

COUNTY OF SAN DIEGO

EMERGENCY MEDICAL SERVICES PLAN

DECEMBER 1998

County of San Diego Board of Supervisors

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SECTION 1
EXECUTIVE SUMMARY

County of San Diego
Emergency Medical Services (EMS) Plan
Executive Summary

Health and Safety Code, Division 2.5, Section 1797.254, requires the local Emergency Medical Services agency (LEMSA) to annually submit an emergency medical services plan to the State Emergency Medical Services Authority (EMSA). These requirements include the submission of a Base Plan every five years, with annual updates. The Plan is intended to be used as both a work plan and a long-range plan. This document is the Base Plan which meets the requirements of the initial five-year plan. Based on availability, the data provided in this Base Plan are reported for fiscal year 1996-97. Annual work plans will be submitted each of the subsequent four years providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans. This plan meets all requirements set forth in the *EMS System Guidelines*, Part III, EMS System Planning Guidelines, EMSA #103.

Several important internal and external issues are influencing the EMS System in San Diego County. The San Diego County EMS System is the second largest in California. It serves a diverse population using a wide variety of methods and service platforms. The county shares a sixty mile-long border with Mexico and has a variety of special populations living in urban, rural, mountain and desert areas. Private and public providers are competing fiercely to maintain market share and force structure. Prehospital and hospital-based EMS services are rapidly evolving to meet the demands of managed care organizations and an increasingly cost conscious public sector. Public sector funding for emergency medical services is shrinking and alternative funding sources are being investigated.

The LEMSA has identified the following as areas for particular focus:

- ◆ **Written Agreements** - Although written agreements are in place for base and trauma hospitals and jurisdictional Advanced Life Support (ALS) Exclusive Operating Areas, further agreements will be needed with provider agencies wishing to provide ALS inter-facility transports, EMS rescue aircraft provider agencies, Emergency Medical Dispatch (EMD) agencies, receiving hospitals and Regional Disaster Health/Medical Coordination operational areas, as well as specific disaster agreements with health facilities.

- ◆ **Communications** - A comprehensive communications plan needs to be developed for San Diego County to address methods of implementing newly available technology and broader communication capabilities for ambulance-to-ambulance and ambulance-to-hospital communications, and the sharing of data on mobile platforms.

Executive Summary (continued)

- ◆ **Disaster Medical Response** - The LEMSA needs to further implement the Standardized Emergency Management System, further evaluate disaster communication capabilities and options, provide Hospital Emergency Incident Command System training, continue developing Disaster Medical Assistance Team CA-4, and assess hospital readiness for hazardous materials and radiation emergencies.
- ◆ **Medical Dispatch** - The LEMSA needs to review all aspects of medical dispatching within the San Diego County system. This is identified within the document as a long term goal.
- ◆ **Specialty System Design** - The County's well established and nationally recognized trauma system will need to adapt to the impacts of managed care. Preservation of system access and quality will need to be carefully monitored as the region's health care delivery system continues to change. Active participation by LEMSA staff and local system providers will be necessary in the development of revised State guidelines.
- ◆ **Data Collection/System Evaluation** - Several areas of the current data collection system (QA Net) require expansion and refinement to better standardize data and enable use for system-wide Quality Assurance/Quality Improvement (QA/QI) program implementation in a real time environment. The primary focus will be to migrate all system participants to the computerized system, which in turn will facilitate the system-wide QA/QI and real time data collection and evaluation.
- ◆ **Public Education** - Although considerable strides have been made, particularly in the areas of violence and injury prevention, additional injury control strategies will be necessary both as a direct service to the public and as a basis for forming public policy.

Specific objectives, both short-range and long-range, needed to enhance the current EMS system follow this summary.

The EMS system in San Diego County is extremely effective in providing for rapid, safe, and effective emergency medical care. A substantial body of public policy has been developed with respect to emergency care and prevention. An ongoing collaborative process is in place that allows the system to evolve using public input and sound scientific methods. With continuous education, commitment and the mutual cooperation of the entire EMS community, the local EMS agency is able to successfully fulfill its responsibility as the lead agency in planning, implementing, and evaluating the emergency medical services system in San Diego County.

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES PLAN

OBJECTIVES NECESSARY TO MEET MINIMUM STANDARDS

Standard	Time frame		Objective
	Short	Long	
3.01 Communication Plan		X	<p>The LEMSA shall facilitate an orderly migration to the new 800 MHz system.</p> <p>The LEMSA, acting in cooperation with the Regional Disaster Medical Health Coordinator committee, shall determine methods of interfacing MEDMARS with Orange and Los Angeles counties.</p>
3.02 Radios		X	<p>The LEMSA, in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.</p>
3.03 Inter-facility Transfer		X	<p>The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and receiving hospitals. The LEMSA in conjunction with system participants shall continue to explore alternative communication systems, e.g., satellite or cellular system, to enhance capabilities, especially in disaster situations.</p>
3.06 MCI/Disasters		X	<p>The LEMSA shall migrate to the regional communication 800 MHz system on a phased basis by the year 1999 and establish MEDMARS linkages with Los Angeles and Orange counties by the end of 1998.</p>
3.08 9-1-1 Public Education		X	<p>The LEMSA, in conjunction with other system participants, shall work to create an updated brochure describing 9-1-1 services and alternate non-emergency transportation (e.g., Dial-A-Ride, Red Cross "Wheels," etc.).</p>
3.10 Integrated Dispatch	X		<p>The LEMSA shall enhance the current dispatch system by migrating to the regional communication 800 MHz radio system that will integrate with other counties.</p>

SECTION 2
ASSESSMENT OF SYSTEM

Table 1
Summary of System Status

TABLE 1: SUMMARY OF SYSTEM STATUS

A. System Organization And Management

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		

Planning Activities

1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X	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			
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*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

A. System Organization And Management (continued)

Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies/Procedures/Protocols		X			
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Inter-facility Transfer		X		X	X

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		

Enhanced Level: Trauma Care System

1.26 Trauma System Plan		X			
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Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		N/A			
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			
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*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

B. Staffing/Training

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

Dispatchers

2.04 Dispatch Training		N/A			
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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		
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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			

C. Communications

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan*		X		X	X
3.02 Radios		X			X
3.03 Inter-facility Transfer*		X			X
3.04 Dispatch Center		X			
3.05 Hospitals		X	X	X	
3.06 MCI/Disasters		X		X	X

Public Access

3.07 9-1-1 Planning/ Coordination		X			
3.08 9-1-1 Public Education		X			X

Resource Management

3.09 Dispatch Triage		N/A			X
3.10 Integrated Dispatch		X		X	

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

D. Response/Transportation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		X			
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		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			
4.12 Disaster Response		X			
4.13 Inter-county 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			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

D. Response/Transportation (continued)

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X			

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. Facilities/Critical Care

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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			
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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		N/A			
5.11 Emergency Departments		N/A			
5.12 Public Input		N/A			

Enhanced Level: Other Speciality Care Systems

5.13 Speciality System Design		N/A			
5.14 Public Input		N/A			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

F. Data Collection/System Evaluation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management System*		X	X		
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	X		
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

G. Public Information And Education

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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			

H. Disaster Medical Response

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X	X		
8.03 Haz Mat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*		X	X		
8.06 Needs Assessment		X	X	X	
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X	X		
8.09 DMAT		X	X		
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X		X	X
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Inter-hospital Communications		X			
8.16 Prehospital Agency Plans		X	X		

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table

H. Disaster Medical Response (continued)

	Does not currently meet standards	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-Range Plan
Enhanced Level: Advanced Life Support					
8.17 ALS Policies		X			

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X			
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Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X			
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SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration **1.01 LEMSA Structure**

STANDARD:

1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

CURRENT STATUS:

The County of San Diego Health and Human Services Agency (HHS) is the designated local EMS agency (LEMSA). Within the Health and Human Services Agency, the Emergency Medical Services Division carries out the LEMSA's responsibilities to plan, monitor and evaluate EMS activities throughout the county. Exhibits 1.01-A and 1.01-B, on the following pages, show the HHS organizational chart and the local EMS agency organizational chart, respectively. The organization employs clinical and technical experts including administrative managers, a physician, registered nurses, data systems analysts and a variety of administrative and technical assistants. Exhibit 1.01-C is a list of major committees that provide medical and operational advice and recommendations on all aspects of system planning and implementation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

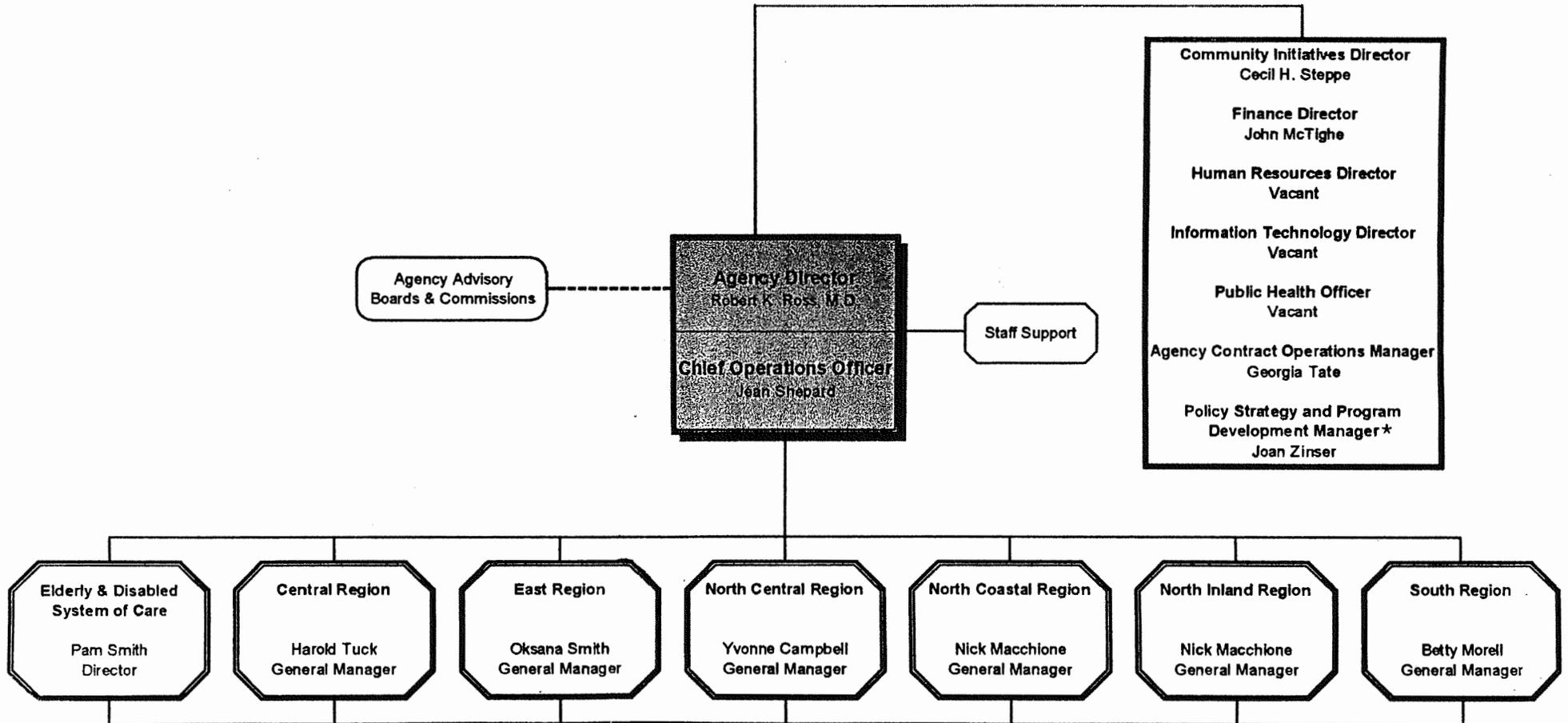
No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**EXHIBIT 1.01-A
County of San Diego
Health and Human Services Agency
Organization Chart**



*Emergency Medical Services reports to Policy Strategy and Program Development.

EXHIBIT 1.01-B
County of San Diego
Division of Emergency Medical Services
Organization Chart

EMERGENCY MEDICAL SERVICES

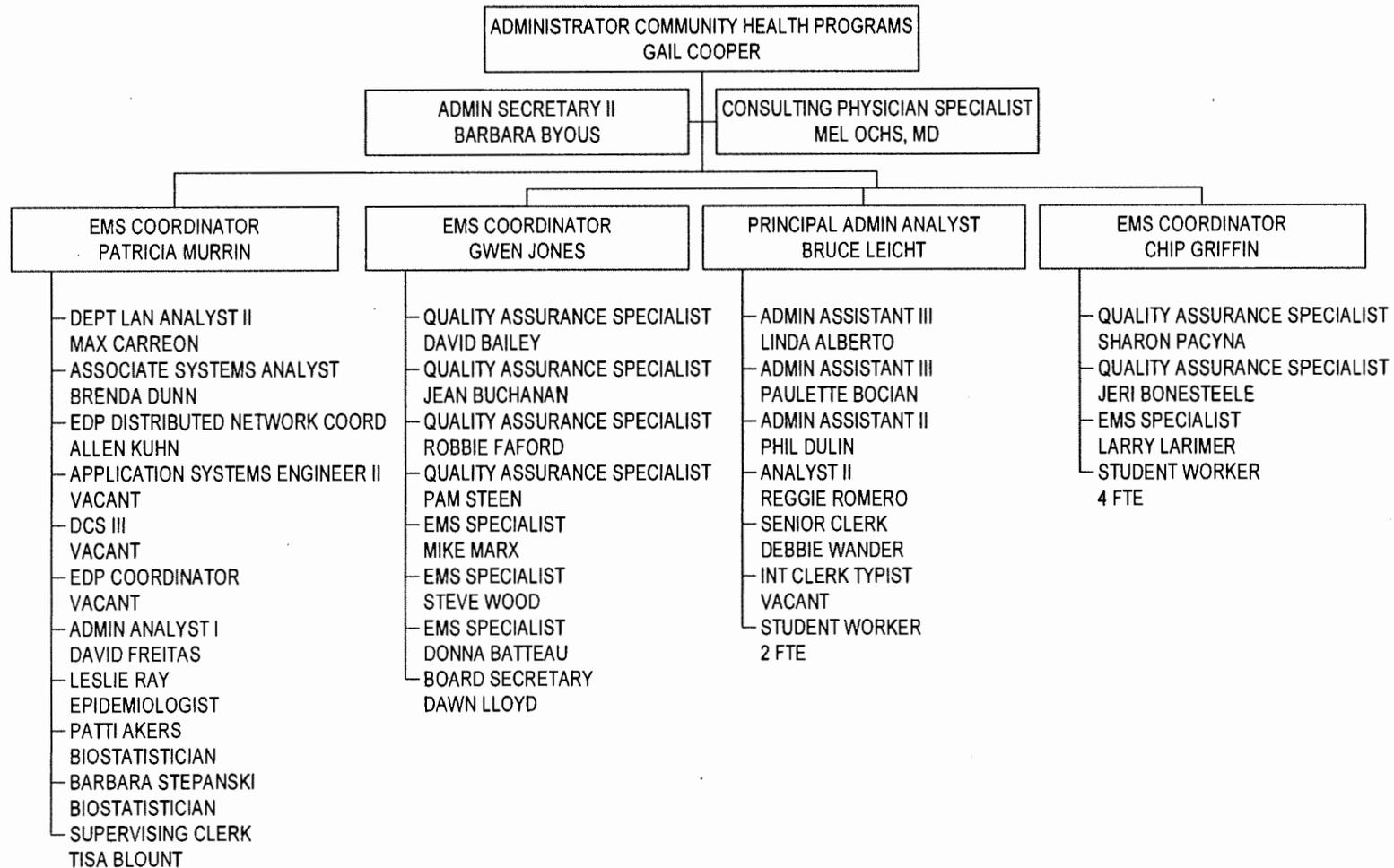


EXHIBIT 1.01-C

EMS COMMITTEES

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

- ▶ Meets quarterly, open meeting.
- ▶ Performs oversight of all EMS Division operations.
- ▶ Comprised of representatives from constituent groups, citizens.
- ▶ Three subcommittees: Prehospital/Hospital, Education/Research, Disaster/Operations.

BASE STATION PHYSICIANS' COMMITTEE (BSPC)

- ▶ Meets monthly, open meeting.
- ▶ Serves as official physician advisory committee for EMS medical director. Generally addresses medical issues (treatment protocols, new treatment issues, etc.).
- ▶ Comprised of base hospital medical directors, base hospital nurse coordinators, ambulance agency representatives, and paramedic/EMT association representatives.

PREHOSPITAL AUDIT COMMITTEE (PAC)

- ▶ Meets monthly, closed meeting.
- ▶ Performs confidential review of prehospital QA/QI activities. Reviews system-wide trends. Subcommittee addresses policy/systems, protocol, skills and medication issues.
- ▶ Comprised of base hospital medical directors, base hospital nurse coordinators, and others as stipulated in by-laws.

MEDICAL AUDIT COMMITTEE (MAC)

- ▶ Meets monthly, closed meeting.
- ▶ Performs confidential review of trauma cases.
- ▶ Comprised of trauma medical directors, trauma nurse coordinators, and others as stipulated in by-laws.

BASE HOSPITAL NURSE COORDINATORS' COMMITTEE (BHNC)

- ▶ Meets monthly, closed meeting.
- ▶ Coordinates system studies/research, addresses protocol and QA issues.
- ▶ Comprised of base hospital nurse coordinators.

TRAUMA NURSE COORDINATORS COMMITTEE

- ▶ Meets monthly, closed meeting.
- ▶ Addresses trauma protocol and QA issues.
- ▶ Comprised of trauma hospital nurse coordinators.

TRAUMA CENTER ADMINISTRATORS' COMMITTEE

- ▶ Meets quarterly, open meeting.
- ▶ Reviews trauma center activities and contract issues.
- ▶ Comprised of trauma center administrators.

EXHIBIT 1.01-C

EMS COMMITTEES (continued)

COUNTY PARAMEDIC AGENCIES' COMMITTEE (CPAC)

- ▶ Meets bi-monthly, closed meeting.
- ▶ Agenda set by group - communicates concerns to County EMS.
- ▶ Comprised of paramedic agency representatives.

AREA DISASTER GROUPS - AREAS I - VI

- ▶ Varied meeting schedule, open meeting.
- ▶ Coordinates disaster plans for each of six zones in San Diego County.
- ▶ Comprised of hospital, health care, and public safety agency representatives.

COUNTY SERVICE AREA 17 (CSA 17) ADVISORY COMMITTEE

- ▶ Meets quarterly, open meeting.
- ▶ Provides forum for communication with community representatives of CSA 17 and facilitates the administration of the San Dieguito Ambulance District.
- ▶ Comprised of representatives from community organizations as specified in by-laws.

COUNTY SERVICE AREA 69 (CSA 69) ADVISORY COMMITTEE

- ▶ Meets quarterly, open meeting.
- ▶ Provides forum for communication with residents of CSA 69 and facilitates the administration of the Heartland Paramedic District.
- ▶ Comprised of representatives from community organizations as specified in by-laws.

SEXUAL ASSAULT RESPONSE TEAM (SART) SYSTEMS REVIEW COMMITTEE

- ▶ Meets monthly, open meeting.
- ▶ Provides oversight to the SART process and identifies and implements ongoing system improvements.
- ▶ Comprised of representatives from SART facilities, law enforcement, advocacy programs, District Attorney's office, Center for Child Protection, and EMS.

OTHER COMMITTEES:

San Diego County Fire Chiefs Association
Medical Society
San Diego County Paramedic Association
EMS Training Agencies
Hospital Council

TASK FORCES:

As needed.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

STANDARD:

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

CURRENT STATUS:

EMS system planning and evaluation occurs through an ongoing process of needs identification and problem resolution. Patient care is kept at the forefront while balancing the needs of the system participants. A community consensus process for policy and protocol development includes members of EMS committees and other EMS constituents.

The LEMSA has an established system-wide quality assurance program that is reviewed annually. The LEMSA's Policy S-004, Quality Assurance for the Emergency Medical Services system, establishes the mechanism by which the LEMSA identifies needed system changes. All aspects of the LEMSA's quality assurance policies are applied internally and externally to evaluate the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.03 Public Input

STANDARD:

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

At the system-wide level, a variety of advisory groups and committees provide input on EMS issues and policies. Each group/committee is composed of appropriate public and private provider representatives with a mix of prehospital care personnel (i.e., MICNs, EMT-Ps, EMT-Is, physicians and administrators). The input provided establishes a framework in which the EMS community and the LEMSA can develop common goals and objectives to achieve greater system effectiveness. Forums are conducted at the MICN, EMT-P and EMT-I levels to encourage a mutual sharing of information between field, hospital and management personnel. The Base Station Physicians' Committee provides a forum for a similar interchange between the Medical Director, base hospital physicians and other prehospital personnel.

The Emergency Medical Care Committee (EMCC) is the primary advisory group to the LEMSA and the Board of Supervisors on all EMS matters. There are 18 members appointed by the Board of Supervisors, five of which are public members, one nominated by each member of the Board of Supervisors. There are three standing EMCC subcommittees that review, evaluate and make recommendations on issues referred to them by the EMCC, and an executive board. Composition is described in Exhibit 1.01-C on page 18.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.04 Medical Director

STANDARD:

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

GUIDELINE(S):

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

Mel A. Ochs, M.D., FACEP has served as the County EMS Medical Director since July 1, 1989. He is board certified in Emergency Medicine and has been in the practice of providing emergency medicine since 1971. His administrative experience in EMS systems is extensive, including, but not limited to, his roles as medical director of the emergency departments of Scripps Memorial Hospital of Chula Vista and Coronado Hospital in Coronado; functioning as a base hospital medical director; serving on the committee that developed the first paramedic treatment protocols in San Diego County; acting as chair of the San Diego County Emergency Medical Care Committee; and serving for a number of years as the chair of the San Diego County Medical Society's Emergency Medical Services Committee. He has also been the president of the EMS Medical Directors' Association of California, and served on the task force that developed the Paramedic Treatment Guidelines for the State.

Dr. Ochs has various advisory committees, including: Base Station Physicians' Committee, a multi-disciplinary organization composed of all the base hospital medical directors, with representatives of the base hospital nurse coordinators, Children's Hospital emergency department medical director, and provider agencies; Paramedic Agencies' Committee; Medical Audit Committee (provides trauma advisory function); Emergency Medical Care Committee and its multi-disciplinary subcommittees on education, disaster, and prehospital issues.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.05/1.06 System Plan/Annual Plan Update

STANDARD:

- 1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a) assess how the current system meets these guidelines,
 - b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
 - c) provide a methodology and time line for meeting these needs.
- 1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

CURRENT STATUS:

The LEMSA developed a comprehensive EMS System plan in 1984 identifying all system needs and methodologies to meet the needs. Annual updates were submitted in 1985, 1986, and 1988. Subsequent updates were deferred at the recommendation of the EMS Authority pending final publication of the EMS System Guidelines. This FY 1997-98 Plan is the new five-year base plan identifying all needs as required and methodologies to meet the needs. Annual updates shall be provided as required.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities
1.07 Trauma Planning*

STANDARD:

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

GUIDELINE(S):

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

The LEMSA established an organized trauma system in August 1984. Included are one pediatric trauma center, one Level I trauma hospital and four Level II trauma hospitals. Trauma hospital designation criteria were developed by a consensus of local experts in trauma care and recommendations by the American College of Surgeons. The criteria contained in the County's Trauma Hospital Services Agreement meet the trauma hospital designation requirements specified in the California Code of Regulations, Title 22. Policy T-710 addresses the process and procedure for designating a trauma center to the trauma care system. The Emergency Medical Services Trauma Plan for San Diego County was approved by the EMS Authority in April 1990.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County currently has EMS inter-county agreements in place with Riverside, Los Angeles, Orange, Imperial, and San Bernardino counties. The LEMSA also coordinates with the Inland Counties Emergency Medical Services Agency, a multi-county EMS agency of San Bernardino, Inyo and Mono counties. San Diego County has an ALS service agreement with the City of San Clemente to cover the I-5 corridor north of Las Pulgas Road and with West Shores Ambulance (Saltón Sea) to cover Ocotillo Wells and the Anza Borrego State Park. These ALS providers also interface with the San Diego trauma system. Active duty military personnel and their dependents who are injured are integrated into the San Diego County trauma system.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities
1.08 ALS Planning*

STANDARD:

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

CURRENT STATUS:

San Diego County has seventeen ground ALS providers. Only three areas, rural North County, the Otay Mesa area, and the city of Coronado, are not served by ground ALS services; however, ALS services may be provided by air medical services, and EMT-D services are available via the first responders. Rural North County and Otay Mesa have very dispersed populations and account for less than 1% of the population of the county. The city of Coronado, on the other hand, has a dense population of over 26,000. The mitigating circumstance in Coronado is the very short transport times of the EMT-D units (also using Combitube airways) to Sharp Coronado Hospital.

Currently, the LEMSA is in the process of implementing a plan that will extend ground ALS services to rural North County and the Otay Mesa area in 1998 or 1999. The city of Coronado, its fire department and citizen advisory groups have decided to continue with EMT-D, Combitube-trained BLS level of response, but will consider investigating ALS services during 1999.

COORDINATION WITH OTHER EMS AGENCIES:

Paramedic inter-county agreements with surrounding counties address the provision of ALS services across county lines. Paramedic inter-county agreements are in place between the County of San Diego and the following jurisdictions: Imperial County, Orange County, Riverside County, San Bernardino County, and Los Angeles County.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 Inventory of Resources

STANDARD:

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

CURRENT STATUS:

Personnel

The LEMSA maintains an ongoing inventory of EMT-Paramedics, MICNs, EMT-Ds and EMT-I's (certified/accredited/authorized by the LEMSA only). This is in a customized computer application which resides on the County of San Diego Quality Assurance Network.

Vehicles and Facilities

The LEMSA maintains an ongoing inventory of all BLS and ALS provider agencies and vehicles. This inventory is verified on an annual basis through the management of the County of San Diego Ambulance Ordinance. An accurate up-to-the-minute inventory of all receiving, base and specialty hospitals is maintained to ensure appropriate transport destinations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities 1.10 Special Populations

STANDARD:

1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

GUIDELINE(S):

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS:

The Pediatric Treatment Protocols which were implemented in March 1995 provide enhanced care for this special population group. The San Diego County EMS Policies and Procedures Manual has dedicated Protocols S-160 through S-170 to deal with specific pediatric issues.

Most dispatch centers employ multi-lingual (commonly Spanish- and Asian-speaking) operators to deal with non-English-speaking patients. Also, dispatch centers access telephone language lines to enhance communication with non-English-speaking callers. Receiving hospitals maintain rosters of bilingual personnel who can be called to the emergency departments as interpreters. The Trauma Plan has operationalized a method for disbursing border patients among two different trauma hospitals.

Specialized training in the areas of geriatric and handicapped patients is incorporated into basic and continuing education programs for EMT-Is, EMT-Ps and MICNs, and in disaster preparedness protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities
1.11 System Participants

STANDARD:

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

GUIDELINE(S):

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS:

The LEMSA has identified the optimal roles and responsibilities of system participants, including paramedic providers, base hospitals, trauma hospitals, and basic life support companies. Written agreements to ensure that participants are in conformance are currently in place for trauma hospitals, base hospitals and exclusive operating area providers. Basic Life Support companies' conformance is ensured through enforcement activities incorporated in the County Ambulance Ordinance. In addition, the LEMSA has written agreements with all BLS agencies utilizing the optional skills of defibrillation and esophageal tracheal airway devices.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 Review & Monitoring

STANDARD:

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

CURRENT STATUS:

Within the LEMSA, the Prehospital/Trauma section manages and evaluates BLS and ALS care provided by prehospital personnel, provider agencies and hospitals. This section is also responsible for managing the trauma and other specialized programs to ensure appropriate system operation. The section consists of a coordinator, quality assurance specialists (registered nurses), and EMS specialists.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.13 Coordination

STANDARD:

1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

The coordination of EMS for over 2.7 million residents and 35 million annual visitors is performed on a daily basis. This coordination requires input and cooperation from a vast array of organizations, agencies and facilities. At the system-wide level, a variety of advisory groups and committees provide input to the EMS Division on EMS matters. Each group/committee is appropriately composed of public and private provider representatives with a mix of prehospital care personnel (refer to committees in Exhibit 1.01-C, page 18). The input provided establishes a framework in which the EMS community and the Health and Human Services Agency can develop a common set of goals and objectives in order to achieve greater system effectiveness. On an operational level, the LEMSA is positioned to respond to system changes twenty-four hours a day using an on call duty officer, cutting edge information technology and automated system status monitoring. The Prehospital/Trauma Coordinator is responsible, twenty-four hours a day, for ensuring that all components of the EMS system work together to provide excellence in patient care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 Policy & Procedures Manual

STANDARD:

1.14 Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

CURRENT STATUS:

The LEMSA maintains the San Diego County EMS Policies and Procedures Manual which addresses all aspects of the EMS system county-wide. The following main subject areas are included: Systems Organization and Management, State Law and Regulation, local EMS agency, Base Hospitals/Medical Control, Service Provider Agencies, Transportation/Patient Destination, Record Keeping/Audit, Equipment/Supplies/Vehicles, Adult and Pediatric Field Protocols/Procedures, Data Collection, Training Programs, and Certification/Recertification Requirements. Policies are routinely reviewed by many of the committees active within the system.

Any newly approved provider agency or hospital is provided with copies of the manual. System participants are notified a minimum of thirty days prior to implementation of new or revised policies so that adequate education can occur and internal policies may be made.

COORDINATION WITH OTHER EMS AGENCIES:

Policies affecting other LEMSAs are coordinated with those agencies.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 Compliance with Policies

STANDARD:

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

CURRENT STATUS:

In addition to ongoing data collection and implementation of a quality improvement program within the LEMSA, the Agency audits facilities and provider agencies on a routine basis or for cause with regard to compliance with system policies. Determination of compliance of EMS personnel with system policies rests primarily on daily supervision of personnel by provider agencies and base hospitals as well as input to base hospitals by receiving facilities. Compliance with local policies is required of all system participants via the contracts negotiated with all providers. These contracts are audited regularly.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

System Finances

1.16 Funding Mechanism

STANDARD:

1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

CURRENT STATUS:

The portion of the EMS Fund (SB612) which is not allocated to hospitals and physicians for indigent care is utilized to cover a portion of the daily operations of the LEMSA. In addition, fees are charged for certification/accreditation functions, ambulance operator permits, and base and trauma hospital designation. State Aid Health Realignment Fees (Vehicle License Fee) are also earmarked for EMS operations. Grant funds, both State and federal, offset specialized projects or evaluation and implementation of new system enhancements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.17 Medical Direction

STANDARD:

1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

CURRENT STATUS:

The LEMSA Medical Director provides medical direction for the San Diego County EMS system. All medically related issues are reviewed and approved by the Medical Director prior to implementation. The Medical Director may consult with the EMS Medical Director's Advisory Committee (Base Station Physicians Committee) and EMS Division staff on issues concerning prehospital treatment protocols and prehospital medical care delivery in the EMS system. Currently, eight base hospitals are active within the EMS system and there is no need for alternate base hospitals. The roles and responsibilities of the base hospitals are delineated in contracts between base hospitals and the LEMSA. The roles, responsibilities, and relationships of prehospital and hospital providers are described in the San Diego County EMS Policies and Procedures Manual.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA Medical Director is active as a member of the Emergency Medical Directors' Association of California. Through this organization and direct communication with other local agencies, the Medical Director develops policies or actions to allow for smooth interfacing with other EMS agencies.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.18 QA/QI

STANDARD:

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

GUIDELINE(S):

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS:

The Prehospital Audit Committee is the confidential peer review body which monitors, evaluates and reports on the quality of prehospital medical care and advises the LEMSA regarding clinical standards of care. Membership is drawn from the base hospitals, provider agencies, EMT-Paramedic training programs, and the LEMSA. The Prehospital Audit Committee promotes county-wide standardization of the quality assurance process with an emphasis on the educational aspects. Its purpose is to review issues and matters of a system-wide nature.

Prehospital care providers, base hospitals and trauma centers are required by contractual agreement with the LEMSA to implement and maintain an internal QA/QI process that meets LEMSA standards. Additionally, the LEMSA has established Policy S-004, Quality Assurance for the Emergency Medical Services System.

The QA Net is central to the system's QA activities. This network serves as the primary database for all patient information and QA/QI documentation. QA/QI research and system trends are all managed through this system as well as routine educational communication.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures, Protocols

STANDARD:

- 1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:
- a) triage,
 - b) treatment,
 - c) medical dispatch protocols,
 - d) transport,
 - e) on-scene treatment times,
 - f) transfer of emergency patients,
 - g) standing orders,
 - h) base hospital contact,
 - i) on-scene physicians and other medical personnel, and
 - j) local scope of practice for prehospital personnel.

GUIDELINE(S):

Each local EMS agency should develop (or encourage the development of) prearrival/post dispatch instructions.

CURRENT STATUS:

The LEMSA has developed and implemented policies, procedures, and/or protocols as follows:

- a) triage:
 - Policy S-140, Multiple Patient Incident Triage
 - Policy S-407, Appropriate Facility Triage Guidelines
 - Policy T-460, Adult Trauma Patient Triage
 - Policy T-461, Pediatric Trauma Patient Triage
- b) treatment:
 - Policy S-120-140, Adult Treatment Protocols
 - Policy S-160-170, Pediatric Treatment Protocols
 - Policy S-404, Treatment and Transport of Minors
 - Policy S-414, Do Not Resuscitate - DNR
 - Policy P-104, ALS Skills List
 - Policy P-103, P-114-117, Medication List/Drug Chart, Inventory
- c) medical dispatch protocols: Not developed by the LEMSA. Several dispatch agencies within the county have established dispatch protocols which have been approved by the LEMSA Medical Director.
- d) transport:
 - Policy S-008, Inter-facility Transfers
 - Policy S-404, Treatment and Transport of Minors
 - Policy S-407, Triage to Appropriate Facility
 - Policy S-415, Base Hospital Contact/Patient Transportation
 - Policy A-475, Aeromedical Support Utilization

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures, Protocols
(continued)

- e) on-scene treatment times: Not developed as a written policy. The LEMSA's QA/QI process captures data that indicate when on-scene treatment times are excessive or otherwise negatively impact patient care.
- F) transfer of emergency patients Policy S-007, Transfer Agreements
Policy D-420, Transfer of On-Scene Patient Care
- g) standing orders: Policy D-109, EMT/Public Safety-Defibrillation SAD Standing Orders
Policy P-110, Adult ALS Standing Orders
Policy P-111, Adult Standing Orders for Communications Failure
Policy P-112, Pediatric ALS Standing Orders
Policy P-113, Pediatric Standing Orders for Communications Failure
- h) base hospital contact: Policy S-415, Base Hospital Contact
Policy P-405, Communications Failure
- i) on-scene physician/other medical personnel: Policy P-403, Physician at Scene
Policy P-413, MICN at Scene - Issuance of Orders
- j) local scope of practice for prehospital personnel Policy 517.5 Inter-facility Transfer EMT Scope of Practice
Policy 802, EMT-I Scope of Practice
Policy 804, EMT-P Scope of Practice

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.20 DNR Policy

STANDARD:

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

CURRENT STATUS:

Policy S-414, Do Not Resuscitate (DNR) is in compliance with the EMS Authority's DNR Guidelines. The LEMSA was a leader in developing DNR policy and forms for state-wide use.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 Determination of Death

STANDARD:

1.21 Each local EMS agency, in conjunction with the county coroner(s), shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

CURRENT STATUS:

Policy S-402: Prehospital Determination of Death and Policy D-421: Prehospital Determination of Death Specific to Early Defibrillation Programs address issues regarding determination of death by prehospital care personnel. Both policies were developed with the San Diego County Medical Examiner. Special procedures utilized for victims of suspected criminal acts, including preservation of evidence, are a required component of both EMT-I and EMT-P training programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction
1.22 Reporting of Abuse

STANDARD:

1.22 Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

CURRENT STATUS:

Policy S-411 addresses mechanisms for reporting suspected child abuse, dependent adult abuse, and elder abuse.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Inter-facility Transfer

STANDARD:

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.

CURRENT STATUS:

Policy S-008 provides guidelines for ambulance transport of patients between acute care hospitals. It describes the types of ambulance services available for inter-facility transfer and the role of a base hospital, and defines the scope of practice of the EMT-I, EMT-P, and nurse staffed ambulances as they relate to the inter-facility transfer of patients.

The San Diego County EMS community has, thus far, reserved the EMT-Paramedic strictly for use within the emergency 9-1-1-system. Currently, no paramedics operate in a non-emergency role. However, the LEMSA has been approached by two private providers of ALS services with initial proposals for the expansion of the role of paramedics into the non-emergency, inter-facility arena.

COORDINATION WITH OTHER EMS AGENCIES:

As defined in regulations, in the event of an inter-facility transfer over county lines, the medical personnel shall follow the scope of practice defined by the originating county. In addition, inter-county agreements exist between the County of San Diego and surrounding LEMSAs.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard; however, further work is planned to meet the needs of the community.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

To collaborate and assist ALS provider agencies in the development of system-wide policies governing the use of paramedics in a non-emergency role in San Diego County. To move these policies through the community consensus process resulting in their approval and inclusion in the San Diego County EMS Policies and Procedures Manual. This process should be completed by January 1, 1999.

Long-range Plan (more than one year)

To monitor the impacts of this change in the role of the paramedic through the system-wide continuous quality improvement program. To support ALS provider agencies in their attempts to utilize paramedic personnel in a manner that is most efficient, resulting in a stronger EMS system.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support
1.24 ALS System

STANDARD:

1.24 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.

GUIDELINE(S):

Each local EMS agency, based on State approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

All seventeen ground ALS jurisdictions have been approved by the LEMSA and have written agreements with the LEMSA in the form of contractual agreements. These agreements delineate the exclusive operating areas for each ALS provider and require adherence to LEMSA policy, procedure and medical direction. The two private agencies that provide primary response rotor craft ALS services also meet strict written contractual requirements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support

1.25 On-Line Medical Direction

STANDARD:

1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

GUIDELINE(S):

Each EMS system should develop a medical control plan which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

The base hospitals provide on-line medical direction for all jurisdictions using County-authorized mobile intensive care nurses and base hospital physicians. The quality of on-line medical direction is reviewed routinely during the QA/QI process (Prehospital Audit Committee) and regularly by the LEMSA during base hospital surveys. The current base hospital configuration was determined by the Emergency Medical Care Committee and the County Board of Supervisors. The role of the base hospital is defined by contractual agreement. The following policies reflect the application/designation process. All bases are required to maintain 24-hour-a-day staffing of MICN and BHP.

- ▶P-701 EMT-Paramedic Base Hospital Designation
- ▶T-710 Designation of a Trauma Center
- ▶D-720 Designation of Emergency Medical Technician/Public Safety-Defibrillation Base Hospital

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Trauma Care System

1.26 Trauma System Plan

STANDARD:

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for trauma care in the EMS area, and
 - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

The LEMSA has an organized trauma care system which is integrated with the emergency care system. There are currently four Level II, one Level I, and one Pediatric trauma hospitals serving the county. This number of trauma facilities has remained stable since trauma facilities were originally designated in 1984.

Trauma hospital designation criteria for San Diego County were developed by consensus of local experts in trauma care and recommendations by the American College of Surgeons (ACS). The criteria contained in the County's Trauma Hospital Services Agreement meet the trauma hospital designation requirements specified in the California Code of Regulations, Title 22. The Emergency Medical Services Trauma Plan for San Diego County was approved by the EMS Authority in April 1990 and describes all aspects of the system in detail.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

Children's Hospital and Health Center serves as the primary pediatric resource for the County EMS system. It is the designated pediatric trauma facility and maintains the county's only pediatric emergency department. It is centrally located and its resources are adequate for the county's current population base. The EMS Pediatric Plan is incorporated in the EMS Trauma Plan and is supported by the following policies:

- ▶S-407 Triage to Appropriate Facility
- ▶T-461 Identification of the Pediatric Trauma Center Candidate
- ▶S-404 Treatment and Transport of Minors

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Area

1.28 EOA Plan

STANDARD:

1.28 The local EMS agency shall develop, and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

CURRENT STATUS:

The LEMSA has developed and implemented a State-approved plan for granting exclusive operating areas for advanced life support throughout the county. Providers include cities, fire protection districts, county service areas, a water district, and a hospital district. The documentation of these exclusive operating areas exists in contracts between the providers and the County and is referenced in the San Diego County EMS Policies and Procedures Manual, P-801 and P-804.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Local EMS Agency
2.01 Assessment of Needs

STANDARD:

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

CURRENT STATUS:

San Diego County's personnel needs are assessed on an ongoing basis by individual BLS and ALS provider agencies. Identified needs brought to the attention of the LEMSA are assessed, addressed with the provider agencies, and resolved. County-wide training needs are assessed by the EMS Division, using input from training agencies (EMT-I, EMT-P), base hospitals, provider agencies and the Prehospital Audit Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Local EMS Agency

2.02 Approval of Training

STANDARD:

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with State regulations.

CURRENT STATUS:

The LEMSA is responsible for review and approval of EMT-I and EMT-P education programs as well as EMT-D. EMT-I training programs are approved by the LEMSA for a four-year period upon successful demonstration of compliance with regulations. Two EMT-P programs are currently approved to conduct educational programs subject to review every two years. EMT-D programs are approved by the LEMSA on a provider agency basis and are audited initially after the first year and every one to two years thereafter. These EMS programs are approved and monitored by the LEMSA with regard to the following policies from the San Diego County EMS Policies and Procedures Manual:

- ▶P-301 EMT-Paramedic Training Program Requirements and Procedures for Approval
- ▶P-305 EMT-Paramedic Accreditation in San Diego County
- ▶S-306 Designation of Authorized Providers of Continuing Education in San Diego County
- ▶D-321 EMT/PS-Defibrillation Training Program Requirements
- ▶D-322 EMT/PS-Defibrillation Accreditation
- ▶B-351 EMT-I Training Programs

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Local EMS Agency

2.03 Personnel

STANDARD:

2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with State regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

CURRENT STATUS:

The LEMSA has adopted mechanisms in order to accredit, authorize, and certify prehospital EMS personnel. The following are located in the San Diego County EMS Policies and Procedures Manual:

- ▶P-300 EMT-Paramedic Training Program Student Eligibility
- ▶P-301 EMT-Paramedic Training Program Requirements and Procedures for Approval
- ▶P-303 Mobile Intensive Care Nurse -Authorization/Reauthorization
- ▶P-305 EMT-Paramedic Accreditation in San Diego County
- ▶D-322 EMT/Public Safety Defibrillation Accreditation
- ▶B-352 EMT-I Certification/Recertification
- ▶S-004 Quality Assurance for the Emergency Medical Services System
- ▶S-012 Prehospital Emergency Medical Care Investigative Process

The QA Net is the central repository for all credentialing data and provides routine reports on the status of the credentials of all EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Dispatchers

2.04 Dispatch Training

STANDARD:

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

GUIDELINE(S):

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

The PSAPs within the local EMS system are maintained by local public safety agencies and not directly by the LEMSA. The LEMSA Medical Director has reviewed the PSAP Medical Dispatch Guidelines of the three largest provider agencies and has determined that the training is in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. All medical dispatch plans are reviewed and approved by the EMS Medical Director, and must be supervised by a licensed physician.

COORDINATION WITH OTHER EMS AGENCIES:

There is currently no known coordination of PSAPs with other EMS agencies.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- STAFFING/TRAINING

First Responders (non-transporting)

2.05 First Responder Training

STANDARD:

2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

GUIDELINE(S):

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS:

Approximately 98% of public safety agencies in the county have a minimum certification requirement of EMT-I. Through this certification and recertification process, personnel are trained beyond the level of first aid and CPR. As specified in Health and Safety Code, Division 2.5, Section 1797.182, all other public provider agencies are required to train their personnel to the minimum level. In addition, approximately 95% of non-transporting first responders use defibrillators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- STAFFING/TRAINING

First Responders (non-transporting)

2.06 Response

STANDARD:

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

CURRENT STATUS:

In San Diego County, public safety first aid teams, including fire, law enforcement and lifeguards, are integrated into local EMS planning, policies and procedures. Industrial first aid teams, including but not limited to National Steel and Ship Building Company, San Onofre Nuclear Generating Station, Sea World, San Diego Zoo and Wild Animal Park, are integrated into the local EMS system and are included in planning, disaster exercises and quality assurance activities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

CURRENT STATUS:

Non-transporting EMS first responders, trained at the EMT-I and/or EMT/PS-D level, operate under medical direction policies, as specified by the San Diego County EMS Policies and Procedures Manual and approved by the LEMSA Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Transporting Personnel

2.08 EMT-I Training

STANDARD:

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

GUIDELINE(S):

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

According to San Diego County Ambulance Ordinance 8572, Chapter 6, Section 610.601, which applies to emergency medical transport vehicles (ambulances), both driver and attendant are required to be EMT-I certified.

Within the three rural areas not served by ALS, all have defibrillation-trained and capable first responders, and transporting responders have current EMT-I Defibrillation programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Hospital
2.09 CPR Training

STANDARD:

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

CURRENT STATUS:

All hospitals with basic and comprehensive emergency medical services submit to the permit process through the California Department of Health Services Licensing & Certification Division. These permits require allied health personnel to be trained in CPR. Allied health personnel serving in critical care transport ambulances or air ambulances are required to be CPR-certified per the local ambulance ordinance and the Air Medical Services Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Hospital

2.10 Advanced Life Support

STANDARD:

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

GUIDELINE(S):

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

As specified in the contractual agreements between the LEMSA, trauma centers and base hospitals, all registered nurses are required to maintain current Advanced Cardiac Life Support (ACLS) certification and all base hospital physicians are required to have Board certification or eligibility in Emergency Medicine and ACLS certification. All hospitals with Basic Emergency Medical Services permits are Joint Commission on Accreditation of Hospital Organizations (JCAHO)-approved. JCAHO requirements ensure compliance with this standard for ACLS training. Compliance is monitored as a component of the base hospital and trauma center contract renewal process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.11 Accreditation Process

STANDARD:

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

CURRENT STATUS:

The LEMSA has a procedure in place for San Diego County accreditation of EMT-P. The procedure includes an orientation to the local system and testing in any optional scope of practice for which the EMT-P has not been previously tested. Policies S-004 and P-305 refer to EMT-P Accreditation and Quality Assurance issues.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.12 Early Defibrillation

STANDARD:

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

CURRENT STATUS:

Policy D-322: Emergency Medical Technician/Public Safety-Defibrillation Accreditation defines the accreditation process for providers of EMT-D/PS-D services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.13 Base Hospital Personnel

STANDARD:

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

CURRENT STATUS:

All Mobile Intensive Care Nurses (MICNs) are authorized by the LEMSA, which also approves MICN instructional curriculum. The instruction, as outlined by Policy P-303, Mobile Intensive Care Nurse Authorization/Reauthorization, includes LEMSA policies and radio communication techniques. By contract, all base station physicians are required to have operational familiarity with the paramedic radio system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.01 Communication Plan*

STANDARD:

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

GUIDELINE(S):

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

Base hospitals and paramedic provider agencies have access to nine UHF medical channels. Medical channels are assigned to the hospital base stations and designated air dispatch centers. Communication assignments have been developed and implemented. Base hospitals are assigned a primary channel and a back-up frequency. Base hospital radio equipment has also been modified to receive and transmit on the City of San Diego 800 MHz trunked radio system. The standard is maintained by the installation of local base station radios at the hospital sites and remote base station radios and voting receivers at strategically placed sites to overcome communication problems caused by terrain. In addition the system is microwave-enhanced to extend hospital radio coverage over larger areas of the County. A separate five-frequency high band VHF system links all ALS ground units, all ambulances (ground and air), all public health clinics, and all hospitals via the Sheriff's Communication Center. Both the UHF and VHF radios systems will be eliminated after a migration to a regional digitally trunked 800 MHz (voice and data) radio system that will link all EMS responders and hospitals in both San Diego and Imperial counties. The Quality Assurance Network (QA Net), a wide area computer network, is installed in 23 hospitals (all comprehensive and basic emergency facilities in the county) as well as dispatch agencies, and has "dial up" capability from remote sites such as fire stations and ambulance posting locations. The QA Net has both hospital polling software and electronic mail capability.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County shares the Medical Mutual Aid Radio System (MEDMARS) with San Bernardino, Imperial, Inyo, Mono and Riverside counties. It is used to interface with those counties and is used to link the EMS agencies and health officers.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment
3.01 Communication Plan*
(continued)

NEED(S):

1. To migrate to the regional 800 MHz system.
2. To interface MEDMARS with Orange and Los Angeles counties.

OBJECTIVE:

The LEMSA shall facilitate an orderly migration to the new 800 MHz system.

The LEMSA, acting in cooperation with the Regional Disaster Medical Health Coordinator committee, shall determine methods of interfacing MEDMARS with Orange County and Los Angeles County.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.02 Radios

STANDARD:

3.02 Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

GUIDELINE(S):

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulance and non-transporting first responder units) communication.

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios. Dispatch radios are under the control of the operating agency. A five-frequency high band VHF radio system is installed in all of the emergency medical transport vehicles and non-transporting ALS responder vehicles that allows for ambulance-to-hospital communications.

The system will migrate to a regional 800 MHz digitally trunked radio system in 1998-99.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

The LEMSA, in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment 3.03 Inter-facility Transfer*

STANDARD:

3.03 Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

CURRENT STATUS:

All ambulance vehicles have med channel capabilities. All receiving hospitals are equipped with VHF radios for communication with ambulance vehicles (see 3.04 below).

COORDINATION WITH OTHER EMS AGENCIES:

All fire command and California Highway Patrol vehicles are equipped with the California Mutual Aid Coordination (CALCORD) radio frequencies. Many ambulances are also equipped with cellular or Personal Communication (PCS) phones.

NEED(S):

To implement a mechanism of communication between all transporting units and out-of-county receiving hospitals.

OBJECTIVE:

The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and receiving hospitals. The LEMSA in conjunction with system participants shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.04 Dispatch Center

STANDARD:

3.04 All emergency medical transport vehicles where physically possible (based on geography and technology) shall have the ability to communicate with a single dispatch center or disaster communications command post.

CURRENT STATUS:

A common five-frequency high band radio system links all hospitals and all ambulances. The system is monitored 24 hours a day at the Sheriff's Communication Center. With the migration to the regional 800 MHz trunked system, all hospitals and ambulances will have the ability to communicate directly with the Sheriff's Communication Center when necessary.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.05 Hospitals

STANDARD:

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

GUIDELINE(S):

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

All hospitals that are designated as emergency facilities are equipped with three of the five EMS system radio frequencies. Trauma, pediatric, and burn centers have a microwave enhanced version of the system, allowing them to consult county-wide. Transition to a regional trunked 800 MHz radio system will occur in 1998-99 which will allow all hospitals to communicate directly with each other on predesignated talk groups.

COORDINATION WITH OTHER EMS AGENCIES:

Accomplished via MEDMARS.

NEED(S):

To install the 800 MHz radio equipment in all health facilities.

OBJECTIVE:

The LEMSA shall install the 800 MHz radios at all health care facilities.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.06 MCI/Disasters

STANDARD:

3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

CURRENT STATUS:

The LEMSA through the Sheriff's Department conducts weekly radio checks on a rotating basis to verify the hardware status of the high-band VHF EMS radio system. The audio transmissions of selected hospitals verify both receiving and transmitting capabilities of the LEMSA, remote transmitters and hospitals. Hospitals not actively polled are aware of the scheduled roll calls and are able to monitor the transmissions; absence of a hospital's ability to hear the roll call indicates a problem with that hospital. The LEMSA will migrate to a regional trunked digital 800 MHz (voice and data) in 1998-99 that will link every responder (police, fire, ambulance) and every hospital in San Diego and Imperial counties.

The Quality Assurance Network (QA Net) is designed as a constant polling system. Hospitals equipped with QA Net are electronically polled every fifteen seconds. QA Net operates in real time on a wide area network. Dedicated and modem "dial up" access is available to field providers in their posting locations, dispatch centers and at other access points.

The LEMSA maintains a continuous communication systems survey using communication problem report cards. The communication survey is reviewed by the LEMSA, County radio engineering and private communication vendors to identify and correct any communication problems. Health and Human Services Agency facilities utilize the Medical Mutual Aid Radio System (MEDMARS) as an interdepartmental communication modality. The local component of MEDMARS is tested monthly.

The LEMSA has established as a component of the medical mass casualty plan an alternate communications plan wherein Amateur Radio Emergency System volunteers respond to hospitals and other medical treatment sites to facilitate communication.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA and health officer have the ability to communicate with their counterparts in Region VI, through the Regional Disaster Medical/Health Coordinator. This includes: San Bernardino, Imperial, Riverside, Mono, and Inyo counties. Linkages to Los Angeles and Orange counties are being developed. The Emergency Operations Center has the ability to communicate with all neighboring counties.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.06 MCI/Disasters

(continued)

NEED(S):

1. Migrate to a regional 800 MHz trunked radio system linking all response units and all hospitals in San Diego and Imperial counties.
2. Establish MEDMARS linkages with Orange and Los Angeles counties.

OBJECTIVE:

The LEMSA shall migrate to the regional communication 800 MHz system on a phased basis by the year 1999 and establish communication linkages with Los Angeles and Orange counties by the end of 1999.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Public Access

3.07 9-1-1 Planning/Coordination

STANDARD:

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

GUIDELINE(S):

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS:

The 9-1-1 call is received at one of eleven public safety answering points in the county and routed to the responsible agency (police, fire or medical aid). In the case of medical aid, some jurisdictions have dispatchers trained to determine the gravity of the caller's complaint and the level of response required. Most jurisdictions, however, are not set up for tiered dispatch and therefore respond to all requests for medical aid at the ALS level. Public telephone access is free and information on obtaining emergency help is provided in English and Spanish on call boxes. Other languages are handled by the dispatcher who has access to translation assistance. Provision is made for those who are deaf or mute via TTY and TDD services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- COMMUNICATIONS

Public Access

3.08 9-1-1 Public Education

STANDARD:

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

CURRENT STATUS:

Provider agreements mandate that all EMS system participants implement a community education program which includes CPR instruction, 9-1-1 access, and other topics. Bumper stickers are affixed to public safety vehicles (police, fire, rescue) instructing the public on the 9-1-1 emergency system. Telephone directories provide information in the common languages spoken in the area on what to do in emergencies. Signs in buildings such as restaurants, airports and malls are posted in public areas instructing on the use of the 9-1-1 system. Television (including cable services), radio, newspapers and billboards provide public service announcements to educate and inform the public.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To expand education for the public on what constitutes a true emergency and what non-emergency services are available in the community.

OBJECTIVE:

The LEMSA, in conjunction with other system participants, shall work to create an updated brochure describing 9-1-1 services and alternate non-emergency transportation (e.g., Dial-A-Ride, Red Cross "Wheels," etc.).

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- COMMUNICATIONS

Resource Management

3.09 Dispatch Triage

STANDARD:

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

GUIDELINE(S):

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS:

The public safety answering points (PSAPs) within the local EMS system are maintained by local public safety agencies and not directly by the LEMSA. The LEMSA Medical Director has reviewed the PSAP Medical Dispatch Guidelines of the EMD provider agencies to ensure medical appropriateness and has determined that the training is in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To establish LEMSA guidelines for proper dispatch triage which identify appropriate medical response based on current practice and community standards.

OBJECTIVE:

In conjunction with system participants, the LEMSA shall develop guidelines for dispatch triage.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Resource Management
3.10 Integrated Dispatch

STANDARD:

3.10 The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

GUIDELINE(S):

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS:

The local EMS system uses a computer gated 9-1-1 system which routes all emergency medical calls to the appropriate local PSAP. System-wide emergency coordination is provided by the LEMSA via the high band VHF system, which uses standardized communication frequencies to ensure appropriate system ambulance coverage at all times.

COORDINATION WITH OTHER EMS AGENCIES:

Local communication frequency allocation and communication systems are developed in coordination with surrounding EMS agencies to decrease the potential for communication interference.

NEED(S):

Standard met.

OBJECTIVE:

Enhance current system by migrating to the regional communication 800 MHz radio system-wide that will integrate with other counties.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.01 Service Area Boundaries*

STANDARD:

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

GUIDELINE(S):

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS:

The San Diego County Ambulance Ordinance 8572 (amended from 8192) is in effect. ALS and BLS providers permitted in San Diego County may transport patients from locations within San Diego County to points both within and outside the county borders.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA coordinates with appropriate cities, fire protection districts, hospital districts and water districts within San Diego County. In addition, agreements exist between the County of San Diego and the counties of Imperial, Orange and Riverside.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level 4.02 Monitoring

STANDARD:

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

GUIDELINE(S):

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS:

The County of San Diego has enacted an ordinance which defines minimum standards for licensure of emergency medical transport service operators (San Diego County Ambulance Ordinance 8572). Standards include response time parameters, licensure and certification of ambulance personnel, inspection and licensure of ambulance vehicles, service requirements and required insurance coverage. In addition, the LEMSA has agreements with exclusive operating area ALS providers that reinforce ordinance standards and further define ambulance service requirements. Emergency medical transportation services are monitored at least annually, including review of response time records, administrative responsibilities, personnel licensure, certifications, and vehicle records.

Exclusive operating area agreements require operators to prepare, retain, and make available for inspection, review, and photocopying, if necessary, such ambulance and emergency medical services records as are required of ambulance and prehospital emergency care operators by the California Highway Patrol, Division 2.5 of the Health & Safety Code, the California Code of Regulations, and the San Diego County EMS Policies and Procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.03 Classifying Medical Requests

STANDARD:

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

CURRENT STATUS:

Policy S-415, Base Hospital Contact, Patient Transportation and Report, is the basis for classifying emergency medical requests. Those chief complaints or patient circumstances described in this policy are considered "emergent or urgent" for purposes of determining need for ALS response. Those chief complaints or patient circumstances not identified in this policy are considered "non-emergent" and may be responded to by BLS level personnel. This is considered the basis for tiered level dispatch application.

COORDINATION WITH OTHER EMS AGENCIES:

Not required for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.04 Pre-scheduled Responses

STANDARD:

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

CURRENT STATUS:

Pre-scheduled emergency medical transport is provided by private ambulance companies in San Diego County. Policies S-007, Transfer Agreements, and S-008, Inter-facility Transfers-Levels of Care, outline the parameters which must be followed for inter-facility transports. EMT-I's and EMT-P's may not exceed their scope of practice as outlined in Policy S-008. In the event a patient requires care greater than an EMT-P's scope of practice, Policy S-008 mandates that a critical care transport ambulance be staffed with clinical personnel (registered nurse, respiratory therapist, physician, etc.) appropriate to the requirements of the patient, as determined by the transferring physician in consultation with the receiving physician. Currently, paramedic-staffed ambulances are reserved exclusively for the 9-1-1 transport system including emergent inter-facility transport when CCT is not available in a timely manner.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.05 Response Time Standards*

STANDARD:

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

GUIDELINE(S):

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

- a) the response time for a basic life support and CPR capable first responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible
- b) the response time for an early defibrillation-capable responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--as quickly as possible
Wilderness--as quickly as possible
- c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible
- d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible

CURRENT STATUS:

The LEMSA has established the following response time standards:

Transporting ALS Responder (except within the City of San Diego):

- ▶Urban/Suburban 10 minute response, 90% of the time
- ▶Rural 30 minute response, 90% of the time

ALS First Responder (except City of San Diego):

- ▶Urban/Suburban 10 minute response, 90% of the time

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.05 Response Time Standards*
(continued)

City of San Diego:

- ▶ALS First Responder 8 minute response, 90% of the time
- ▶ALS Transport Unit 12 minute response, 90% of the time

BLS First Responder - (CPR capable)

- ▶No standard set

Response time data are gathered via the County's Prehospital Patient Record (optically scanned form or via computerized QA Net system). The data are compiled and published quarterly.

COORDINATION WITH OTHER EMS AGENCIES:

Unless requested to provide mutual aid to one of the surrounding counties, provider agencies do not routinely respond to other counties. Therefore, it has been unnecessary to establish response time standards across county borders.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.06 Staffing

STANDARD:

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current State and local EMS agency regulations and appropriately equipped for the level of service provided.

CURRENT STATUS:

The LEMSA developed the following policies to establish minimum equipment and staffing requirements:

- ▶P-801 Designation of Providers of ALS Service
- ▶P-804 Alternate EMT-Paramedic Service Provider Application/Designation
- ▶P-805 ALS First Responder Units
- ▶B-833 BLS Ground Ambulance Vehicle Requirements
- ▶S-835 Requirements for Ground Critical Care Transport Services
- ▶B-850 Basic Life Support Ambulance Service Provider Requirements
- ▶A-875 Aeromedical Classification

In addition, the LEMSA has instituted the San Diego County Ambulance Ordinance and the San Diego County Air Medical Services Plan to further delineate the minimum requirements for staffing and equipping emergency medical transport vehicles. Compliance is ensured through annual and unannounced inspections.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.07 First Responder Agencies

STANDARD:

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

CURRENT STATUS:

All fire, public safety and industrial first responders are integrated into the system at BLS, BLS Defibrillation plus Combitube, or ALS levels. The LEMSA works with these agencies to approve training programs where required. The LEMSA also coordinates system QA/QI on incidents when multiple first responder agencies are present. All first responder agencies are offered participation in disaster and mass casualty incident planning and exercises.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft*

STANDARD:

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

The LEMSA has implemented the San Diego County Air Medical Services Plan and the following Policies:

- ▶A-875 Aeromedical Classification
- ▶A-876 Aeromedical Dispatch Center Designation
- ▶A-877 Aeromedical Service Provider Authorization
- ▶S-004 Quality Assurance for the Emergency Medical Services Agency
- ▶S-407 Triage to Appropriate Facility

The documents referenced above encompass aircraft classification, including definitions of air ambulances and rescue aircraft, type of personnel aboard the aircraft and their training requirements, as well as the EMS provider agencies, and back-up provider agencies. Patient destination is determined by the initial base hospital directing the patient's care and is consistent with Policy S-407, Triage to Appropriate Facility, providing the receiving facility has a licensed heliport or designated landing site. The pilot in command approves all response destinations with respect to safety factors.

The Air Medical Services Plan and policies listed above also describe the general provisions for EMS aircraft operations in the county and establish the minimum standards for the integration of EMS aircraft and personnel into the LEMSA's prehospital patient transport system. This includes the designation of EMS aircraft providers within the jurisdiction of the LEMSA. Record keeping and quality assurance requirements are also covered.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft*

(continued)

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and the following jurisdictions:

- ▶ Orange County
- ▶ San Bernardino County
- ▶ Riverside County
- ▶ Imperial County
- ▶ Inland Counties Emergency Medical Services Association

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level **4.09 Air Dispatch Center**

STANDARD:

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

CURRENT STATUS:

The LEMSA has defined the criteria and the process for designated dispatch centers for the coordination of air ambulances and rescue aircraft in Policy A-876, Aeromedical Dispatch Center Designation. A dispatch center for EMS helicopters has been designated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.10 Aircraft Availability*

STANDARD:

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

CURRENT STATUS:

The authorization process for medical and rescue aircraft for emergency patient transport is specified in Policy A-877, Aeromedical Service Provider Authorization. This policy specifies that aeromedical service providers will have a contractual agreement with the LEMSA and obtain a County ambulance permit. Staffing and availability of medical and rescue aircraft are identified in Policy A-877 and the San Diego County EMS Air Medical Services Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Air medical resources in Southern California have been researched and catalogued. The twenty-four hour air medical dispatch center monitors the availability of EMS helicopters in the region.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.11 Specialty Vehicles*

STANDARD:

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

GUIDELINE(S):

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS:

The LEMSA has identified resources which provide specialty vehicles. These include a variety of all-terrain vehicles through the County of San Diego Sheriff's search and rescue team as well as a variety of water craft available from the United States Coast Guard and lifeguard agencies. A swift water rescue team is also available with appropriate equipment and water craft. These vehicles are available to all jurisdictions in San Diego County and may be accessed through the Sheriff's Communications Center.

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and the following jurisdictions:

- ▶ Imperial County
- ▶ Inyo County
- ▶ Mono County
- ▶ Orange County
- ▶ Riverside County
- ▶ San Bernardino County

NEED(S):

No further objective needed to meet standard.

OBJECTIVE:

Standard met.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.12 Disaster Response

STANDARD:

4.12 The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

CURRENT STATUS:

Primary provider agencies are prepared for mobilizing response and transport vehicles in a disaster and have mutual aid plans in place. Should additional transport vehicles be required, the Emergency Operations Center is prepared to provide vehicles from the LEMSA's own fleet, from private contractors with whom contracts are in place, and from other operational areas in the Regional Disaster Medical/Health (RDMH) Region VI.

COORDINATION WITH OTHER EMS AGENCIES:

Along with the State Mutual Aid Plan, a formal agreement with other operational areas in Regions VI has been developed. Medical/health mutual aid is coordinated via the Office of Emergency Services Region VI RDMH Coordinator (currently San Bernardino County).

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.13 Inter-county Response*

STANDARD:

4.13 The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

GUIDELINE(S):

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

CURRENT STATUS:

Paramedic inter-county agreements permitting response of emergency medical transport vehicles and EMS personnel are currently in place. The LEMSA is a participant in an agreement for medical/health mutual aid between the counties in Office of Emergency Services (OES) Region VI. An OES inter-region agreement is currently under development between OES Regions VI and I.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination meetings are held quarterly and agreements are reviewed at three- to five-year intervals. No further coordination with other EMS agencies has been required.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:

4.14 The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

CURRENT STATUS:

The LEMSA has developed the San Diego County Emergency Plan "Annex D" Medical Multi-Casualty Plan as a component of the Operational Area Emergency Plan which provides for on-scene medical management, using the Incident Command System. Primary provider agencies throughout San Diego County have adopted the Incident Command System for routine operations as well as multi-casualty incidents. Additionally, San Diego County, through the Office of Disaster Preparedness, is in the process of implementing the Standardized Emergency Management System countywide.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level
4.15 MCI Plans

STANDARD:

4.15 Multi-casualty response plans and procedures shall utilize State standards and guidelines.

CURRENT STATUS:

The San Diego County Emergency Plan "Annex D" Medical Multi-Casualty Plan utilizes State standards and guidelines based on the Standardized Emergency Management System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Advanced Life Support
4.16 ALS Staffing

STANDARD:

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person certified at the EMT-I level.

GUIDELINE(S):

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

The LEMSA's Policy P-801, Designation of Providers of ALS Service, defines mobile intensive care unit staffing as a minimum of two licensed EMT-Paramedics. If a jurisdiction implements an ALS first response system, the transport units may be staffed with one EMT-Paramedic and one EMT-I. Allowable exceptions may be made under Policy P-804, Alternate EMT- Paramedic Service Provider Application/Designation, in order to encourage the establishment of new ALS services in low population density areas that have demonstrated hardship in establishing services at the community standard of care. This policy allows an ALS ambulance to be staffed with one EMT-Paramedic and one EMT-I without ALS first response. The LEMSA encourages but does not mandate that these EMTs be trained to provide defibrillation services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Advanced Life Support

4.17 ALS Equipment

STANDARD:

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

CURRENT STATUS:

The LEMSA has developed the following policies to assure that all emergency ALS ambulances are appropriately equipped:

- ▶P-103 Mobile Intensive Care Unit Inventory
- ▶P-114 Mobile Intensive Care Unit Inventory-Pediatric

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Ambulance Regulation

4.18 Compliance

STANDARD:

4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

CURRENT STATUS:

The County of San Diego has established an ambulance ordinance which regulates ambulance transportation in the unincorporated parts of the county. Many of the incorporated cities in the county have adopted the County Ambulance Ordinance. Additionally, the LEMSA has written agreements with exclusive operating areas for Advanced Life Support providers. All EMS transportation agencies are required to comply with applicable policies and procedures regarding system operations and clinical care through contractual agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits
4.19 Transportation Plan

STANDARD:

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

The LEMSA developed a body of policies and procedures which includes minimum standards for ALS transportation services. Minimum standards include: response time parameters; simultaneous dispatch of transport personnel with ALS personnel; adequate number of vehicles to meet community needs and standards; response locations and personnel. The plan provides for efficient and effective transportation and uses a competitive bidding process to ensure system optimization.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.20 "Grandfathering"

STANDARD:

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

CURRENT STATUS:

The LEMSA developed "grandfather" agreements for those jurisdictions which had continued the use of existing providers operating within a local EMS area at the same level of service which had been provided without interruption since January 1, 1981.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet this standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.21 Compliance

STANDARD:

4.21 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.

CURRENT STATUS:

The LEMSA has developed a monitoring instrument that documents each provider's compliance with the administrative and service requirements of its exclusive operating area agreement(s). All emergency medical service providers are required to send the EMS agency prehospital patient records that document the providers' response, treatment and, if applicable, transport of patients. The providers are monitored through periodic review of the reports. Failure to comply may result in ALS service agreement revocation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

STANDARD:

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

CURRENT STATUS:

The LEMSA establishes exclusive operating areas only for ALS service provider agencies. These exclusive operating areas are established by contract with jurisdictions and are defined by their individual jurisdictional boundaries. The LEMSA reviews these contracts every two years.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.01 Assessment of Capabilities

STANDARD:

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

GUIDELINE(S):

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS:

The LEMSA assesses and periodically reassesses EMS-related capabilities of acute care facilities. The LEMSA has written agreements with Trauma Centers and Base Hospitals to provide prehospital medical direction and specialty medical service. The LEMSA operates the QA Net, a wide area network which has a twenty-four hour system status monitoring function which updates hospital receiving capability and other data every fifteen seconds.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan

Long-range Plan

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.02 Triage & Transfer Protocols*

STANDARD:

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

CURRENT STATUS:

The LEMSA has established prehospital triage protocols and transfer agreements as follows:

- ▶S-407 Triage to Appropriate Facility
- ▶T-460 Identification of the Adult Trauma Center Candidate
- ▶T-461 Identification of the Pediatric Trauma Center Candidate
- ▶S-124 Burns
- ▶S-132 Near Drowning/Scuba
- ▶S-007 Transfer Agreements

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA cooperates with Imperial County for the co-designation of Children's Hospital as a pediatric trauma center.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.03 Transfer Guidelines*

STANDARD:

5.03 The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

CURRENT STATUS:

The LEMSA has developed policies for transporting patients from the field to appropriate hospitals (e.g., trauma, burns, neuro, patients requiring hyperbaric therapy). Furthermore, the LEMSA has established guidelines for transfers between hospitals. The San Diego County EMS Policies and Procedures Manual provides for such transfers under Protocols S-007, Transfer Agreements, and S-008, Inter-facility Transfers, Levels of Care. Additionally, trauma centers and base hospitals are required to follow transfer guidelines by contractual agreement with the LEMSA.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA cooperates with Imperial County for the co-designation of Children's Hospital as a pediatric trauma center. The LEMSA has inter-county agreements with neighboring counties designed to promote the routing of patients to the closest facility equipped and staffed to meet their needs, traveling across county lines if necessary.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.04 Speciality Care Facilities*

STANDARD:

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

CURRENT STATUS:

While the LEMSA does not designate or monitor receiving hospitals, it does designate and monitor base hospitals, EMT/PS-D base hospitals, adult trauma centers and the pediatric trauma center. The LEMSA designates and monitors these specialty care facilities through contractual agreements and the following policies in the San Diego County EMS Policies and Procedures Manual:

- ▶P-701 EMT-Paramedic Base Hospital Designation
- ▶P-702 Dedesignation of an EMT-Paramedic Base Hospital
- ▶T-710 Designation of a Trauma Center
- ▶T-711 Dedesignation of a Trauma Center
- ▶D-720 EMT/PS-D Base Hospital Designation
- ▶D-721 Quality Assurance for EMT/PS-Defibrillation
- ▶S-004 Quality Assurance for the Emergency Medical Services System
- ▶S-015 Medical Audit Committee on Trauma

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and Imperial County, Orange County, Inyo County, Riverside County, Mono County, and San Bernardino County.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.05 Mass Casualty Management

STANDARD:

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

GUIDELINE(S):

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS:

All basic emergency facilities in San Diego County have a direct communication link with the LEMSA through the Sheriff's Communication Center, "Station X." When a mass casualty incident occurs, Station X is apprised of the incident by the primary provider agencies. Station X designates one of the county's base hospitals as the "facilitating base." This facilitating base immediately collects bed availability information from receiving hospitals and provides assistance to field personnel as to appropriate patient destination. The facilitating base informs hospitals of the patients being transported to each receiving hospital. The objective of this system is to avoid overloading any particular receiving facility when others could handle an additional patient volume.

The Incident Command System has been adopted by all public provider agencies and all private ambulance providers in San Diego County to ensure organized, efficient care of victims of mass casualty incidents. The Standardized Emergency Management System is being implemented at this time. The San Diego County Emergency Plan, Annex D, Medical Multi-Casualty Plan, defines the role of provider agencies, facilitating base hospitals and receiving hospitals during multiple victim incidents. The LEMSA sponsors and/or facilitates training and exercise activities for prehospital providers and hospitals throughout the year. After action, QA/QI services are also provided for all multi-casualty incidents.

The communications protocols established for the mass casualty plan are currently under review in preparation for a planned migration to an 800 MHz trunked communications system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.06 Hospital Evacuation*

STANDARD:

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

CURRENT STATUS:

The LEMSA, through the Sheriff's Communication Center, is able to rapidly assess patient care capability throughout San Diego County. If a hospital needs either full or partial evacuation, the Sheriff's Communication Center contacts the private ambulance coordinator to arrange for the transfer and transport of evacuated patients to other facilities. An EMS duty officer is on call 24 hours per day to monitor all mass casualty incidents, and can initiate and coordinate the hospital evacuation protocol. The LEMSA staff monitors and coordinates patient movements.

COORDINATION WITH OTHER EMS AGENCIES:

Existing plans provide that, if a hospital within San Diego County needs evacuation, the LEMSA will attempt to place patients in hospitals within San Diego County first. In a civil emergency of significant scope, the Regional Disaster Medical/Health Coordinator of Region VI would be contacted to assist with transferring patients to other counties and the National Disaster Medical System can be used.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Advanced Life Support
5.07 Base Hospital Designation*

STANDARD:

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

CURRENT STATUS:

The LEMSA has an organized base hospital system which currently includes eight facilities located throughout the county. The process for designation is based on a hospital's capability to perform specified EMS functions as defined in Section 1797.67 of the California Health & Safety Code. There are also base hospital contractual agreements in place for each of the designated facilities. The mechanism for establishing base hospitals is found in the San Diego County EMS Policies and Procedures Manual as follows:

- ▶P-701 EMT-Paramedic Base Hospital Designation
- ▶D-720 EMT/PS-Defibrillation Base Hospital Designation

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and Imperial County, Inyo County, Mono County, Orange County, Riverside County, and San Bernardino County.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.08 Trauma System Design

STANDARD:

5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Based on a system assessment performed by the County of San Diego Board of Supervisors, the Hospital Council (now the Health Care Association) of San Diego and Imperial Counties, and the San Diego County Medical Society, the Trauma Management System was implemented on August 1, 1984. This Trauma Management System includes:

- a) The designation of five geographically distributed adult trauma centers and one centrally located pediatric trauma center. At least one of the adult trauma centers should be designated a Level I facility.
- b) The establishment by the LEMSA of trauma catchment areas. The LEMSA is responsible for adjusting these areas as circumstances require.
- c) The development of policies to identify patients who should be triaged or transferred to a designated trauma center. These policies are found in the San Diego County EMS Policies and Procedures Manual. Policies T-460 and T-461 respectively identify adult and pediatric trauma center candidates. Policy S-407 provides for the transfer of patients to specialty care facilities.
- d) The establishment of the role of non-trauma center hospitals with emphasis on coordination with trauma centers for the management of trauma patients. Policy T-714 provides for trauma consultation with community physicians.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.08 Trauma System Design

(continued)

- e) The establishment of a Quality Assurance Committee. On June 5, 1984, the County of San Diego Board of Supervisors directed the Department of Health Services to establish an ongoing Quality Assurance Committee (currently known as the Medical Audit Committee) "consisting of Department staff and clinical experts, to monitor, evaluate and report on the necessity, quality and level of trauma care services." The trauma medical audit process provides the opportunity for a wide range of local trauma system participants to come together in a confidential, multi-disciplinary forum that monitors and evaluates the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.09 Public Input

STANDARD:

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

The San Diego County Trauma Management Plan was developed by the Hospital Council of San Diego and Imperial Counties and the County Medical Society, with input from the Emergency Medical Care Committee (EMCC). In October 1983, with support and direction from the County of San Diego Board of Supervisors, the Department of Health Services created an ad hoc Trauma Advisory Task Force to assist in the review and evaluation of the Hospital Council-Medical Society Trauma Plan. The advisory group of outside trauma experts conducted public hearings, and convened informal sessions with in-hospital and prehospital trauma providers to develop recommendations for the Department and the Board of Supervisors. On August 1, 1984, the current trauma management system was implemented. Ongoing system planning continues to receive input from the EMCC and multiple advisory committees and subcommittees.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

STANDARD:

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

San Diego County is served by a single facility at Children's Hospital for pediatric emergency medical and critical care. The LEMSA has dedicated Protocols S-160 through S-170 in the San Diego County EMS Policies and Procedures Manual as pediatric treatment protocols. Additionally, the following policies provide for transport of pediatric patients to appropriate treatment facilities:

- ▶S-407 Triage to Appropriate Facility
- ▶T-461 Identification of the Pediatric Trauma Center Candidate

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

(continued)

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met for pediatric trauma.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Emergency Departments

STANDARD:

5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency.

GUIDELINE(S):

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

San Diego County has not established independent minimum standards for emergency departments relative to their pediatric capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met. Pediatric trauma and critical care needs are met through a single pediatric facility, Children's Hospital, which provides consultation and critical care transfer services.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.12 Public Input

STANDARD:

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

Community input for pediatric trauma care was received as part of the San Diego County Trauma Plan. Ongoing input regarding pediatric treatment protocols is achieved through participation in the Protocol Task Force, the Prehospital Audit Committee, and the Medical Audit Committee (trauma) by representatives of Children's Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Other Speciality Care System

5.13 Speciality System Design

STANDARD:

5.13 Local EMS agencies developing speciality care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:

- a) the number and role of system participants,
- b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center,
- d) the role of non-designated hospitals including those which are outside of the primary triage area, and
- e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

The LEMSA has established a procedure for determining the appropriate destination of burn patients as outlined in Policy S-124, Burns, a treatment protocol which includes transporting the patient to a hyperbaric facility in the case of carbon monoxide poisoning.

Protocol T-460, Identification of the Adult Trauma Center Candidate, provides guidelines for transporting adult trauma patients to the appropriate trauma center. Protocol T-461, Identification of the Pediatric Trauma Center Candidate, provides for the pediatric trauma patient.

The LEMSA has established Policy S-137, Sexual Assault, a treatment protocol that requires transportation to a facility that offers Sexual Assault Response Team services if the patient is medically stable and does not meet trauma criteria.

Policy S-132, Near Drowning/Scuba, outlines the procedure for transporting patients with potential decompression emergencies. This policy provides a mechanism for field personnel to transport these patients directly to a hyperbaric chamber when appropriate.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Other Speciality Care System

5.13 Speciality System Design

(continued)

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Other Speciality Care System

5.14 Public Input

STANDARD:

5.14 In planning other speciality care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

The LEMSA ensures ongoing input in planning other speciality care systems from both prehospital and hospital providers, physicians, and consumers. This is accomplished by reviewing policies and procedures related to speciality care centers with the Emergency Medical Care Committee and the Base Station Physicians' Committee. System changes are further reviewed by the Medical Audit Committee, Prehospital Audit Committee, Healthcare Association of San Diego and Imperial Counties, County Paramedic Agencies Committee and various subcommittees. The LEMSA further seeks input as needed from other concerned groups, including the County Medical Society, the Medical Society EMS Committee, the Emergency Nurses Association, and the San Diego County Paramedic Association.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level 6.01 QA/QI Programs

STANDARD:

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize State standards and guidelines. The program shall use provider-based QA/QI programs and shall coordinate them with other providers.

GUIDELINE(S):

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

CURRENT STATUS:

The LEMSA has developed a system-wide quality assurance program, Policy S-004, Quality Assurance for the Emergency Medical Services System. This policy addresses the total EMS system, including all ALS/BLS provider agencies, base hospitals and trauma centers. Each paramedic provider agency, base hospital and trauma center is required to submit to the LEMSA a quality improvement program for approval. In addition, the LEMSA has established two system QA/QI committees which review care provided in the prehospital arena (Prehospital Audit Committee) and trauma care (Medical Audit Committee).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.02 Prehospital Records

STANDARD:

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

CURRENT STATUS:

The County of San Diego, Division of Emergency Medical Services' policies require that a prehospital patient record be completed for each patient contact, including all 9-1-1 dispatches and all inter-facility transfers. All prehospital patient records have a unique identifier, allowing the data system to track patients from time of dispatch to arrival at the hospital. In the case of EMT/PS-Defibrillation patient encounters, patient information is collected on patient disposition through hospital discharge.

In addition, policies describe the procedures for disposition of all copies of each record and the requirements for record retention. These provisions are described in the San Diego County EMS Policies and Procedures Manual in Policies S-601 and S-602. Policy S-620 deals specifically with emergency medical technician/public safety-defibrillation data collection and evaluation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.03 Prehospital Care Audits

STANDARD:

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

GUIDELINE(S):

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

The LEMSA provides continuous monitoring of prehospital care from both a system response and a clinical perspective. Monitoring activities are coordinated with all system participants and utilize data from the QA Net. Individual cases can be tracked throughout the system, effectively linking prehospital records, emergency department, and, for trauma patients, in-patient and discharge records. The LEMSA is currently working to add dispatch to the QA Net link and expects to have the first system in place by May 1999. Additionally, the LEMSA has developed the following policies:

- ▶S-004 Quality Assurance for the Emergency Medical Services System
- ▶S-006 Prehospital Audit Committee
- ▶S-601 EMS Data Collection and Evaluation

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level **6.04 Medical Dispatch**

STANDARD:

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

CURRENT STATUS:

The EMS dispatch centers in San Diego County are coordinated by individual or multiple provider agencies. The LEMSA receives copies of EMS records for all 9-1-1 responses. Dispatch/response times and the level of response (BLS or ALS) are entered into the QA Net. Service times and appropriateness of transport are continuously monitored by the QA process. Dispatch centers utilizing prearrival/post dispatch instructions have systems in place to monitor the appropriateness of those instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.05 Data Management System*

STANDARD:

6.05 The local EMS agency shall establish a data management system which 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.

GUIDELINE(S):

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital 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:

The LEMSA utilizes the QA Net to capture EMS data from EMS provider agencies, base hospitals and trauma hospitals. Patient care can be tracked from the time of 9-1-1 dispatch to emergency department disposition, and, for trauma patients, discharge from the hospital. The LEMSA has developed policies which facilitate monitoring, evaluating and coordinating all components of the system. The San Diego County EMS Policies and Procedures Manual includes:

- ▶S-601 EMS Data Collection and Evaluation
- ▶S-602 Emergency Medical Services Prehospital Form
- ▶D-620 EMT/PS-D Data Collection and Evaluation
- ▶D-621 EMT-PS-D Transfer of Patient Data

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA networks with local EMS agencies throughout the state on data issues. QA Net data and information have been shared throughout the state and nationwide.

NEED(S):

Standard met.

OBJECTIVES:

No further objectives need to meet standard.

TIME FRAME FOR OBJECTIVES:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.05 Data Management System*

STANDARD:

6.05 The local EMS agency shall establish a data management system which 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.

GUIDELINE(S):

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital 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:

The LEMSA utilizes the QA Net to capture EMS data from EMS provider agencies, base hospitals and trauma hospitals. Patient care can be tracked from the time of 9-1-1 dispatch to emergency department disposition, and, for trauma patients, discharge from the hospital. The LEMSA has developed policies which facilitate monitoring, evaluating and coordinating all components of the system. The of San Diego County, EMS Policies and Procedures Manual includes:

- ▶S-601 EMS Data Collection and Evaluation
- ▶S-602 Emergency Medical Services Prehospital Form
- ▶D-620 EMT/PS-D Data Collection and Evaluation
- ▶D-621 EMT-PS-D Transfer of Patient Data

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA networks with local EMS agencies throughout the state on data issues. QA Net data and information have been shared throughout the state and nationwide.

NEED(S):

Standard met.

OBJECTIVES:

No further objectives need to meet standard.

TIME FRAME FOR OBJECTIVES:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.06 System Design Evaluation

STANDARD:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing State standards and guidelines.

CURRENT STATUS:

The local EMS agency is constantly evaluating its local EMS system design. This evaluation is accomplished through various methods, the primary of which are the Emergency Medical Care Committee (EMCC) and the monitoring and audit of provider contracts. EMCC has, as part of its mission, the evaluation of "all matters relating to emergency medical services" including system design. Its three subcommittees (Prehospital/Hospital, Education/Research, and Disaster/Operations) evaluate all EMS system policies within the framework of community needs, appropriateness of guidelines and standards, and prevention. The result of this process is an evolving system design that is constantly being updated as technology and experience develop.

Components of the system (such as ALS provider agencies, EMT-D/C agencies, base hospital and trauma center activities, training resources, communications, etc.) are monitored through the scheduled audit of designation contracts and agreements. By providing information and data from the County monitoring activities back to the provider agencies, the local EMS agency assists the provider agencies in evaluating their resource availability for effective system response and services. System design changes such as ALS first responder programs, rural ALS program, and early defibrillation programs are examples of programs implemented as a result of system evaluation and response to community need.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.07 Provider Participation

STANDARD:

6.07 The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

CURRENT STATUS:

Policy S-004: Quality Assurance for the Emergency Medical Services System establishes a system-wide Quality Assurance (QA) program for evaluating the emergency medical system of San Diego County. Furthermore, each base hospital, trauma center and provider agency is required, by contractual agreement with the LEMSA, to implement and maintain an internal QA program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.08 Reporting

STANDARD:

6.08 The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

CURRENT STATUS:

The LEMSA, through the Emergency Medical Care Committee (EMCC), reports Committee findings and advisory input to the Board of Supervisors at least every 12 months. In addition, the LEMSA provides quarterly summary data reports to the provider agencies, as well as a comprehensive annual report on system operations to all system participants, the EMCC, and the Board of Supervisors.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Advanced Life Support
6.09 ALS Audit

STANDARD:

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

GUIDELINE(S):

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:

The QA Net provides patient information from the time that prehospital units are dispatched through discharge from the emergency department. The LEMSA has developed policies which utilize this information to audit treatment provided by ALS providers during both base hospital and prehospital activities. The following specific policies are found in the San Diego County EMS Policies and Procedures Manual:

- ▶S-004 Quality Assurance for the Emergency Medical Services System
- ▶S-006 Prehospital Audit Committee
- ▶S-015 Medical Audit Committee on Trauma

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation

STANDARD:

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria, and
- c) a process of identifying potential improvements to the system design and operation.

CURRENT STATUS:

The LEMSA has a comprehensive trauma registry which includes demographic and clinical data on the trauma patient from time of 9-1-1 dispatch to discharge from the hospital. The County of San Diego Trauma Quality Assurance System provides a process by which the LEMSA and designated trauma centers conduct a systematic evaluation of a trauma hospital's compliance with optimum trauma care standards. In addition, the LEMSA utilizes the trauma data system to continuously evaluate system design and operations. The following policies have been established by the LEMSA to identify patients whose care fell outside established criteria and to identify potential improvements to the system design and operation:

- S-004 Quality Assurance for the Emergency Medical Services System
- S-006 Prehospital Audit Committee
- S-015 Medical Audit Committee on Trauma

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System

6.11 Trauma Center Data

STANDARD:

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient-specific information which is required for quality assurance/quality improvement and system evaluation.

GUIDELINE(S):

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in its quality assurance/quality improvement and system evaluation program.

CURRENT STATUS:

The LEMSA has developed a comprehensive trauma hospital data collection system providing demographic and clinical data (identified in the trauma center agreements) on the trauma patient from time of 9-1-1 dispatch to discharge from hospital. Required data elements provide the LEMSA with the necessary data for quality improvement and system evaluation activities. In addition to the required elements, hospitals also have the ability to enter additional hospital-specific data for internal studies and program evaluation. The County of San Diego Medical Examiner also works cooperatively with the LEMSA to assure that data collection and case review occurs on all non-trauma center deaths.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD:

7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

GUIDELINE(S):

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS:

The LEMSA supports county-wide efforts to develop and disseminate to the public informational materials related to the EMS system and proper use of the 9-1-1 system. While the LEMSA and the Community Health Promotion Division of the Health and Human Services Agency promote these activities, there is no centralized clearinghouse for the development, distribution or provision of public information and education materials and/or training programs related to the EMS system. Many fire departments sponsor safety programs, CPR training and information on EMS system access. In addition, provisions contained within contractual agreements with base hospitals, trauma hospitals and responder agencies mandate that the contractors provide public information, injury prevention information, CPR, etc.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.02 Injury Control

STANDARD:

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

GUIDELINE(S):

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS:

The LEMSA, through Community Health Programs and the Office of Violence and Injury Prevention (VIP), addresses the critical public health issues of violence and injury prevention. The mission of VIP, established by the Board of Supervisors in September 1994, is to prevent all forms of violent injury by fostering community coalitions and implementing prevention and intervention strategies throughout San Diego County. Some of the programs administered by VIP are:

- ▶ Suicide/Homicide Audit Committee
- ▶ Stop, Think and Choose
- ▶ Community Peace Now
- ▶ Creating Peace for the Youth of San Diego County
- ▶ Filipino-American Youth and Empowerment Project
- ▶ Youth Training and Speakers' Bureau

In addition, VIP works collaboratively with the Trauma Research and Education Foundation, area hospitals and trauma centers, various community based organizations, and other governmental agencies to promote injury prevention activities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

STANDARD:

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

GUIDELINE(S):

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

The LEMSA, through a cooperative relationship with the County of San Diego's Office of Disaster Preparedness (ODP), participates in citizen disaster preparedness activities for the county. The ODP has arranged displays at County buildings and group presentations. The LEMSA provides speakers for community presentations and co-sponsors community training on personal preparedness for earthquakes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD:

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

GUIDELINE(S):

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

The LEMSA provides staff assistance and publicizes county-wide efforts to make first aid and CPR training available to the general public. There is no centralized clearinghouse for the development, distribution or provision of public information and education materials and/or training programs related to prehospital care.

Both public and private provider agencies are involved in local community education programs to promote injury prevention and citizen preparedness. Private and public safety agencies sponsor fire safety programs, information on EMS system access, the nature of paramedic services and some CPR training for citizens on a community-by-community basis. In addition, provisions contained within contractual agreements with base hospitals and responder agencies mandate that the contractors provide public information, community education, CPR training, etc.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning*

STANDARD:

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

CURRENT STATUS:

The disaster plan for San Diego County has been established to provide for the organization, mobilization, coordination and direction of medical and health services, both public and private, during a disaster. The plan, Annex D, delineates the authority, responsibility, functions and operations of all public and private agencies whose resources must be utilized if medical and health care are to be provided during a disaster. The LEMSA, in coordination with the local Office of Emergency Services (OES), is responsible for the disaster plan. The LEMSA maintains a full-time disaster planner/educator position dedicated to this purpose.

The LEMSA conducts at least one county-wide disaster exercise each year. Prior to 1994, this exercise included only the public and private sector hospitals. Since 1994, the disaster exercise also has included a number of clinics.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA regularly meets with the Regional Disaster Medical/Health Coordinator of Region VI and is in the process of creating a mutual aid agreement with Region I.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level 8.02 Response Plans

STANDARD:

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

GUIDELINE(S):

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

The County of San Diego Health and Human Services Agency, in conjunction with the County of San Diego Office of Disaster Preparedness, is in full compliance with the multi-hazard functional plan. In 1996, the County of San Diego's plan, including Annex D, was revised. Implementation of the Standardized Emergency Management System (SEMS) language has been included in the revision of the County plan. The local Office of Emergency Services (OES) was consulted throughout the process and concurs with this revision.

COORDINATION WITH OTHER EMS AGENCIES:

SEMS will require closer coordination with the Regional Disaster Medical Health Coordinator. San Diego County plans to work closely with other counties assigned to Region VI and Region I on the implementation of SEMS.

NEED(S):

Standard met.

OBJECTIVE:

No further objective required to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level 8.03 Haz Mat Training

STANDARD:

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

CURRENT STATUS:

Public safety providers (except for lifeguards and Sheriff's deputies) receive hazardous materials training at the first responder awareness level at a minimum. Many providers have all personnel trained to the first responder operational level. A small number of private ambulance providers have integrated the first responder awareness training in their agencies.

The City of San Diego Fire Department, in conjunction with the Hazardous Materials (Haz Mat) Management Unit of the County of San Diego Department of Environmental Health Services, operates specially designated Haz Mat units/teams comprised of individuals highly trained to the California State Training Institute/Office of Emergency Services technician level, consisting of 160-240 hours of training. ALS providers in the City of San Diego Fire Department receive additional chemical and biological agent training and are available to respond county-wide on a mutual aid basis.

The Haz Mat teams initially clear and decontaminate an incident. LEMSA treatment protocols call for patients to be decontaminated prior to treatment except in cases of high patient acuity or for certain designated contaminants.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System

STANDARD:

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

GUIDELINE(S):

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

All medical response agencies in San Diego County have adopted the Incident Command System (ICS). The Standardized Emergency Management System (SEMS) will be implemented with all medical facilities as soon as financially feasible for the medical facilities. The Introductory Course to SEMS, combined with the Hospital Emergency Incident Command System, will form the foundation of ICS for hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County is working on the implementation of SEMS with other Operational Areas in Region VI as well as with other Regional Disaster Medical Health Coordinators.

NEED(S)

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.05 Distribution of Casualties*

STANDARD:

8.05 The local EMS agency, using State guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

GUIDELINE(S):

The local EMS agency, using State guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS:

The LEMSA's disaster response plan requires hospitals to notify the Emergency Operations Center of the number of ambulatory and non-ambulatory patients who must be transported to the most appropriate facilities. Facilities are also required to identify the number of critical and non-critical beds available to treat incoming patients.

The disaster plan also has provisions for setting up staging areas, first aid stations and casualty collection points to handle a large volume of casualties.

All hospitals with a basic emergency department permit are expected to be capable of receiving and treating patients with radiation and chemical contamination injuries. This capability is assessed as part of the licensing process through the State Department of Health Services. In 1992, the LEMSA sponsored a seminar on hazardous materials training for hospitals. Since that time, the LEMSA has provided ongoing training for hospitals through the Area Disaster Planning Committee, of which the hospitals are members.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA is participating in the development of mutual aid agreements between the counties in Regions I and VI through the Regional Disaster Medical/Health Coordinator.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

STANDARD:

8.06 The local EMS agency, using State guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the State and other jurisdictions.

GUIDELINE(S):

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

The LEMSA has established written report forms for rapid, easy assessment of the medical/health needs of the community based on the National Disaster Medical System Patient Care Capability Report form. The LEMSA has also established a rapid communication system with the Mutual Aid Region VI Disaster Medical/Health Coordinator (RDMHC) through the Medical/Health Mutual Aid Radio System (MEDMARS). A similar agreement with RDMHC Region I is currently being developed.

COORDINATION WITH OTHER EMS AGENCIES:

Currently through RDMHC Region VI.

NEED(S):

To establish similar reporting/communications with RDMHC Region I.

OBJECTIVE:

The LEMSA shall implement SEMS and coordinate activities between the Operational Areas in Region I and the RDMHC and the State EMSA.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications

STANDARD:

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

CURRENT STATUS:

The MEDMARS system is available for administrative use between RDMHC Region VI counties. This frequency is routinely monitored by disaster staff in these counties.

COORDINATION WITH OTHER EMS AGENCIES:

Some effort has been made to coordinate the MEDMARS between Region VI and Region I, but the concept has not been fully developed.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.08 Inventory of Resources*

STANDARD:

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

GUIDELINE(S):

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS:

The LEMSA maintains data reflecting the operational status of all hospitals with basic or comprehensive emergency department capabilities. During a disaster, these hospitals are polled for operational status. The same system is used for standby and other specialty hospitals. The LEMSA is currently working with the community clinics in San Diego County to better incorporate them into the disaster plan.

A list of ambulance companies throughout San Diego County is maintained by the LEMSA, and mutual aid contracts are in place with other ambulance companies within Region VI. The San Diego County Ambulance Association polls all providers during disasters to identify the number of vehicles staffed and available.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County is participating in the process of developing standardized procedures for resource identification with the other counties in Region VI and with the EMSA.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level 8.09 DMAT Teams

STANDARD:

8.09 The local EMS agency shall establish and maintain relationships with Disaster Medical Assistance Teams (DMATs) in its area.

GUIDELINE(S):

The local EMS agency should support the development and maintenance of DMATs in its area.

CURRENT STATUS:

Using grant funding, the LEMSA has fostered the establishment of three DMATs in San Diego County. These include: one level I DMAT, CA- 4, sponsored by the University of California San Diego Medical Center, and two level II speciality DMATs, CA- 7, sponsored by the LEMSA, and CA-8 sponsored by International Relief Team, a local not-for-profit organization. CA-7 specializes in critical stress management for care givers. CA-8 specializes in public health primary care and special needs populations. Agreements have been signed with the EMS Authority and the U.S. Public Health Service. The teams are fully trained and equipped, and have deployment experience.

COORDINATION WITH OTHER EMS AGENCIES:

The Southern California DMATs CA 4, 7, and 8 are integrated into local, State and federal emergency response plans.

NEED(S):

Standard met.

OBJECTIVE:

No further objective need to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.10 Mutual Aid Agreements*

STANDARD:

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources, will be made available during significant medical incidents and during periods of extraordinary system demand.

CURRENT STATUS:

A mutual aid agreement has been executed between the Operational Areas in Region VI. Frequent meetings and exercises ensure that sufficient resources will be made available during significant medical incidents within OES Region VI.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County, through the Regional Disaster Medical/Health Coordinator (RDMHC) Region VI, is seeking to develop/establish medical mutual aid agreements with RDMHC Region I.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.11 CCP Designation*

STANDARD:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using State guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

Currently, the County of San Diego does not designate outside areas/facilities as CCPs. Instead, the LEMSA will establish pre-casualty collection points at sites of established medical care facilities (hospitals) in the county or other health care venues at the time of the incident. Supplies have been pre-positioned to support these locations.

COORDINATION WITH OTHER EMS AGENCIES:

Standard met.

NEED(S):

No further objective needed to meet standard.

OBJECTIVE:

The LEMSA shall continue to survey hospitals as potential casualty collection points. Furthermore, the LEMSA shall assist hospitals in obtaining disaster-related supplies and equipment.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

This will be an ongoing process that encompasses both short and long-range objectives.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.12 Establishment of CCPs

STANDARD:

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

CURRENT STATUS:

The LEMSA has established plans to identify Casualty Collection Points (CCPs) at hospital sites or other health care venues based on the presentation of a specific type of civil emergency. A survey tool has been developed and ongoing surveys are maintained. The goal of the LEMSA is to place CCP sites in such a way as to build on existing available health care infrastructure at the time of the disaster/emergency. Austere medical supply caches have been pre-positioned to support this mission. Staffing will be accomplished using public health nursing personnel, DMATs and other available resources.

Communication with a CCP site will be accomplished through one of the following mechanisms, depending on what remains functional: telephone, cellular phone, or the County high band VHF EMS Radio System, or using Radio Amateur Civil Emergency Service (RACES) volunteers. Once the regional trunked 800 MHz communications system has been fully implemented, it will replace the County high-band VHF EMS radio system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.13 Disaster Medical Training

STANDARD:

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

GUIDELINE(S):

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

Primary providers utilize the incident command system FIREScope when responding to multi-casualty incidents. Additionally, most EMS responders in the county are in the process of implementing SEMS. When casualties are exposed to and/or contaminated by toxic or radioactive substances, providers are required to follow the procedures outlined in Annex D, the County's medical disaster plan, and Protocol S-140, Triage/Multiple Patient Incident, of the San Diego County EMS Policies and Procedures Manual.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level
8.14 Hospital Plans

STANDARD:

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

GUIDELINE(S):

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

All hospitals in San Diego County are encouraged to participate in multiple disaster exercises throughout the year. At least one full scale and one tabletop exercise are sponsored each year by the LEMSA. Communication systems are in place with all hospitals, and standardized data forms have been implemented.

Participation of 9-1-1 provider agencies and local industry in regularly scheduled exercises/drills has been and will continue to be encouraged.

COORDINATION WITH OTHER EMS AGENCIES:

The annual multi-casualty disaster exercise is targeted at multiple facilities/agencies, for example: hospitals, ambulance agencies, urgent care facilities, fire response, ARES, American Red Cross, and local military facilities located within San Diego County. Additionally, the LEMSA participates in State exercises upon request.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.15 Inter-hospital Communications

STANDARD:

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

CURRENT STATUS:

The QA Net communication system is available to all hospitals throughout San Diego County. This system is coordinated and operated by the LEMSA. Operational procedures for the use of this system have been established.

The QA Net system provides a mechanism for hospitals to communicate with each other. In addition, the system provides a mechanism for hospitals to communicate via computer with the LEMSA. Communication between hospitals is facilitated indirectly through the control point at the San Diego Sheriff's Communication Center, Station X, using the high band VHF Communication System. The migration to the regional 800 MHz trunked system will allow communications between hospitals to occur directly, no longer requiring Sheriff's Communication Center assistance.

COORDINATION WITH OTHER EMS AGENCIES:

RDMHCs for Regions VI and I are making efforts to coordinate the MEDMARS system between the regions.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

GUIDELINE(S):

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS:

All prehospital providers and acute care hospitals have developed guidelines for the management of significant medical incidents. The LEMSA sponsors annual disaster conferences to facilitate preparedness.

Primary provider agencies have adopted the Incident Command System and hospitals are currently in the process of adopting the Hospital Emergency Incident Command System (HEICS).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Enhanced Level: Advanced Life Support

8.17 ALS Policies

STANDARD:

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

CURRENT STATUS:

The LEMSA adheres to the California Code of Regulations, Title 22 , Section 100143. This allows the LEMSA's medical director to permit an EMT-P (certified outside California) to temporarily perform his/her scope of practice in California on a mutual aid response or during a special event. The LEMSA has entered into inter-county agreements that allow prehospital personnel from surrounding counties to operate in San Diego County.

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements between San Diego County and surrounding counties are in place to cover mutual aid responses.

NEED(S):

Standard met.

OBJECTIVES:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles

STANDARD:

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

CURRENT STATUS:

Depending on the size of a major medical emergency or disaster, specialty centers, including trauma centers, may or may not function under the normal policies governing triage. The smaller the event, the greater the likelihood that the specialty centers will function as they normally do (assuming they are not directly impacted by the disaster). Protocol S-140 and specific guidelines contained in the County's medical disaster plan (Annex D) are in place to deal with large numbers of burn, trauma and pediatric casualties.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity

STANDARD:

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

CURRENT STATUS:

The LEMSA's exclusive operating area contractual agreements contain language that permits the LEMSA to waive exclusivity in the event of a significant medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SECTION 3
SYSTEM RESOURCES AND OPERATIONS

Table 2
System Organization and Management

TABLE 2: System Organization and Management

EMS System: **San Diego County** County: **San Diego** Reporting Year: **FY 1996-97**

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%.)

a. Basic Life Support (BLS)	5%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	95%

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 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	_____
Designation of other critical care centers	_____
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	_____
Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing (CISD) team	X
Administration of disaster medical assistance team (DMAT)	X
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: Violence and Injury Prevention/Control	X
Other: Crash Investigation	X
Other: Public Education	X

TABLE 2: System Organization and Management (continued)**5. EMS agency budget for FY: 1996-97****A. EXPENSES:**

Salaries and benefits (all but contract personnel)	\$ 2,068,844
Contract Services (e.g., medical director)	1,531,909
Operations (e.g., copying, postage, facilities)	359,827
Travel	6,007
Fixed assets	0
Indirect expense (overhead)	229,021
Ambulance subsidy	479,900
EMS Fund payments to physicians/hospital	*2,337,326
Dispatch center operations (non-staff)	0
Training program operations	0
Other: Ambulance Districts (CSA 17, 69)	<u>*3,205,654</u>
TOTAL EXPENSES	<u>\$10,218,488</u>

B. SOURCES OF REVENUE:

Special project grant(s): [from EMSA]	\$ 74,975
[from SLIC]	62,673
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	103,500
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district)	**3,205,654
County contracts (e.g., multi-county agencies)	0
Certification fees	18,500
Training program approval fees	0

* Not paid out of EMS budget.

**Not included in EMS program budget.

TABLE 2: System Organization and Management (continued)

5. EMS agency budget for FY: 1996-97 (continued)

B. SOURCES OF REVENUE: (continued)

Training program tuition/Average daily attendance funds	
Job Training Partnership ACT funds/other payments	0
Base hospital application fees	0
Base hospital designation fees	200,000
Trauma center application fees	0
Trauma center designation fees	240,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Other critical care center designation fees	0
Ambulance service/vehicle fees	65,000
Contributions	0
EMS Fund (SB 12/612)	4,317,367
Other grants: Hospital Council	400,000
Other fees: State Aid - Health Realignment VLF	1,071,996
General Motors Corporation	240,000
Other (specify): Various	<u>218,823</u>
TOTAL REVENUE	<u>\$10,218,488</u>

Table 2: System Organization & Management (continued)

6. Fee structure for FY: 1996-97

 We do not charge any fees.

 X Our fee structure is:

First responder certification	\$	0
EMS dispatcher certification		0
EMT-I certification		15
EMT-I recertification		15
EMT-defibrillation certification		15
EMT-defibrillation recertification		15
EMT-II certification		0
EMT-II recertification		0
EMT-P accreditation		15
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification		15
MICN/ARN recertification		15
EMT-I training program approval		0
EMT-II training program approval		0
EMT-P training program approval		0
MICN/ARN training program approval		0
Base hospital application		0
Base hospital designation		25,000
Trauma center application		0
Trauma center designation		40,000

Table 2: System Organization & Management (continued)

6. Fee structure for FY: 1996-97 (continued)

Pediatric facility approval		\$	0
Pediatric facility designation			0
Other critical care center application			0
Other critical care center designation			0
Ambulance service license: Ground	(Initial)		2,000
	(Renewal)		1,000
Ambulance service license: Air			
Primary Response Rotocraft:	(Initial)		15,000
	(Renewal)		7,500
Interfacility Rotocraft:	(Initial)		2,000
	(Renewal)		1,000
Ambulance vehicle permits: Ground	(BLS)		250
	(ALC/CCT)		375
Ambulance vehicle permits: Air			
Rotocraft			500

**7. Complete the table on the following two pages for the EMS agency staff for:
Fiscal Year 1996-97**

Table 2: System Organization & Management (continued)

EMS System: **San Diego County**

County: **San Diego**

Reporting Year: **FY 1996-97**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Administrator	1	29.60	33%	
Assistant Administrator	Administrative Assistant II	2	20.65	39%	
Administrative Assistant	Administrative Assistant III	2	22.78	34%	
Administrative Manager	Principal Administrative Analyst	1	25.73	36%	
ALS Coordinator	Coordinator, EMS	1	26.13	33%	
Field Coordinator	QA Specialist	1	23.19	32%	
Training Coordinator	NA				
Program Coordinator	NA		23.19	32%	
Field Liaison (nonclinical)	EMS Specialist	4	18.86	32%	
Trauma Coordinator	Coordinator, EMS	1	26.13	33%	
Medical Director	Consulting Physician	.5	85.19	3%	
Other MD	NA				
Medical Consultant	NA				
Training Medical Director	NA				
Disaster Medical Planner	Coordinator, EMS	1	26.13	33%	

Table 2: System Organization & Management (continued)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	Data Base Specialist	1	24.51	38%	
	Biostatistician	2	20.71	30%	
	Systems Analyst	1	24.51	30%	
	Department Computer Specialist	2	20.65	30%	
QA/QI Coordinator	Quality Assurance Specialist	3	23.19	32%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	12.57	30%	
Other Clerical	Various	5	14.11	30%	
Data Entry Clerk	Student Workers	4	7.79	10%	
Other	Various	4	Varies	10%	

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

(SEE PAGE 16)

Table 3
Personnel and Training

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: **San Diego County**

County: **San Diego**

Reporting Year: **FY 1996-97**

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1294	-0-		118	-0-
Number newly certified this year	669	-0-		28	-0-
Number recertified this year	625	-0-		90	-0-
Total number of accredited personnel on July 1 of the reporting year			794		
Number of certification reviews resulting in:					
a) formal investigations	2	-0-	1	-0-	-0-
b) probation	1	-0-	-0-	-0-	-0-
c) suspensions	-0-	-0-	1	-0-	-0-
d) revocations	-0-	-0-	-0-	-0-	-0-
e) denials	1	-0-	-0-	-0-	-0-
f) denials of renewal	-0-	-0-	-0-	-0-	-0-
g) no action taken	-0-	-0-	-0-	-0-	-0-

1. Number of EMS dispatchers trained to EMSA standards: **NA**
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified **1775**
 - b) Number of public safety (defib) certified (non-EMT-I) **36**
3. Do you have a first responder training program? **YES**

Table 4
Communications

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **San Diego County** County: **San Diego** Reporting Year: **FY 1996-97**

1. Number of primary Public Service Answering Points (PSAPs)	14
2. Number of secondary PSAPs	9
3. Number of dispatch centers directly dispatching ambulances	13
4. Number of designated dispatch centers for EMS Aircraft	2
5. Do you have an operational area disaster communication system?	YES
a. Radio primary frequency	155.025
b. Other methods	
c. Can all medical response units communicate on the same disaster communications system?	YES
d. Do you participate in OASIS?	NO
e. Do you have a plan to utilize RACES as a back-up communication system?	YES
1) Within the operational area?	YES
2) Between the operational area and the region and/or state?	YES

TABLE 5
Response and Transportation

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation

EMS System: **San Diego County** County: **San Diego** Reporting Year: **FY 1996-97**

TRANSPORTING AGENCIES

1. Number of exclusive operating areas		16
2. Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3. Total number responses		226,024
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	136,276
b) Number non-emergency responses	(Code 1: normal)	89,748
4. Total number of transports		181,121
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	104,132
b) Number of non-emergency transports	(Code 1: normal)	76,989

EARLY DEFIBRILLATION PROVIDERS

5. Number of public safety defibrillation providers	(Included in EMT-D below)	
6. Number of EMT-Defibrillation providers		
a) Automated		25
b) Manual		0

AIR AMBULANCE SERVICES

7. Total number of responses		1,329
a) Number of emergency responses		966
c) Number of non-emergency responses		363
8. Total number of transports		1,115
a) Number of emergency (scene) transports		927
b) Number of non-emergency transports		188

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS)	6.69 minutes	17.79 minutes	31.92 minutes	6.82 minutes
4. Transport Ambulance (BLS)	17.26 minutes	24.85 minutes	10.19 minutes	17.57 minutes

TABLE 6
Facilities and Critical Care

TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities and Critical Care

EMS System: **San Diego County** County: **San Diego** Reporting Year: **FY 1996-97**

TRAUMA:

Trauma patients:

a) Number of patients meeting trauma triage criteria	7,084
b) Number of major trauma victims transported directly to a trauma center by ambulance	6,101
c) Number of major trauma patients transferred to a trauma center	641
d) Number of patients meeting triage criteria who weren't treated at a trauma center	NA

(mistriaged patients are transferred to trauma centers when identified at non-designated facilities)

EMERGENCY DEPARTMENTS:

Total number of emergency departments	24
a) Number of referral emergency services	NA
b) Number of standby emergency services	1
c) Number of basic emergency services	22
d) Number of comprehensive emergency services	1

RECEIVING HOSPITALS:

1. Number of receiving hospitals with written agreements	NA (not designated)
2. Number of base hospitals with written agreements	8

TABLE 7
Disaster Medical

TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: **San Diego County**

County: **San Diego**

Reporting Year: **FY 1996-97**

SYSTEM RESOURCES:

1. Casualty Collections Points (CCPs)

- a. Where are your CCPs located? Not predesignated
- b. How are they staffed? DMATs, Mutual Aid Partners
- c. Do you have a supply system for supporting them for 72 hours? YES

2. CISD YES

- a. Do you have a CISD provider with 24 hour capability? YES

3. Medical Response Team

- a. Do you have any team medical response capability? YES
- b. For each team, are they incorporated into your local response plan? YES
- c. Are they available for statewide response? YES
- d. Are they part of a formal out-of-state response system? YES

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? YES
- b. At what HazMat level are they trained? Level A
HazMat Technician
- c. Do you have the ability to do decontamination in an emergency room? YES
- d. Do you have the ability to do decontamination in the field? YES

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical
(Continued)**

OPERATIONS:

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?	YES
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?	19
3. Have you tested your MCI Plan this year in a: a. real event? b. exercise?	YES YES
4. List all counties with which you have a written medical mutual aid agreement.	Riverside Imperial San Bernardino Inyo Mono Los Angeles Orange
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	YES*
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?	NO
7. Are you part of a multi-county EMS system for disaster response?	YES
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	YES**

* Base hospitals and trauma centers only.

**While the EMS agency is part of the Health Department, Environmental Health is a separate department; however, a plan to coordinate public health and environmental health issues is in place.

SECTION 4
RESOURCE DIRECTORIES

TABLE 8
Providers

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

AMR - HARTSON MEDICAL SERVICES 9573 CHESAPEAKE DRIVE SAN DIEGO, CA 92123 Phone: (619) 492-8100			Primary Contact: BARRY FISHER, DIRECTOR OF OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>177</u> BLS _____ EMT-D _____ LALS <u>84</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 86

BALBOA AMBULANCE INCORPORATED P.O. BOX 34577 SAN DIEGO, CA 92163 Phone: (619) 295-1942			Primary Contact: JOHN OLSON, GENERAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>50</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 16

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

BOWERS AMBULANCE SERVICE 446 EAST PACIFIC COAST HIGHWAY LONG BEACH, CA 90806 Phone: (310) 591-3371			Primary Contact: DAN GRAHAM, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>11</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 4

CARE MEDICAL TRANSPORTATION 3959 RUFFIN ROAD, SUITE H SAN DIEGO, CA 92123 Phone: (619) 514-4111			Primary Contact: RICHARD WILSON, DIRECTOR OF OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>70</u> BLS <u>50</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 15

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

PROFESSIONAL TRANSPORT SERVICES 1100 NORTH MAGNOLIA EL CAJON, CA 92021 Phone: (619) 401-8280			Primary Contact: MIKE BROWNSTEIN, PRESIDENT		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>20</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 10

SAN ONOFRE FIRE DEPARTMENT P.O. BOX 128 SAN CLEMENTE, CA 92672 Phone: (714) 368-6655			Primary Contact: CHIEF CAREY MOORE		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>19</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Fire)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: JANE HALL, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u> 23 </u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 7

STAT MEDICAL TRANSPORTATION, INC. P.O. BOX 1132 EL CAJON, CA 92022 Phone: (619) 443-3740			Primary Contact: JEFF STRANGE, GENERAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u> 43 </u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 14

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SYCUAN FIRE PROTECTION DISTRICT P.O. BOX 1947 ALPINE, CA 91901 Phone: (619) 445-2614			Primary Contact: HANK MURPHY, CHIEF DOUGLAS MORIARTY, CAPTAIN		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>48</u> EMT-D _____ LALS <u>4</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Fire)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 4

WEST SHORE AMBULANCE COMPANY 83 DESERT SHORE DRIVE DESERT SHORE, CA 92274 Phone: (619) 395-6800			Primary Contact: DUTY CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>6</u> BLS _____ EMT-D _____ LALS <u>2</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

ALPINE FIRE PROTECTION DISTRICT 1834 ALPINE BOULEVARD ALPINE, CA 91901 Phone: (619) 445-2635			Primary Contact: CHIEF DOWNING		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

BONITA-SUNNYSIDE FIRE PROTECTION DISTRICT 4900 BONITA ROAD BONITA, CA 91902-1725 Phone: (619) 479-2346			Primary Contact: CHIEF ORVILLE MOODY		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>40</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

BORREGO SPRINGS FIRE PROTECTION DISTRICT P.O. BOX 898 BORREGO SPRINGS, CA 92004-0898 Phone: (760) 767-5436			Primary Contact: CHIEF TOWNSEND		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>33</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 3

BOULEVARD CSA P.O. BOX 1273 BOULEVARD, CA 91905 Phone: (760) 766-4633			Primary Contact: CHIEF JEFFREY G. MORRISON		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>10</u> PS _____ PS-Defib <u>10</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CALIFORNIA DEPARTMENT OF FORESTRY 2249 JAMACHA ROAD EL CAJON, CA 92020-4517 Phone: (619) 588-0364			Primary Contact: CHIEF KEN MILLER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>300</u> PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

CAMPO RESERVATION FIRE 36210 CHURCH ROAD CAMPO, CA 91906 Phone: (619) 478-5310			Primary Contact: CHIEF STEVEN M. CUERO		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>15</u> PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CARLSBAD FIRE DEPARTMENT 2560 ORION WAY CARLSBAD, CA 92008 Phone: (760) 931-2141			Primary Contact: CHIEF DENNIS VANDERMAATEN		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>30</u> BLS _____ EMT-D _____ LALS <u>21</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 2

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055			Primary Contact: CHIEF JAMES HARDIMAN		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>88</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CORONADO FIRE DEPARTMENT 1001 6TH STREET CORONADO, CA 92118 Phone: (619) 522-7374			Primary Contact: CHIEF JOHN TRAYLOR		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>30</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 2

DEER SPRINGS FIRE PROTECTION DISTRICT 8709 CIRCLE R DRIVE ESCONDIDO, CA 92026 Phone: (760) 749-8001			Primary Contact: CHIEF CHARLES MANNER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Ar Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>15</u> PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

DEL MAR FIRE DEPARTMENT 2200 JIMMY DURANTE BOULEVARD DEL MAR, CA 92014-2216 Phone: (619) 755-1522			Primary Contact: CHIEF JACK GOSEY		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u> 1 </u> BLS <u> 36 </u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 1

EAST COUNTY FIRE PROTECTION DISTRICT 1811 SUNCREST BLVD. EL CAJON, CA 92021-4246 Phone: (619) 579-6034			Primary Contact: CHIEF DARRELL JOBES		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 25 </u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1600			Primary Contact: CHIEF RICHARD HENRY		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>35</u> PS-Defib _____ BLS _____ EMT-D _____ LALS <u>25</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 3

ENCINITAS FIRE PROTECTION DISTRICT 505 SOUTH VULCAN AVE. ENCINITAS, CA 92024-3633 Phone: (760) 633-2800			Primary Contact: CHIEF DON HEISER		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>45</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

ESCONDIDO FIRE DEPARTMENT 201 NORTH BROADWAY ESCONDIDO, CA 92025-2762 Phone: (760) 738-5400			Primary Contact: CHIEF VICK REED		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>53</u> BLS _____ EMT-D _____ LALS <u>31</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 3

IMPERIAL BEACH FIRE DEPARTMENT 865 IMPERIAL BEACH BOULEVARD IMPERIAL BEACH, CA 91932-2795 Phone: (619) 423-8223			Primary Contact: CHIEF RON JOHNSTON		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

JULIAN-CUYAMACA FIRE PROTECTION DISTRICT P.O. BOX 33 JULIAN, CA 92036-0033 Phone: (760) 765-1510			Primary Contact: CHIEF STAN CORNETTE		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

LAKE CUYAMACA FIRE PROTECTION DISTRICT P.O. BOX 191 JULIAN, CA 92036-0191 Phone: (760) 765-1973			Primary Contact: CHIEF JAMES A. SPRAGUE		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>5</u> PS _____ PS-Defib <u>2</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

LAKESIDE FIRE PROTECTION DISTRICT 12365 PARKSIDE STREET LAKESIDE, CA 92040 Phone: (619) 390-2350			Primary Contact: CHIEF WAYNE T. STRANGE		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>60</u> EMT-D _____ LALS <u>15</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 2

LA MESA FIRE DEPARTMENT 8034 ALLISON AVENUE LA MESA, CA 91941-5001 Phone: (619) 667-1355			Primary Contact: CHIEF CHRIS R. CARLSON		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>49</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

LEMON GROVE FIRE PROTECTION DISTRICT 7853 CENTRAL AVENUE LEMON GROVE, CA 91945 Phone: (619) 469-4115			Primary Contact: CHIEF DALE CHAMBERLAN		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>19</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

MT. LAGUNA VOLUNTEER FIRE DEPARTMENT P.O. BOX 51 MT. LAGUNA, CA 92048 Phone: (760) 473-8143			Primary Contact: CHIEF DENNIS SHERMAN		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>14</u> PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

NATIONAL CITY FIRE DEPARTMENT 333 EAST 16TH STREET NATIONAL CITY, CA 91950-4596 Phone: (619) 336-4271			Primary Contact: CHIEF RANDY KIMBLE		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>50</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

NORTH COUNTY FIRE PROTECTION DISTRICT 315 EAST IVY FALLBROOK, CA 92028-2198 Phone: (760) 723-2005			Primary Contact: CHIEF EDWARD BURCHAM		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>38</u> EMT-D _____ LALS <u>22</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 Phone: (760) 966-4880			Primary Contact: CHIEF DALE GELDERT		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u> 61 </u> BLS _____ EMT-D _____ LALS <u> 46 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 4

OCOTILLO WELLS FIRE PROTECTION DISTRICT P.O. BOX 209 OCOTILLO WELLS, CA 92259 Phone: (760) 358-7735			Primary Contact: CHIEF CHARLES GANN		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u> 4 </u> PS _____ PS-Defib <u> 6 </u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

PALA FIRE BATTALION P.O. BOX 43 PALA, CA 92059-0043 Phone: (760) 742-1632			Primary Contact: CHIEF ANTHONY RAVAGA		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 5 PS PS-Defib 6 BLS EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

PALOMAR MOUNTAIN CSA 100 GENERAL DELIVERY PALOMAR MOUNTAIN, CA 92062-0108 Phone: (760) 742-1693			Primary Contact: CAPTAIN JIM KIRKES		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 4 PS PS-Defib 5 BLS EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

PINE VALLEY FIRE PROTECTION DISTRICT P.O. BOX 108 PINE VALLEY, CA 91962 Phone: (760) 696-2612			Primary Contact: CHIEF FRED COX		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 6 PS PS-Defib 12 BLS EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

POWAY FIRE DEPARTMENT 13050 COMMUNITY ROAD POWAY, CA 92064-5702 Phone: (619) 679-4340			Primary Contact: CHIEF MARK SANCHEZ		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 27 BLS EMT-D LALS 8 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

RAMONA MUNICIPAL WATER DISTRICT 105 WEST EARLHAM STREET RAMONA, CA 92065-1558 Phone: (760) 789-1330			Primary Contact: TOM BRAMMELL		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>13</u> PS <u> </u> PS-Defib <u>5</u> BLS <u> </u> EMT-D <u> </u> LALS <u>11</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 2

RANCHITA FIRE BATTALION 37370 MONTEZUMA VALLEY ROAD RANCHITA, CA 92066-9706 Phone: (760) 565-5257			Primary Contact: CHIEF BEN MCNANAMA		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>6</u> PS <u> </u> PS-Defib <u>3</u> BLS <u> </u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

RANCHO SANTA FE FIRE PROTECTION P.O. BOX 410 RANCHO SANTA FE, CA 92067-0410 Phone: (760) 756-5971			Primary Contact: CHIEF ERWIN WILLIS		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>30</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 1

RESERVATION FIRE DEPARTMENT P.O. BOX 1250 PAUMA VALLEY, CA 92061 Phone: (619) 445-2935			Primary Contact: CHIEF WESLEY RUISE		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>7</u> PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

RURAL FIRE PROTECTION DISTRICT 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188			Primary Contact: P. CULKIN, CHIEF (ACTING)		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 40 PS _____ PS-Defib 40 BLS 15 EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

SAN DIEGO FIRE DEPARTMENT/RURAL METRO 1010 SECOND AVENUE SAN DIEGO, CA 92101-4101 Phone: (619) 533-4300			Primary Contact: ROBERT OSBY, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib 18 BLS 650 EMT-D _____ LALS 233 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 24

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SAN MARCOS FIRE PROTECTION 333 FIREBIRD LANE SAN MARCOS, CA 92069-1601 Phone: (760) 744-1050			Primary Contact: CLIFF HUNTER, DEPUTY CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>44</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

SAN MIGUEL CONSOLIDATED FIRE PROTECTION DISTRICT 2850 VIA ORANGE WAY SPRING VALLEY, CA 91978-1746 Phone: (619)670-0500			Primary Contact: KEVIN EGGLESTON, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>40</u> BLS <u>60</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SOLANA BEACH FIRE DEPARTMENT 102 NORTH NARDO SOLANA BEACH, CA 92075 Phone: (760) 755-1179			Primary Contact: GEORGE K. GEORGE, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>18</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 1

VALLEY CENTER FIRE PROTECTION DISTRICT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 Phone: (760) 751-7600			Primary Contact: DAVID LEWIS, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>7</u> PS _____ PS-Defib <u>35</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

VISTA FIRE PROTECTION DISTRICT 175 NORTH MELROSE DRIVE VISTA, CA 92083-5718 Phone: (760) 726-2144			Primary Contact: ROGER PURDIE, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>28</u> BLS _____ EMT-D _____ LALS <u>32</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: 3

WARNER SPRINGS RANCH FIRE DEPARTMENT P.O. BOX 10 WARNER SPRINGS, CA 92086-0010 Phone: (760) 782-3555			Primary Contact: STEVE VANKAMP, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>7</u> PS _____ PS-Defib <u>8</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If public: <input type="checkbox"/> City <input type="checkbox"/> Country <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of ambulances: 0

Table 9
Approved Training Programs

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055		Contact Person: GARY BRETON	
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 30 Continuing Education: Expiration Date: 2000		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 1 Initial training: Refresher: 1 Continuing Education:		

CORONADO FIRE DEPARTMENT 1001 6 TH STREET CORONADO, CA 92118 Phone: (619) 522-7374		Contact Person: ALAN NOWAKOWSKI	
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 10 Continuing Education: Expiration Date: 1998		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: Refresher: Continuing Education:		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

EMERGENCY MEDICAL EDUCATORS 13454 POWAY ROAD, SUITE 143 POWAY, CA 92064 Phone: (619) 596-2189		Contact Person: SHARON SMITH	
**Program Level: EMT-1 Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 190 Refresher: 313 Continuing Education: Expiration Date: 2001		
Cost of Program: Basic: \$ 450 Refresher: \$ 85	Number of courses: 13 Initial training: 5 Refresher: 8 Continuing Education:		

GROSSMONT HEALTH OCCUPATION 9368 OAKBOURNE ROAD SANTEE, CA 92071 Phone: (619) 579-4780		Contact Person: PATRICIA TWYMAN	
**Program Level: EMT-I Student Eligibility: Open to general public	Number of students completing training per year: Initial training: 200 Refresher: 60 Continuing Education: Expiration Date: 1999		
Cost of Program: Basic: \$ 0 Refresher: \$ 45	Number of courses: 6 Initial training: 4 Refresher: 2 Continuing Education:		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941 Phone: (619) 667-1355		Contact Person: STEVE BROWNELL	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 12 Refresher: 15 Continuing Education: Expiration Date: 1999		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 2 Initial training: 1 Refresher: 1 Continuing Education:		

MIRAMAR COLLEGE 10440 BLACK MOUNTAIN ROAD SAN DIEGO, CA 92126 Phone: (619) 536-7355		Contact Person: JUDY HARRIS	
**Program Level: EMT-I Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 276 Refresher: 315 Continuing Education: Expiration Date: 2000		
Cost of Program: Basic: \$ 13/unit Refresher: \$ 13/unit	Number of courses: 7 Initial training: 4 Refresher: 3 Continuing Education:		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

NAVAL HOSPITAL - CAMP PENDLETON EMT PROGRAM, NAVAL HOSPITAL, BOX 555191 CAMP PENDLETON, CA 92055 Phone: (760) 725-1408		Contact Person: LIEUTENANT COMMANDER S.D. MATTSON	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 30 Refresher: 60 Continuing Education: Expiration Date: 1999		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 2 Initial training: 1 Refresher: 1 Continuing Education:		
PALOMAR COLLEGE 1951 EAST VALLEY PARKWAY ESCONDIDO, CA 92027 Phone: (760) 744-1150		Contact Person: DEBBIE MOFFAT	
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 165/65 Refresher: 85/20 Continuing Education: Expiration Date: 2000		
Cost of Program: Basic: \$ 13/unit Refresher: \$ 13/unit	Number of courses: 9 Initial training: 5 Refresher: 4 Continuing Education:		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SAN DIEGO CITY SCHOOLS 1775 CHATSWORTH BOULEVARD SAN DIEGO, CA 92107 Phone: (619) 225-3445		Contact Person: BERTHANN HEATH	
**Program Level: EMT-I Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 30 Refresher: 10 Continuing Education: Expiration Date: 2000		
Cost of Program: Basic: \$ 0 (ROP) Refresher: \$ 0 (ROP)	Number of courses: 2 Initial training: 1 Refresher: 1 Continuing Education:		

SAN DIEGO FIRE DEPARTMENT 1010 2 ND AVENUE SAN DIEGO, CA 92101 Phone: (619) 533-4316		Contact Person: ROD BALLARD	
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 32 Refresher: 750 Continuing Education: Expiration Date: 2000		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 2 Initial training: 1 Refresher: 1 Continuing Education:		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SAN DIEGO RURAL FIRE 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188		Contact Person: RICK FOEHR	
**Program Level: EMT-I/EMT-D Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 66 Refresher: 61 Continuing Education: Expiration Date: 2000		
Cost of Program: Basic: \$125 Refresher: \$ 50	Number of courses: 6 Initial training: Refresher: 6 Continuing Education:		
SOUTHWESTERN COLLEGE 900 OTAY LAKES CHULA VISTA, CA 91910 Phone: (619) 482-6376		Contact Person: CHARLOTTE ERDAHL or LOETTEA CHALLIS	
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 757/60 Refresher: 57 Continuing Education: Expiration Date: 2000		
Cost of Program: Basic: \$ 13/unit Refresher: \$ 13/unit	Number of courses: 8 Initial training: 3 Refresher: 5 Continuing Education:		

Table 10
Facilities

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

ALVARADO COMMUNITY HOSPITAL 6655 ALVARADO ROAD SAN DIEGO, CA 92120 Phone: (619) 287-3270			Primary Contact: DANIEL MCLEAN, EXECUTIVE DIRECTOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

CHILDREN'S HOSPITAL AND HEALTH CENTER 3020 CHILDREN'S WAY SAN DIEGO, CA 92123 Phone: (619) 576-1700			Primary Contact: BLAIR SADLER, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP:* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PICU:** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II (Pediatric)

*Emergency Department Approved for Pediatrics.

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CORONADO HOSPITAL 250 PROSPECT PLACE CORONADO, CA 92118 Phone: (619) 435-6251			Primary Contact: RAYMOND COMSTOCK, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

FALLBROOK HOSPITAL 624 EAST ELDER STREET FALLBROOK, CA 92028 Phone: (619) 728-1191			Primary Contact: DAN LARKIN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

GREEN HOSPITAL OF SCRIPPS CLINIC 10666 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 Phone: (619) 455-9100			Primary Contact: RICHARD BRACKEN, EXECUTIVE DIRECTOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service NOTE: Has an urgent care center	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

GROSSMONT HOSPITAL 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91941 Phone: (619) 465-0711			Primary Contact: MICHAEL ERNE, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

HARBOR VIEW MEDICAL CENTER 120 ELM STREET SAN DIEGO, CA 92101 Phone: (619)			Primary Contact: MARGARETA NORTON, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

KAISER FOUNDATION HOSPITAL 4647 ZION AVENUE SAN DIEGO, CA 92120 Phone: (619) 528-5000			Primary Contact: SYLVIA EVERROAD, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

KAISER HOSPITAL - EL CAJON 250 TRAVELODGE DRIVE EL CAJON, CA 92020 Phone: (619) 528-0140			Primary Contact: KENNETH COLLING, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service None of the above	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

MERCY HOSPITAL & MEDICAL CENTER 4077 FIFTH AVENUE SAN DIEGO, CA 92103 Phone: (619) 294-8111			Primary Contact: MARY YARBROUGH, PRESIDENT	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

MISSION BAY HOSPITAL 3030 BUNKER HILL STREET SAN DIEGO, CA 92109 Phone: (619) 274-7721			Primary Contact: STEVE HALL, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

PALOMAR MEDICAL CENTER 555 EAST VALLEY PARKWAY ESCONDIDO, CA 92025 Phone: (760) 739-3000			Primary Contact: VICTORIA PENLAND, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

PARADISE VALLEY HOSPITAL 2400 EAST FOURTH STREET NATIONAL CITY, CA 91950 Phone: (619) 470-4321			Primary Contact: FRED HARDER, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

POMERADO HOSPITAL 15615 POMERADO ROAD POWAY, CA 92064 Phone: (619) 485-6511			Primary Contact: RANDY MIDDLEBROOK, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SCRIPPS HOSPITAL EAST COUNTY 1688 EAST MAIN STREET EL CAJON, CA 92021 Phone: (619) 440-1122			Primary Contact: ROBIN BROWN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SCRIPPS HOSPITAL - ENCINITAS 354 SANTA FE DRIVE ENCINITAS, CA 92024 Phone: (619) 455-1481			Primary Contact: STEVE GOE, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SCRIPPS MEMORIAL - CHULA VISTA 435 H STREET CHULA VISTA, CA 91910 Phone: (619) 691-7000			Primary Contact: THOMAS GAMMIERE, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SCRIPPS MEMORIAL - LA JOLLA 9888 GENESEE LA JOLLA, CA 92038 Phone: (619) 457-4123			Primary Contact: JEFF BILLS, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SHARP CABRILLO HOSPITAL 3475 KENYON STREET SAN DIEGO, CA 92110 Phone: (619) 221-3400			Primary Contact: JAMES SCHIBANOFF, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SHARP CHULA VISTA MEDICAL CENTER 751 MEDICAL CENTER COURT CHULA VISTA, CA 91910 Phone: (619) 482-5800			Primary Contact: THOMAS SPINDLER, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SHARP MEMORIAL HOSPITAL 7901 FROST STREET SAN DIEGO, CA 92123 Phone: (619) 541-3400			Primary Contact: CHARLES KOCH, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TRI-CITY MEDICAL CENTER 4002 VISTA WAY OCEANSIDE, CA 92054 Phone: (619) 724-8411			Primary Contact: LEON HOOPER, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

UCSD MEDICAL CENTER 200 WEST ARBOR SAN DIEGO, CA 92103 Phone: (619) 543-6222			Primary Contact: MICHAEL STRINGER, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level I

UCSD THORNTON HOSPITAL 9300 CAMPUS POINT DRIVE LA JOLLA, CA 92037 Phone: (619) 657-7000			Primary Contact: MICHAEL STRINGER, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

U.S. NAVAL HOSPITAL SAN DIEGO, CA 92134 Phone: (619) 532-6400			Primary Contact: REAR ADMIRAL R.A. NELSON, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

U.S. NAVAL HOSPITAL - CAMP PENDLETON U.S. MARINE CORPS BASE CAMP PENDLETON, CA 92055 Phone: (714) 725-1288			Primary Contact: CAPTAIN K.L. LASHLY, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

VETERANS ADMINISTRATION HOSPITAL 3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161 Phone: (619) 552-8585			Primary Contact: THOMAS TRUJILLO, MEDICAL CENTER DIRECTOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service None of the Above	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

VILLA VIEW COMMUNITY HOSPITAL 5550 UNIVERSITY AVENUE SAN DIEGO, CA 92105 Phone: (619) 582-3516			Primary Contact: TED PENDLETON, PRESIDENT	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

Table 11
Dispatch Agencies

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CALIFORNIA DEPARTMENT OF FORESTRY 249 JAMACHA ROAD EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 588-0364</p>			Primary Contact: CHIEF TOM KELLY
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 14 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

CARE MEDICAL TRANSPORTATION 3959 RUFFIN ROAD, SUITE H SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: (619) 514-4111</p>			Primary Contact: RICHARD WILSON, DIRECTOR OF OPERATIONS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ 6 BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CHULA VISTA POLICE DEPARTMENT 276 FOURTH AVENUE CHULA VISTA, CA 91910 <p style="text-align: right;">Phone: (619) 691-5130</p>			Primary Contact: HERB KELSEY
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>22</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

CITY OF ESCONDIDO 700 WEST GRAND AVENUE ESCONDIDO, CA 92025 <p style="text-align: right;">Phone: (760) 741-4709</p>			Primary Contact: SUE REIERSON
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>20</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>2</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

CITY OF SAN DIEGO 3750 KEARNY VILLA ROAD SAN DIEGO, CA 92123 Phone: (619) 974-0186			Primary Contact: ORIN JONES
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 30 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

CORONADO POLICE DEPARTMENT 700 ORANGE AVENUE CORONADO, CA 92118 Phone: (619) 522-7350			Primary Contact: JIM BLINN, DIVISION CHIEF
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD Training EMT-D ALS BLS LALS 6 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

HARTLAND DISPATCH JPA 100 EAST LEXINGTON EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 441-1621</p>			Primary Contact: JEFF FELBERG
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>30</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal
NORTH COUNTY DISPATCH JPA BOX 410 RANCHO SANTA FE, CA 92067 <p style="text-align: right;">Phone: (619) 756-6010</p>			Primary Contact: SUSAN WYSONG
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>9</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 Phone: (760) 966-4883			Primary Contact: PETE LAWRENCE, EMS CHIEF
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 24 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	
PROFESSIONAL TRANSPORTATION SERVICES 1100 NORTH MAGNOLIA EL CAJON, CA 92021 Phone: (619) 401-8280			Primary Contact: MIKE BROWSTEIN
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD Training EMT-D ALS 5 BLS LALS 6 Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1996/97

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 <p style="text-align: right;">Phone: (619) 583-0454</p>			Primary Contact: JANE HALL, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u> 6 </u> BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

STAT MEDICAL TRANSPORT, INC. P.O. BOX 1132 EL CAJON, CA 92022 <p style="text-align: right;">Phone: (619) 443-3470</p>			Primary Contact: JEFF STRANGE		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u> 7 </u> BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11a
Disaster Medical Responders
(County)

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (County)

EMS System: San Diego County

County: San Diego

COUNTY OFFICE OF EMERGENCY SERVICES (OES)

Coordinator: Dan Eberle

Work Phone: (619) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (619) 565-3490

Alternate: Willard Lewis

Work Phone: (619) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (619) 565-3490

COUNTY EMS DISASTER MEDICAL SERVICES (DMS)

Coordinator: Gail Cooper

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 960-4138

FAX: (619) 285-6431

24-Hour Phone: (619) 960-4138

Alternate: Chip Griffin

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 898-3995

FAX: (619) 285- 6431

24-Hour Phone: (619) 898-3995

COUNTY HEALTH OFFICER

Robert K. Ross, M.D., Director

Work Phone: (619) 515-6545

Home Phone: NA

Pager: (619) 973-1102

FAX: (619) 515-6556

24-Hour Phone: (619) 565-3490

Alternate: Mel Ochs, M.D.

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 529-7891

FAX: (619) 285-6531

24-Hour Phone: (619) 565-5255

Table 11b
Disaster Medical Responders
Regional Disaster Medical/Health Coordinators

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders
(Regional Disaster Medical/Health Coordinators)**

OES Region: San Diego County

County: San Diego

REGIONAL OES COORDINATOR:

Phillip Van Saun

Work Phone: (619) 525-4292

Home Phone: NA

Pager: NA

FAX: NA

24-Hour Phone: (562) 795-2900

Alternate: Sonja Brown

Work Phone: (562) 795-2908

Home Phone: NA

Pager: NA

FAX: NA

24 Hour Phone: (562) 795-2900

REGIONAL DISASTER COORDINATOR:

Dr. Thomas Pendergast

Work Phone: (909) 387-6219

Home Phone: NA

Pager: NA

FAX: (909) 387-6228

24-Hour Phone: (909) 356-3805

Alternate: Conrad Salinas

Work Phone: (909) 387-7759

Home Phone: NA

Pager: NA

FAX: (909) 387-7853

24-Hour Phone: (909) 356-3805

SECTION 5
DESCRIPTION OF PLAN DEVELOPMENT PROCESS

Description of Plan Development Process

The local EMS agency ensures ongoing EMS plan development through continual input from prehospital and hospital providers, physicians, and consumers. At the system-wide level, a variety of advisory groups and committees provide input on EMS issues and policies relating to the delivery of emergency medical services. Each group/committee is composed of appropriate public and private provider representatives with a mix of prehospital care personnel (i.e., MICNs, EMT-Ps, EMT-Is, physicians and administrators). Their input establishes a framework in which the EMS community and the local EMS agency develop common goals and objectives in order to achieve greater system effectiveness.

Forums are conducted at the MICN, EMT-P and EMT-I levels to encourage sharing of information between field, hospital and management personnel. The Base Station Physicians' Committee and the Emergency Medical Care Committee provide a forum for a similar interchange between the Medical Director, base hospital physicians and other prehospital personnel.

System changes are further reviewed by the Medical Audit Committee, Prehospital Audit Committee, Healthcare Association of San Diego and Imperial Counties, County Paramedic Agencies Committee and various subcommittees. The local EMS agency further seeks input as needed from other interested groups, including the County Medical Society, the Medical Society EMS Committee, the Emergency Nurses Association and the San Diego County Paramedic Association.

The Emergency Medical Care Committee (EMCC) and its subcommittees (Prehospital/Hospital, Disaster Operations, Education and Research) provide an ongoing mechanism to evaluate EMS system design and operations. The EMCC acts as the primary advisory group to the local EMS agency and the Board of Supervisors on all EMS matters. 18 members are appointed by the Board of Supervisors; five of the 18 are public members, one nominated by each member of the Board of Supervisors. Information is acquired and analyzed to measure the impact and the quality of emergency medical care services.

In cooperation with the Community Health Programs of the Health and Human Services Agency, the local EMS agency participates in prevention programs (e.g., Violence Prevention Coalition, American Trauma Society/Southern California Division) developed to meet the needs of the community.

The EMS Plan was submitted to and approved by the EMCC, then submitted in its final version to the County Board of Supervisors along with a resolution to adopt the plan.

SECTION 6
ANNEX

A. Trauma Care System Plan

Trauma Care System Plan

The San Diego County Trauma Plan, dated April 24, 1990, was submitted to and approved by the EMSA. The plan incorporates the Trauma Planning Guidelines provided in Appendix 2 of the EMSA System Guidelines.

B. AB 3153 Compliance

AB 3153 Compliance
(Implementation of Section 1797.224, Health and Safety Code)

Exclusive operation permits are granted in accordance with the EMSA System Guidelines, Appendix 3.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Carlsbad
Name of Current Provider(s): City of Carlsbad
Area or subarea (Zone) Geographic Description: Carlsbad city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Carlsbad. Approved and authorized by the Board of Supervisors on 8/30/77 (18).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Current provider has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Chula Vista
Name of Current Provider(s): American Medical Response (Hartson)
Area or subarea (Zone) Geographic Description: The jurisdictional limits of the Bonita-Sunnyside Fire Protection District and the Cities of Chula Vista and Imperial Beach.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Chula Vista. Approved and authorized by the Board of Supervisors on 3/8/77 (42).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Provider has a history of uninterrupted service with no changes to scope and manner of service since 3/8/77.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of El Cajon
Name of Current Provider(s): City of El Cajon Fire Department
Area or subarea (Zone) Geographic Description: El Cajon city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of El Cajon. Approved and authorized by the Board of Supervisors on 3/11/80 (37).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Current provider has a history of uninterrupted service with no changes to scope and manner of service since 3/11/80.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Escondido
Name of Current Provider(s): City of Escondido Fire Department
Area or subarea (Zone) Geographic Description: Escondido city limits and within adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Escondido. Approved and authorized by the Board of Supervisors on 8/30/77 (18).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Provider has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77. On 12/7/83, the zone area was modified to include certain adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of National City
Name of Current Provider(s): American Medical Response (Hartson)
Area or subarea (Zone) Geographic Description: City limits of National City and within adjoining areas as specified by agreements with adjoining paramedic services.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of National City. Approved and authorized by the Board of Supervisors on 10/4/83 (11).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Competitively determined.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Oceanside
Name of Current Provider(s): City of Oceanside Fire Department
Area or subarea (Zone) Geographic Description: Oceanside city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Oceanside. Approved and authorized by the Board of Supervisors on 3/29/77 (73).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Current provider has a history of uninterrupted service with no changes to scope and manner of service since 3/29/77.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Poway
Name of Current Provider(s): City of Poway Fire Department
Area or subarea (Zone) Geographic Description: The unincorporated limits of the City of Poway
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Poway. Approved and authorized by the Board of Supervisors on 12/4/76 (24).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Current provider has a history of uninterrupted service with no changes to scope and manner of service since 12/4/76.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of San Diego
Name of Current Provider(s): San Diego Medical Services Enterprise (partnership with San Diego Fire/Rural Metro)
Area or subarea (Zone) Geographic Description: Within the boundaries of the city of San Diego with the exception of those city areas which are encompassed in a County Service Area
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of San Diego. Approved and authorized by the Board of Supervisors on 5/21/91 (55).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Competitively determined.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of San Marcos
Area of Current Provider(s): American Medical Response (Hartson)
Area or subarea (Zone) Geographic Description: City limits of the City of San Marcos
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of San Marcos. Approved and authorized by the Board of Supervisors on 12/1/87 (42).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Competitively determined.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Vista
Name of Current Provider(s): City of Vista Fire Department
Area or subarea (Zone) Geographic Description: City of Vista city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Vista. Approved and authorized by the Board of Supervisors on 8/30/77 (18).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Current provider has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: County Service Area Number 17
Name of Current Provider(s): American Medical Response has provided uninterrupted service since July 1, 1991.
Area or subarea (Zone) Geographic Description: The communities of Encinitas, Solana Beach, Rancho Santa Fe, Del Mar Heights, Del Mar Terrace, and the City of Del Mar
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 17. BLS agreement with the Fire Departments since 8/15/69 (13). ALS agreement with private contractor since 7/25/75.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Combination of ALS 911 calls with BLS ambulance back-up when ALS units are unavailable
Method to achieve Exclusivity, if applicable (HS 1797.224): BLS-Grandfathered with uninterrupted service with no changes to scope and manner of service since 8/15/69. ALS-Competitively determined by RFP at six-year intervals. Selection by committee based on technical merits of proposals and separate consideration of price.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: County Service Area Number 69
Name of Current Provider(s): Santee Fire Department and Lakeside Fire Department have provided uninterrupted service since 12/18/74.
Area or subarea (Zone) Geographic Description: Area comprising the Fire Protection Districts of Santee, Lakeside and Bostonia
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 69. Approved and authorized by the Board of Supervisors on 12/18/74 (19).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Provider has a history of uninterrupted service with no changes to scope and manner of service since 12/18/74.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: Grossmont Hospital District, Zone 1- Suburban
Name of Current Provider(s): American Medical Response (Hartson)
Area or subarea (Zone) Geographic Description: The boundaries of the Grossmont Hospital District
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Provider has a history of uninterrupted service with no changes to manner and scope since 5/15/79.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: Grossmont Hospital District, Zone 2 - Rural
Name of Current Provider(s): American Medical Response (Hartson) provides EMT-P's and the Fire Protection District provides EMT-I's.
Area or subarea (Zone) Geographic Description: The boundaries of the Grossmont Hospital District.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Competitively determined. Although the Hospital District has had the exclusive zone since 1979, this portion of the District did not have ALS services until July, 1994 and therefore was established through a competitive process.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: North County Fire Protection District
Name of Current Provider(s): North County Fire Protection District
Area or subarea (Zone) Geographic Description: The areas within the geographical limits of the North County Fire Protection District
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the North County Fire Protection District. Approved and authorized by the Board of Supervisors on 7/3/90 (24).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Competitively determined.

**EXCLUSIVE OPERATING AREAS
EMS PLAN - ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: Ramona Municipal Water District
Name of Current Provider(s): California Department of Forestry
Area or subarea (Zone) Geographic Description: Within the boundaries of the Ramona Municipal Water District and nearby areas approved by the Ramona Municipal Water District Board of Directors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the Ramona Municipal Water District. Approved and authorized by the Board of Supervisors on 10/11/88 (7).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS, 911 calls only
Method to achieve Exclusivity, if applicable (HS 1797.224): Competitively determined.

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



June 8, 1999

Gail Cooper
EMS Administrator
San Diego County EMS Agency
6255 Mission Gorge Road
San Diego, CA 92120

Dear Ms. ^{Gail} Cooper:

We have completed our review of *San Diego County's Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Several of our reviewers commented that your plan was excellent and one of the most comprehensive plans they have reviewed. If you have any questions regarding the plan review, please call Michele Tripp at (916) 322-4336, extension 415.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard E. Watson".

Richard E. Watson
Interim Director

RW:MR:mr