP#CS18-1276217-DB was conducted and a contract awarded on January 28, 2020 to Care Ambulance Service, Inc. for a five-year term, 6/1/20 through 5/31/25.

Date: December 1, 2020 - 2023

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region D (Laguna Hills, Laguna Niguel, Aliso Viejo, Laguna Woods, Dana Point)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Laguna Hills, Laguna Niguel, Aliso Viejo, Dana Point and Unincorporated/County Islands: Aliso Woods, Aliso Canyon, Laguna Woods, Unincorporated Laguna Wilderness, Emerald Bay
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2019, an RFP#CS18-1276217-DB was conducted and a contract awarded on January 28, 2020 to Care Ambulance Service, Inc. for a five-year term, 6/1/20 through 5/31/25.

Date: December 1, 2020 - 2023

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region E (San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest and Unincorporated/County Islands: Ortega Highway Trabuco, O'Neill Park, Las Flores, Coto de Caza, Modjeska, Upper Trabuco/Cooks
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 BLS Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2019, an RFP#CS18-1276217-DB was conducted and a contract awarded on January 28, 2020 to Care Ambulance Service, Inc. for a five-year term, 6/1/ 20 through 5/31/25.

Date: December 1, 2020 - 2023

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 1 - Anaheim
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Anaheim Ambulances (transition started in 2020) Care/Falck Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Anaheim
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2020 - 2023

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

Date: December 1, 2020 - 2023

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 3 – City of Buena Park
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Falck/Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: The City of Buena Park.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 4 – Costa Mesa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Costa Mesa (since 2018) Care Ambulance Service (2008; 2018 personnel contract)
Area or Subarea (Zone) Geographic Description: City of Costa Mesa
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 6 – Fountain Valley
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Falck/Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Fountain Valley
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 7 – Fullerton
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Falck/Care Ambulance Service (served the area since November 2002)
Area or Subarea (Zone) Geographic Description: City of Fullerton
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 8 – Garden Grove
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Falck/Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Garden Grove
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 9 – Huntington Beach
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Huntington Beach Fire Department (served the area since 1993)
Area or Subarea (Zone) Geographic Description: City of Huntington Beach and Sunset Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 11 – Laguna Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Laguna Beach Doctor's Ambulance Service (served the area 1996-2019)
Area or Subarea (Zone) Geographic Description: City of Laguna Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 12 – La Habra
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of La Habra Ambulance
Area or Subarea (Zone) Geographic Description: City of La Habra
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 15 – Newport Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Newport Beach Fire Department (served the area since 1996)
Area or Subarea (Zone) Geographic Description: City of Newport Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 16 – Orange
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Orange Fire Department (served the area since 1995)
Area or Subarea (Zone) Geographic Description: City of Orange
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 18 – San Clemente
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Falck/Care Ambulance (since 2018) City of San Clemente (The City of San Clemente has provided emergency ambulance transport since 1995. A private company was once contracted. Orange County Fire Authority has been contracted for over ten years to staff city owned ambulances.)
Area or Subarea (Zone) Geographic Description: City of San Clemente
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 20 – Santa Ana
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Santa Ana Fire Department (1973-2012); Falck/Care Ambulance Service (2012-present)
Area or Subarea (Zone) Geographic Description: City of Santa Ana
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): <small>Include intent of local EMS agency and board action.</small> Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> The City of Santa Ana has provided emergency ambulance transport since before 1980 either through direct provision thru city owned ambulances or contract with a private ambulance provider. <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: December 1, 2020 - 2023

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: EOA 25 – Westminster
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Emergency Ambulance (2023-present) Shoreline Ambulance (2007-2016); Falck/Care Ambulance (2016-2023) City of Westminster (1973-2007)
Area or Subarea (Zone) Geographic Description: City of Westminster
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. The City of Westminster has provided emergency ambulance transport since before 1980 either through direct provision thru city owned ambulances or contract with a private ambulance provider. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Section 5

Trauma System Status Report

EXECUTIVE SUMMARY

One of the first comprehensive systems of care in the United States, Orange County's Trauma System is unique and inclusive with the overall delivery of emergency medical services. Evaluation of the injured patient is viewed as an entire community problem, with four designated hospitals that are committed to trauma care. The Orange County Trauma Care System (Title 22 § 100247) is fully implemented with sufficient capacity to care for all designated trauma patients and demonstrates the maturity of a well-established system that addresses all aspects of trauma care.

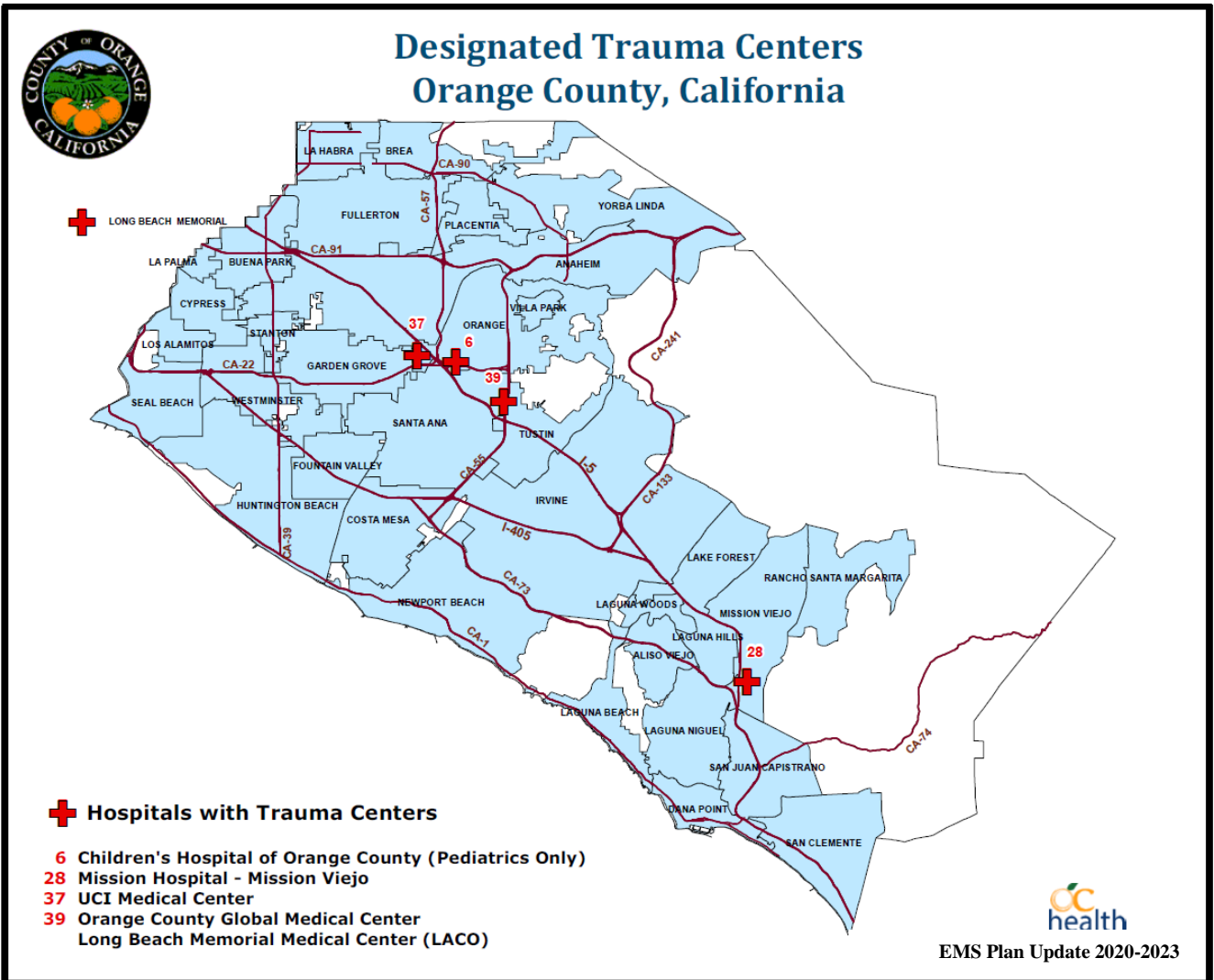
Orange County EMS (as a local EMS agencies) is responsible for planning, implementing, and managing local trauma care systems, including assessing needs, validating system design, designating Trauma Centers, collecting trauma care data in compliance with state and national standards, and providing a Performance Improvement and Patient Safety Program. Orange County EMS utilizes the American College of Surgeons (ACS) trauma verification process as part of our designation process.

This document serves to provide a system status report for trauma care in Orange County and comply with annual submission requirements (Title 22 § 100253). Since 1980, Orange County (OC) has maintained a trauma system to ensure complete geographical coverage. Orange County Emergency Medical Services (OCEMS) and the trauma centers have a collegial relationship and work collaboratively to provide the highest quality of care for trauma patients.

Trauma centers are a fundamental component of the integrated EMS system and remain a vital public resource. The trauma system ensures the management of severely injured patients at designated trauma centers, with the less severely injured patients cared for in emergency departments. The OC Trauma System has been functioning at a high level for over thirty years as evidenced by a reduction of morbidity and mortality rates due to traumatic injury. Currently, four designated hospitals are committed to providing trauma care:

OCEMS designated Trauma Centers			
Facility	American College of Surgeons (ACS) Level	Original Designation Dates	Designation Expires
Children's Hospital Orange County (CHOC)	Level 1 Pediatric	2021 (level 1) 2015 (level 2)	10/2024
Orange County Global Medical Center (OCGMC)	Level 2 Adult	1980	05/2024
Mission Hospital Regional Medical Center (MH)	Level 2 Adult Level 2 Pediatric	1980 2017	06/2024
UC Irvine Medical Center (UCIMC)	Level 1 Adult Level 2 Pediatric	1980 2018	04/2025

UCIMC and OCGMC receive trauma patients from the northern, western and portions of the central/eastern sections of the county. MH receives most of its trauma patients from the southern sections of the county. CHOC receives pediatric trauma patients from all areas within the county and serves as a regional resource for pediatric trauma patients. OCGMC has capability to receive pediatric trauma patients. In addition, OCEMS authorizes the transport of OC trauma patients to Long Beach Memorial Medical Center (LBMCC), a Los Angeles County designated trauma center, to ensure complete county coverage. See Map on next page.



The following table outlines the total number of trauma patient transports in the system for CYs 2012-2022.

OC Trauma	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Adult	5,500	6,100	6,000	7,250	8,307	6,610	6,607	6,210	5,767	6,120	6,514
Pediatric	525	450	400	480	536	858	872	713	656	774	756
Total	6,025	6,500	6,400	7,730	8,843	7,468	7,479	6,923	6,423	6,894	7,270

**AMERICAN COLLEGE OF SURGEONS (ACS)
TRAUMA SYSTEM CONSULTATION PREPARATION, LOCAL ASSESSMENT & REPORT**

January – October 2018

In 2018, OCEMS began the process of contracting with American College of Surgeons (ACS) to conduct a system evaluation of our current Trauma System & to specifically address the underlying structure of the OC trauma system design and determine the adequacy of current trauma services or necessity for additional trauma centers. The OCEMS Trauma Advisory Committee, Emergency Medical Care Committee (EMCC) & HCA leadership supported this recommendation.

The OC trauma system had not been objectively reviewed by an external entity nor been updated to reflect more current public-health based models intended to address the broader spectrum of injury. During 2018, OCEMS received inquiries from multiple hospital systems requesting information on trauma volume and how to apply as a trauma center. In addition, one hospital submitted a formal letter of intent to apply as a trauma center.

The American College of Surgeons (ACS) assembled and provided a team of national trauma system experts to perform an on-site trauma system evaluation in the State. ACS assesses key areas including but not limited to the following:

<ul style="list-style-type: none">• Emergency medical services• Definitive care facilities• System coordination and patient flow• Rehabilitation• Disaster preparedness• System-wide evaluation and quality assurance• Trauma management information systems• Prevention and outreach• Research	<ul style="list-style-type: none">• Statutory authority & administrative rules• System leadership• Coalition building & community support• Lead agency & human resources within the lead agency• Trauma system plan• System integration• Financing• Injury epidemiology, indicators as a tool for system assessment
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Summary of ACS/OCEMS Responsibilities

- ACS: Examine the integration of trauma system components for county-level system of care and accept report of recommendations for system improvement and enhancement.
- ACS: Provided an eight-member team consisting of: two trauma/general surgeons (one is team leader), one emergency physician, a state EMS director, a trauma program manager, a technical consultant and two trauma system consultation program staff members.
- ACS: Perform an onsite trauma system evaluation in the County July 15-19, 2019.
- OCEMS: Submitted a preview questionnaire (PRQ) prior to the ACS visit, by using the TSC Guide.
- ACS/OCEMS: Coordinate & consolidate the Review Team's recommendations into final report.

Timeline of ACS/OCEMS Site Visit to Final Report

The ACS Trauma System Consultation was conducted by a multi-disciplinary review team of Trauma Surgeons, Emergency Physicians, Trauma Program Manager and Technical Advisors in July 2019. A final report was received a few months later with a comprehensive analysis of the current Orange County

Trauma system, recommendations for system improvements & priority recommendations requiring focused attention.

Date	Agenda	Participants
7/15/19	Stakeholder meeting Q&A	90-100 Stakeholders
7/16/19	Interactive sessions with stakeholders; analysis of PRQ	
7/17/19	Data review; PRQ/session clarification/updates; ACS team deliberation	
7/18/19	Exit presentation with preliminary findings	
9/19	Team deliberations; refine recommendations; report-writing; fact check	ACS
10/19	Final Report Received by OCEMS	OCEMS HCA
11/19	HCA/OCEMS Review	HCA
12/19	Public Distribution of ACS Final Report & HCA Initial Action Items	EMS
1/10/20	EMCC Presentation and opportunity for public comment	System

Trauma System Configuration

During the consultation, Orange County Emergency Medical Services (OCEMS) asked a set of questions concerning our local EMS and Trauma System. Specifically, OCEMS asked ACS to **“Describe the impact of changes to trauma center configuration on various system components such as access, volume and transport times.”** In sum, the report indicated the following:

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

Orange County Emergency Medical Services (OCEMS) received and reviewed the report, identified key findings, and shared these with the Health Care Agency leadership. Based on the analysis within the ACS Final Report, current resource capabilities and exquisite knowledge of our local EMS & Trauma System, OCEMS finds it unnecessary to increase the number of trauma centers. The Trauma System Plan will be updated annually as well as a re-evaluation of the system every 3-5 years to validate appropriate trauma care access.

High Priority Recommendations & Objectives

As a result of their in-depth, independent analysis, the ACS Final Report contained over fifty recommendations that were organized into three sections and seventeen subsections: Trauma System Assessment, Trauma System Policy Development & Trauma System Assurance. OCEMS focused on several high priority recommendations (goals) & established objectives to achieve those goals in the next few years.

GOALS & OBJECTIVES

Goal	Date to Achieve	STATUS			
		2020	2021	2022	2023
1. Prioritize leadership commitment to Trauma System & focusing on optimizing operational components, data collection & analysis & quality assurance functions.	July 2021	In Progress	Achieved		
2. Dedicate epidemiologic support to the Trauma System to inform system priorities, benchmark system performance & develop public policy.	July 2021	In Progress	Achieved		
3. Augment OCEMS with a Trauma System position(s) to provide subject matter expertise, system oversight, focused effort to advance the vision & mission of the regional trauma system.	July 2024	Approved to Hire	In Progress	In Progress	Achieved
4. Dedicate a-full time position for a Trauma Data Analyst within OCEMS to manage the trauma registry and other data sources both for quality & data usage perspectives.	July 2024	Approved to Hire	In Progress	In Progress	In Progress
5. Report population-based injury surveillance data including types of injuries sustained, mechanism, severity, patient-characteristics & outcomes to system stakeholders.	July 2025				In Progress

PERFORMANCE IMPROVEMENT

OCEMS maintains a system-wide continuous quality improvement program to monitor, review, evaluate and improve the delivery of prehospital and trauma care services. Region-wide efforts are ongoing to define the system through data collection, committee-based reviews & system evaluation expectations. Performance improvement processes allow for ongoing standardized medical review of trauma care and include:

- High risk, high volume, problem-oriented runs & calls requested to be reviewed by OCEMS
- Specific audit topics established through the Regional Trauma Operations Committee.
- Medical care delivered by prehospital care providers based on protocol availability
- Trends in the quality of medical control delivered by the base hospital MICNs and BHPs
- Trends in the quality of field care delivered by EMTs and Paramedics

CONCLUSION

The Orange County Trauma System has been an integral component of the Orange County Emergency Medical Services Plan since its inception. Orange County Emergency Medical Services in collaboration with needs designated trauma centers and other partners monitor factors influencing the trauma system and make accommodations to meet current system standards and needs.

Section 6
Quality Improvement Plan Update
(2020-2023)

STATEMENT OF EMS QI PROGRAM GOALS AND OBJECTIVES

OCEMS shall maintain a system-wide continuous quality improvement program to monitor, review, evaluate, and improve the delivery of prehospital and trauma care services. The program shall involve all system participants and shall include, but not be limited to, prospective, concurrent, retrospective and reporting/feedback activities.

MAJOR INITIATIVES 2020-2023

- Core Measures
 - OCEMS participated in the EMSA Core Measures. Feedback on data collection concerns on specific measures was sent to EMSA
 - OCEMS regularly discusses EMSA Core Measures with agencies and provides both quality, technical assistance & education to ALS providers.
- Emergency Receiving Center designations.
 - Focused surveys for issues identified through daily review of electronic data.
 - Follow up review of corrective action plans from previous focused surveys.
 - Includes review of CDPH substantiated complaints pertinent to Emergency Services
 - Deviations from designation criteria that exceed established county wide standards.
 - i.e. Excessive use of diversion that doesn't meet established definitions.
 - APOT times for all ERCs with comparisons of diversion hours are posted publicly on our website and are presented at all OCEMS meetings.
 - Education of ERCs on APOT definitions and source of data reporting
 - Significant improvement shown as ERCs are able to see their data
 - *Note: OCEMS system wide APOT is consistently below 30 minutes at 90th percentile.*
- Specialty Center data analysis
 - Ongoing collection of outcome data for Stroke, STEMI, CCERC and Trauma
 - Regular meetings and data sharing with specialty center leadership, clinical staff and field personnel
 - Base Hospital Coordinators invite specialty center leadership to report at Regional Emergency Advisory Committee (REAC) meetings.
 - The Trauma Program Managers have created a “collaborate” to share quality concerns and develop LEMSA-wide improvement initiatives.
 - Specialty center reporting is a permanent agenda item at the County-wide Facilities Advisory Committee
- Review of provider agency CQI plans
 - All Base Hospitals have submitted CQI plans.
 - Agencies have been notified of need to provide plan updates by March 31, 2022
 - ALS/CQI Coordinator is available for assistance to any agency.
- Participation in Fire Chiefs EMS CQI Committee
 - Provide guidance in developing and monitoring 911-specific indicators.
 - Ongoing focus in EMSA Core Measures indicators
 - Collaboration on surveillance surveys for field treatment protocols
 - Results presented to OCEMS resulted in at least one procedure change and one new ALS standing order.
- Continued development of online licensure system
 - Automated reports are generated which include volume of accreditations
 - 100% of MICN certifications are online
 - 100% of EMT accreditation is online
 - 100% of 911 & IFT ALS paramedic accreditation online
 - Ambulance service licensure is online
- Medical direction and/or health and safety oversight of pandemic-related expanded scope opportunities for field personnel

SAMPLING OF INDICATORS BEING MONITORED AT THE EMS AGENCY LEVEL

Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan Plans for Further Action	Were Goals Met? Is Follow-Up Needed?
“Unusual” Primary Impressions	Provider electronic selection accuracy can be problematic.	Provider agencies notified when significant trends were discovered.	Goals met. Significant improvement from initial studies. Continue to monitor.
911 IFTs	<p>All IFTs initially brought to sending ED via EMS are reviewed by the Base Hospital Coordinators for educational opportunities.</p> <p>Review trend of IFTs by sending facility, especially those identified as specialty centers</p>	<p>Base hospital coordinator review of field triage issues to formulate education and training with field providers.</p> <p>Focus on trauma re-triage cases brought in by EMS.</p> <p>Individual case review with Medical Director of incidents of 911 IFT from specialty centers to higher level of care</p>	Goals met. While 911 IFTs are less than 1% of all 911 responses, focus is on field triage, especially of trauma patients or patients with ground-level falls
APOT	<p>Data posted on OCEMS website and discussed at Facilities Advisory, Transportation Advisory Committee and County Paramedic Advisory meetings.</p> <p>Agenda topic for EMCC</p>	<p>Overall, county-wide APOT is within acceptable range (90th% <30 minutes)</p> <p>Individual ERCs using data to drive improvement in ED and hospital flow.</p> <p>Added diversion hours for comparison</p>	Ongoing review. Overall, APOT within acceptable times. Continue to monitor. Individual ERCs have reached out to OCEMS for assistance in improving times
Push-dose epinephrine	As a high-risk, low volume procedure, 100% review of all cases by ALS Coordinator and Medical Director	Case review also presented to Base Hospital Coordinators with learning/educational opportunities. De-identified cases shared with Fire Chiefs EMS CQI Committee	Ongoing review
Fire EMS CQI Surveillance Surveys	Participated with fire agency educators to identify trends in field care of: hypoxia, high-risk AMA	<p>Collaboration with Base Hospital Coordinators high-risk AMA procedures</p> <p>Hypoxia education and rationale for ALS escort clarified.</p>	Ongoing monitoring with focus on field care
High-risk, low volume procedures	Image Trend reports created for high-risk, low volume procedures for daily monitoring	Daily review for procedures such as Needle Thoracostomy, Push-Dose Epinephrine.	Review of case and outcome follow-up provided by Base Hospital Coordinators for OCEMS review

Section 7
STEMI Plan
(2020-2023)

EXECUTIVE SUMMARY

California Health and Safety Code Sections 1797.107 and 1798.150 and corresponding California Code of Regulations Section 100270.121, requires the Local Emergency Medical Services Agency to submit a STEMI Critical Care System Plan to the State Emergency Medical Services Authority (EMSA) and provide annual updates. This section serves as a 2020-2023 update to the initial STEMI Critical Care System Plan for Orange County Emergency Medical Services approved by EMSA on February 20, 2020.

Since 2005, a comprehensive Cardiovascular Receiving Center (CVRC) program has been in place and was the first EMS system in the nation to integrate rapid field assessment and transport of patients with a known or suspected ST-Segment Elevation Myocardial Infarction (STEMI) to OCEMS designated Cardiovascular Receiving Centers.

Currently, thirteen OC hospitals with 24/7 cardiac catheterization capability have systematically demonstrated a 72-minute door to device which is well within the 90-minute national standard. The only change in the CVRC program since the last update is having one less hospital designated as a CVRC. There have been no significant impacts as a result.

The following table contains data obtained from our OC-MEDS Database (Elite) and our STEMI patient registry. Elite Database is the patient registry used by EMS provider agencies and represents the number of field designated stroke transported patients.

Orange County STEMI	2020	2021	2022
911 Transported (Elite)	2,034	2,649	2,745
CVRC Reported STEMI¹	3,254	3,254	3,311

¹Walk-In + 911 Transports = total

§ 100270.121. STEMI CRITICAL CARE SYSTEM PLAN REQUIRED ELEMENTS

(1) The names and titles of local EMS agency personnel who have a role in a STEMI critical care system.

Carl Schultz, MD	OCEMS Medical Director
Gagandeep Grewal, MD	OCEMS Associate Medical Director
Genise Silva, RN	OCEMS Coordinator, Facilities
Kristen Karpow, RN	OCEMS Systems & Standards Chief

(2) The list of STEMI designated facilities with the agreement expiration dates.

Anaheim Regional Medical Center	4/2026
Fountain Valley Regional Medical Center	2/2025
Hoag Hospital Newport Beach	8/2024
Hoag Hospital Irvine	2/2025
Los Alamitos Medical Center	2/2025
Mission Hospital Mission Viejo	8/2024
Orange Coast Memorial Medical Center	8/2024
Orange County Global Medical Center	9/2024
Saddleback Memorial Medical Center	8/2024
St. Joseph Hospital	8/2024
St. Jude Medical Center	9/2024
UCI	8/2024
West Anaheim Medical Center	6/2024

(3) A description or copy of the local EMS agency's STEMI patient identification and destination policies.

Prehospital ALS Standing Orders/Treatment Guidelines:

[SO-C-010 Cardiopulmonary Arrest / Non-Traumatic](#)

[SO-C-015 Chest Pain of Suspected Cardiac Origin or Suspected Angina Symptoms](#)

[SO-C-020 Symptomatic Bradycardia](#)

[SO-C-25 Narrow QRS Complex Tachycardia](#)

[SO-C-030 Narrow QRS Complex Tachycardia – Irregular Rhythm](#)

[SO-C-040 Wide QRS Complex Tachycardia with a Pulse](#)

[SO-C-045 Cardiac Arrest with Left Ventricular Assist Device](#)

[SO-FR-003 Automated External Defibrillation](#)

(4) A description or copy of the method of field communication to receiving hospital specific to STEMI patient, designed to expedite time-sensitive treatment on arrival.

[OCEMS #310.10 Determination of 9-1-1 Dispatched Patient Transport to an Appropriate Facility](#)

Base Hospital Guidelines

[BH-C-010 Cardiopulmonary Arrest / Non-Traumatic](#)

[BH-C-015 Chest Pain of Suspected Cardiac Origin or Suspected Angina Symptoms](#)

[BH-C-020 Symptomatic Bradycardia](#)

[BH-C-25 Narrow QRS Complex Tachycardia](#)

[BH-C-030 Narrow Complex, Irregular Tachycardia](#)

[BH-C-040 Wide QRS Complex Tachycardia with a Pulse](#)

[BH-C-045 Cardiac Arrest with Left Ventricular Assist Device](#)

[OCEMS #310.00 9-1-1 Advanced Life Support Base Contact, Standing Order & Transport Criteria](#)

(5) A description or a copy of the policy that facilitates the inter-facility transfer of a STEMI patient.

[OCEMS #630.00 CVRC Criteria](#)

[OCEMS #310.20 Interfacility Transfer Between Acute Care Hospitals Using EMS Transport Providers](#)

(6) A description of the method of data collection from the EMS providers and designated STEMI hospitals to the local EMS agency and the EMS Authority.

[OCEMS #630.00 CVRC Criteria \(VII. Data Collection\)](#)

[OCEMS #300.50 ERC-Specialty Center Data Reporting](#)

[OCEMS #300.30 OC-MEDS – EMS Provider Data Submission Process](#)

(7) A policy or description of how the local EMS agency integrates a receiving center in a neighboring jurisdiction.

[OCEMS #630.00 CVRC Criteria \(VI. Hospital Policies / Agreements\)](#)

(8) A description of the integration of STEMI into an existing quality improvement committee or a description of any STEMI specific quality improvement committee.

[OCEMS#630.00 CVRC Criteria \(VIII. Quality Assurance / Improvement\)](#)

(9) A description of programs to conduct or promote public education specific to cardiac care

[OCEMS#630.00 CVRC Criteria \(VIII. Quality Assurance / Improvement\)](#)

Section 8

Stroke Plan Update

(2020-2023)

EXECUTIVE SUMMARY

California Health and Safety Code Sections 1797.107 and 1798.150 and corresponding California Code of Regulations Section 100270.200, requires the Local Emergency Medical Services Agency to submit a Stroke Critical Care System Plan to the State Emergency Medical Services Authority (EMSA) and provide annual updates. This section serves as a 2020-2023 update to the initial Stroke Critical Care System Plan for Orange County Emergency Medical Services approved by EMSA on February 20, 2020.

Since 2009, a comprehensive Stroke-Neurology Receiving Center (SNRC) program has been in place by defining SNRCs as part of a “spoke and hub” system, with primary 911 ambulance transports to centers with endovascular treatment (EVT) capabilities as a “hub”. Prior to 2014, patients who present to “spokes” with acute ischemic strokes and suspected large vessel occlusions were transferred by EMS to “hubs” for EVT. After 2014, all 9 SNRC hubs in this system became EVT-ready and in April of 2015, the OC EMS officially changed the SNRC criteria to require 24/7 neuro-interventional capabilities for all hub centers.

The following table contains CY data obtained from our OC-MEDS Databases (Elite and Stroke Patient Registry). Elite Database is the patient registry used by EMS provider agencies and represents the number of field designated stroke transported patients. The Stroke Patient Registry is the SNRC database and represents the number of patients (arriving via 911 and walk-in) with a stroke related final diagnosis as reported by the receiving specialty center.

Orange County Strokes	2020	2021	2022
911 Transported (Elite)	3,444	3,939	4,073
SNRC Reported (Patient Registry)	4,157	4,685	4,036

§ 100270.121. STROKE CRITICAL CARE SYSTEM PLAN REQUIRED ELEMENTS

(1) The names and titles of local EMS agency personnel who have a role in a stroke critical care system.

Carl Schultz, MD	OCEMS Medical Director
Gagandeep Grewal, MD	OCEMS Associate Medical Director
Genise Silva, RN	OCEMS Coordinator, Facilities
Kristen Karpow, RN	OCEMS Systems & Standards Chief

(2) The list of SNRC designated facilities with the agreement expiration dates.

Fountain Valley Regional Medical Center	2/2024
Hoag Hospital Newport Beach	8/2024
Los Alamitos Medical Center	2/2025
Mission Hospital Mission Viejo	8/2024
Orange County Global Medical Center	8/2024
Saddleback Memorial Medical Center	8/2024
St. Joseph Hospital	9/2024
St. Jude Medical Center	9/2024
UCI	9/2024

- (3) A description or copy of the local EMS agency's stroke patient identification and destination policies.**

Prehospital ALS Standing Orders/Treatment
Guidelines: [SO-M-020 Altered Mental Status](#)
[SO-M-025 Suspected Acute Stroke or Intracranial Hemorrhage](#)
[OCEMS #310.10 Determination of 9-1-1 Dispatched Patient Transport to an Appropriate Facility](#)
[OCEMS #650.05 Community \(Spoke\) Hospital Assignments to Adult Stroke-Neurology Receiving Centers](#)

- (4) A description or copy of the method of field communication to receiving hospital specific to stroke patient, designed to expedite time-sensitive treatment on arrival.**

[OCEMS #310.10 Determination of 9-1-1 Dispatched Patient Transport to an Appropriate Facility](#)
Base Hospital Guidelines
[BH-M20 ALOC](#)
[BH-M-25 Suspected Acute Stroke or Intracranial Hemorrhage](#)
[OCEMS #310.00 9-1-1 Advanced Life Support Base Contact, Standing Order & Transport Criteria](#)

- (5) A description or a copy of the policy that facilitates the inter-facility transfer of a Stroke patient.**

[OCEMS #650.00 SNRC Criteria \(II. Application\)](#)
[OCEMS #310.20 Interfacility Transfer Between Acute Care Hospitals Using EMS Transport Providers](#)

- (6) A description of the method of data collection from the EMS providers and designated Stroke**

[OCEMS #650.00 SNRC Criteria \(VII. Data Collection\)](#)
[OCEMS #650.10 Stroke Registry Data Dictionary](#)
[OCEMS #300.30 OC-MEDS – EMS Provider Data Submission Process](#)

- (7) A policy or description of how the local EMS agency integrates a receiving center in a neighboring jurisdiction.**

[OCEMS #650.00 SNRC Criteria \(VI. Hospital Policies/Agreements\)](#)

- (8) A description of the integration of STEMI into an existing quality improvement committee or a description of any Stroke specific quality improvement committee.**

[OCEMS #650.00 SNRC Criteria VIII. Quality Assurance/Improvement](#)

- (9) A description of programs to conduct or promote public education specific to cardiac care**

[OCEMS#650.00 SNRC Criteria \(VIII. Quality Assurance / Improvement\)](#)