



# County of San Diego

RODGER G. LUM, Ph.D.  
DIRECTOR

GEORGE R. FLORES, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

## HEALTH AND HUMAN SERVICES AGENCY

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Disease Prevention/Health Promotion  
Emergency Medical Services  
HIV/AIDS Services  
Medical Quality Assurance  
Public Health Laboratory  
PH Nursing/Border Health  
TB & STD Control  
Vital Records

### EMERGENCY MEDICAL SERVICES

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April 25, 2002

Richard Watson, Interim Director  
Emergency Medical Services Authority  
1930 9<sup>th</sup> Street, Suite 100  
Sacramento, CA 95814-7043

Dear Mr. Watson:

Please accept the enclosed second annual update to the Emergency Medical Services (EMS) Plan for the County of San Diego. Only those pages that have been significantly revised are included. We have also included those policies and procedures that have been revised since the submission of the prior plan update.

We look forward to the review by your staff and welcome any suggestions you may have.

If you have any questions or concerns regarding this second annual update, please contact me at (619) 285-6539 or my staff, Cheryl Williamson, at (619) 285-6490.

Sincerely,

GWEN JONES, Chief  
Emergency Medical Services

GJ:CW:bb  
Enclosure

OSWA - 619 3101

APR 25 2002



**County of San Diego  
Board of Supervisors**

Greg Cox, District 1  
Dianne Jacob, District 2  
Pam Slater, District 3  
Ron Roberts, District 4  
Bill Horn, District 5

**Walter F. Ekard**  
Chief Administrative Officer

**Rodger G. Lum, Ph.D.**  
**Director**  
Health and Human Services Agency

**George R. Flores, M.D., MPH**  
**Medical Director**  
Office of Public Health

**Gail F. Cooper, Administrator**  
Office of Public Health

**Gwen Jones, Chief**  
Emergency Medical Services

**COUNTY OF SAN DIEGO**

**EMERGENCY MEDICAL  
SERVICES PLAN**

**FY 1999/2000**

**COUNTY OF SAN DIEGO  
EMERGENCY MEDICAL SERVICES PLAN  
FY 1999/2000**

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**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES PLAN**

**OBJECTIVES TO ENHANCE THE CURRENT EMS SYSTEM**

Standard	Time frame		Objective
	Short	Long	
1.23 Interfacility Transfer		X	The LEMSA will await recommendations from the State Paramedic Interfacility Task Force prior to taking action on this objective. The LEMSA shall monitor the impacts of this change in the role of the paramedic through the system-wide continuous improvement program and shall support ALS provider agencies in their attempts to utilize paramedic personnel in a manner that is most efficient, resulting in a stronger EMS system.
3.01 Communication Plan		X	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.
3.02 Radios		X	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.
3.03 Inter-facility Transfer		X	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.
3.09		X	The LEMSA shall develop guidelines for dispatch triage in conjunction with system participants.

**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

**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.

### 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
3.02 Radios		X			X
3.03 Inter-facility Transfer*		X			X
3.04 Dispatch Center		X			
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X			

#### Public Access

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

#### Resource Management

3.09 Dispatch Triage		N/A			X
3.10 Integrated Dispatch		X			

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

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

*RODGER G. LUM, Ph.D.*  
*Agency Director*  
*JEAN SHEPARD*  
*Chief, Operations Officer*

*GEORGE R. FLORES, M.D., M.P.H.*  
*Director, Office of Public Health and Health Officer*  
*GAIL F. COOPER, Administrator*  
*Office of Public Health*

*GWENMARIE HILLEARY*  
*Assistant Deputy Director*

*TERRY CUNNINGHAM*  
*Office of AIDS Coordination*

*ROBERT GUNN, M.D.*  
*STD Control*

*KATHLEEN MOSER, M.D.*  
*Tuberculosis Control*

*GWEN JONES*  
*Emergency Medical Services*

*MICHELE GINSBERG, M.D.*  
*Community Epidemiology*

*NANCY BOWEN, M.D.*  
*Chronic Disease*

*ELENA PASCUAL*  
*Contracts*

Planning & Community Development  
 Prevention  
 Care and Treatment

Field Services  
 Clinical Services

Surveillance & Special Projects  
 Hepatitis B & C Projects

Field Services  
 Clinical Services  
 Provider Education/Consultation

Surveillance  
 "Cure TB" and Border TB Control

Pre-Hospital  
 Trauma

Data & Injury Surveillance  
 Medical Health Disaster

Laboratory  
 Disease Surveillance  
 Vital Records

Immunizations  
 Lead Poisoning Prev. & Case Management

Tobacco Control  
 Community Health Promotion  
 Chronic Disease Surveillance

*WILMA J. WOOTEN, M.D., M.P.H.*  
*Deputy Health Officer*

Special Projects/  
 Partnership for Public Health

Medical Health  
 Quality Assurance

Regional  
 Clinical Support Liaison

*PHYLLIS ELKIND*  
*Child, Youth & Family Health Programs*

Children, Youth and Family  
 Health Planning

CHDPTR

SDKHAN

Fetal Infant Mortality Review  
 Program

Perinatal Care Network

Dental Health

Foster Care

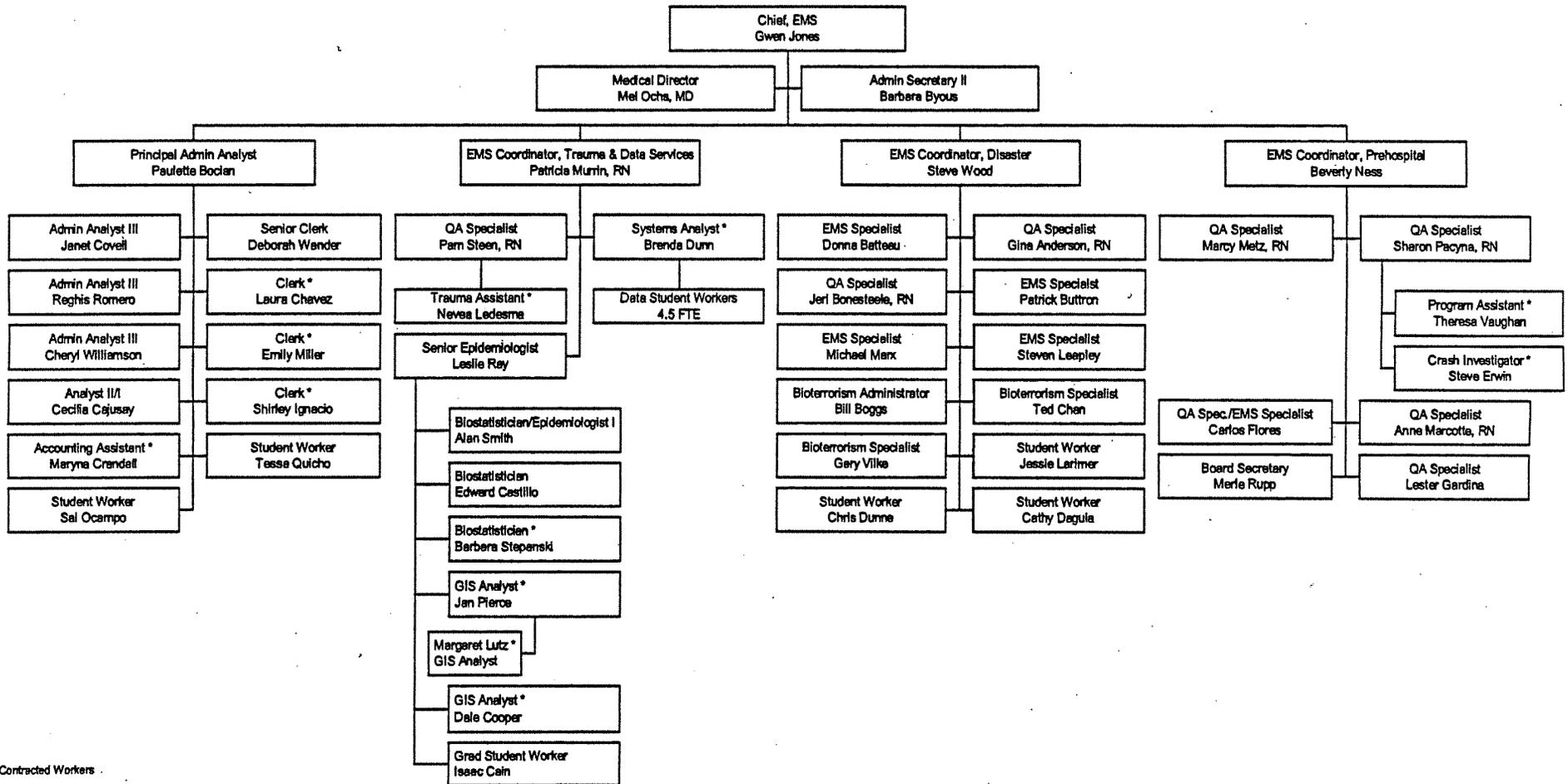
Child Health and  
 Disability Prevention

*ROSE FOX*  
*Public Health Nursing*

Border Health

Region, Community &  
 PH Clinic Liaison

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



\* Denotes Contracted Workers

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT  
NEEDS REVISION

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 for fiscal year 1997-98 identifying all system needs and methodologies to meet the needs. This is the second annual update.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Standard met.

**OBJECTIVE:**

No further objective needed to meet standard.

## 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. The LEMSA has been approached in the past by private providers of ALS services with initial proposals for the expansion of the role of paramedics into the non-emergency, inter-facility arena. The LEMSA is in the process of developing community consensus on this issue, and expects to define the role of the paramedic in interfacility transfer by mid 2000. However, concerns were expressed by the local jurisdictions to the LEMSA, and this issue was put on hold while the LEMSA awaits recommendations from the State Paramedic Interfacility Task Force before resuming efforts on this issue.

##### **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, the community consensus process to redefine the role of the paramedic in interfacility transfers is continuing.

##### **TIME FRAME FOR OBJECTIVE:**

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

**1.23 Inter-facility Transfer**  
(continued)

[X] Long-range Plan (more than one year)

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. To monitor the impacts of any change in the role of the paramedic through the system-wide continuous quality improvement program.

## 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 facilitating base hospitals conduct weekly radio checks on a rotating basis with their satellite hospitals and ambulance agencies to verify the operational status of the RCS 800 MHz radio system. The audio transmissions of selected hospitals verify both receiving and transmitting capabilities of the LEMSA remote transmitters and hospitals.

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. The LEMSA has established as a component of the medical mass casualty plan an alternate communications plan wherein Amateur Radio Emergency System (ARES) 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. The local component of MEDMARS is tested monthly. The Regional Disaster Medical Health Coordinator (RDMHC) is exploring the feasibility of a satellite system to link all counties in Region VI for disaster coordination.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

**3.06 MCI/Disasters**

(continued)

**NEED(S):**

Standard met.

**OBJECTIVE:**

No further objectives needed to meet standard.

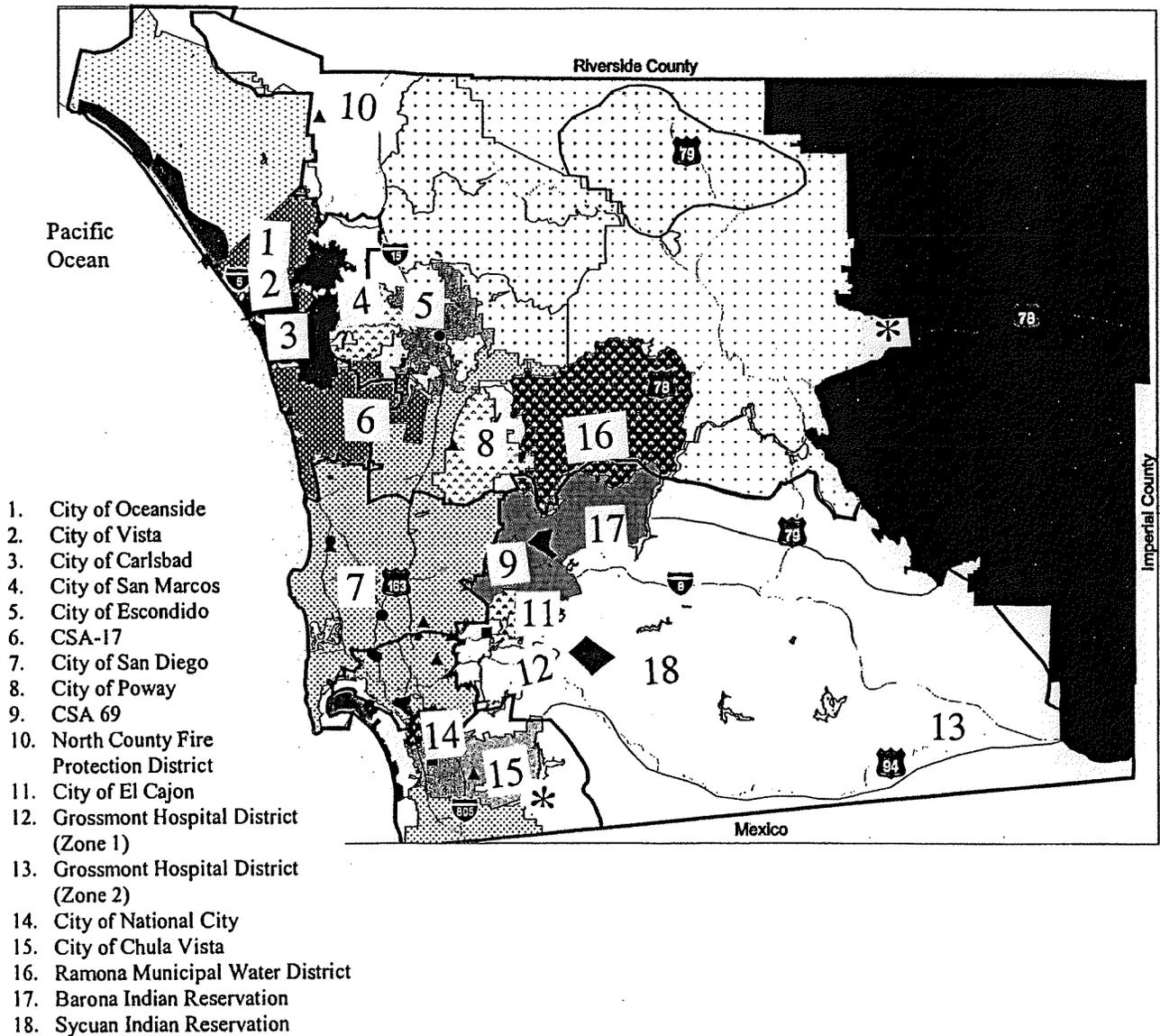
SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

EXCLUSIVE OPERATING AREAS - MAP OF JURISDICTIONAL BOUNDARIES

San Diego County By Health Services Regions  
With Ambulance Service Areas and Hospital Facilities



\*BLS coverage only

## 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. As of March 2000, the Unified San Diego County Emergency Services Organization Operational Area Emergency 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.

## 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:**

The communication system for RDMHC Region VI has not been fully developed beyond the current MEDMARS system in use at this time. RDMHC Region VI is presently studying a satellite communication system used by numerous other RDMHC regions in California.

##### **NEED(S):**

Standard met.

##### **OBJECTIVE:**

The LEMSA will migrate to a primary communication system to be shared by all RDMHC regions in California by the end of 2002.

## 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 facilitating base hospitals and their satellite hospitals is facilitated directly through the RCS 800 MHz radio system. The Sheriff's Communication Center has the ability to contact as well as monitor communications between the field and the hospitals through the RCS 800 MHz system.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

RDMHCs for Regions VI and I are currently working to coordinate communication systems between the two regions as well as with the rest of the regions in California and the State EMSA.

##### **NEED(S):**

Standard met.

##### **OBJECTIVE:**

To establish a statewide communications system between RDMHC regions and the State EMSA by the end of 2002.

##### **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 regular disaster meetings to facilitate preparedness.

Primary provider agencies have adopted the Incident Command System and 95% of hospitals have adopted 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.

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

**EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

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 that 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: <b>Crash Investigation</b>	X
Other: <b>Public Education</b>	X

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)**  
**EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

**5. EMS agency budget for FY: 1999-00**

**A. EXPENSES:**

Salaries and benefits (all but contract personnel)	\$ 2,122,066
Contract Services (e.g., medical director)	1,885,662
Operations (e.g., copying, postage, facilities)	20,322
Travel	27,007
Fixed assets	170,000
Indirect expense (overhead)	230,212
Ambulance subsidy	523,000
EMS Fund payments to physicians/hospital	*2,300,000
Dispatch center operations (non-staff)	17,000
Training program operations	75,000
Other: Ambulance Districts (CSA 17-\$1,481,648, CSA 69-\$2,099,731)	<u>*3,581,379</u>
<b>TOTAL EXPENSES</b>	<b><u>\$10,951,648</u></b>

**B. SOURCES OF REVENUE:**

Local tax funds (e.g., EMS district)	\$**3,581,379
Certification fees	28,155
Recovered Revenue	88,518
Base hospital designation fees	200,000
Trauma center designation fees	240,000
Ambulance Service/vehicle fee	65,000
Other fees: State Aid, Health Realignment, VLF	1,039,203
State Aid, Health Realignment, Other	87,216
EMS fund (SB12/612)	4,961,658
Other grants: NHTSA – CIREN:GM	480,000
DHHS – MMRS	100,000
SDSU Foundation – Safe Communities	72,186
Pacific Institute	<u>8,333</u>
<b>TOTAL REVENUE</b>	<b><u>\$10,951,648</u></b>

\* Not paid out of EMS budget.

\*\*Not included in EMS program budget.

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**  
**EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

6. **Fee structure for FY: 1999-00**  
 We do not charge any fees.  
 Our fee structure is:

First responder certification	\$ 0
EMS dispatcher certification	0
EMT-I certification	17
EMT-I recertification	17
EMT-defibrillation certification	17
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	17
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification	17
MICN/ARN recertification	17
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)**  
**EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

6. **Fee structure for FY: 1999-00 (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 1999-00**

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999-00**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Administrator	1	39.42	31%	
Assistant Administrator Administrative Assistant Administrative Manager	Administrative Assistant I Administrative Assistant III Principal Administrative Analyst	1 3 1	24.76 27.32 30.85	31% 31% 31%	
ALS Coordinator Field Coordinator Training Coordinator	QA Specialist EMS Specialist EMS Specialist	1 1 1	33.20 27.24 27.24	31% 31% 31%	
Program Coordinator Field Liaison (nonclinical)	NA EMS Specialist	2	27.24	31%	
Trauma Coordinator	Coordinator, EMS	1	33.20	31%	
Medical Director	Consulting Physician	.5	93.07	3%	
Other MD Medical Consultant Training Medical Director	NA NA NA				
Disaster Medical Planner	Coordinator, EMS	1	33.20	31%	

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999-00

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	35.15	31%	
	Biostatistician	2	26.68	31%	
	Department Computer Specialist	2	29.32	31%	
QA/QI Coordinator	Quality Assurance Specialist	7	31.56	31%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	15.13	31%	
Other Clerical	Board Secretary	1	16.91	31%	
	Senior Clerk	1	14.50		
Data Entry Clerk	Student Workers	8	12.00	10%	
Other	Various	10	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 4: SYSTEM RESOURCES AND OPERATIONS - Communications**  
**EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

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	1
5. Do you have an operational area disaster communication system?	YES
a. Radio primary frequency	800 MHz
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: SYSTEM RESOURCES AND OPERATIONS - Response & Transportation  
EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas		18
2. Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3. Total number of responses		229,064
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	159,733
b) Number of non-emergency responses	(Code 1: normal)	61,011
4. Total number of transports		195,797
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	130,233
b) Number of non-emergency transports	(Code 1: normal)	60,036

**EARLY DEFIBRILLATION PROVIDERS**

**Reporting Year: FY 1999-00**

5. Number of public safety defibrillation providers (Included in EMT-D below)		
6. Number of EMT-Defibrillation providers		
a) Automated		46
b) Manual		0

**AIR AMBULANCE SERVICES**

**Reporting Year: FY 1999-00**

7. Total number of responses		1,487
a) Number of emergency responses		1,431
b) Number of non-emergency responses		56
8. Total number of transports		1,420
a) Number of emergency (scene) transports		1,382
b) Number of non-emergency transports		38

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)**  
**EMS System: San Diego County**                      **County: San Diego**                      **Reporting Year: FY 1999-00**

**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)	11.00 minutes	30.00 minutes	32.00 minutes	11.00 minutes
4. Transport Ambulance (BLS)	30.00 minutes	32.00 minutes	23.00 minutes	30.00 minutes

NOTE: Response times were calculated using 12 months of available 99/00 data projected to an annual basis.

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities & Critical Care  
EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

**TRAUMA:**

Trauma patients:

a) Number of patients meeting trauma triage criteria	8,984
b) Number of major trauma victims* transported directly to a trauma center by ambulance	3,939
c) Number of major trauma patients* transferred to a trauma center	892
d) Number of patients meeting triage criteria who weren't treated at a trauma center	**NA

**EMERGENCY DEPARTMENTS:**

Total number of emergency departments	20
a) Number of referral emergency services	NA
b) Number of standby emergency services	0
c) Number of basic emergency services	19
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

\*Major trauma patient numbers for FY 99-00 reflect only those patients meeting the criteria for inclusion in the trauma registry. The previously submitted Base Plan included all trauma patients, which is no longer collected.

\*\*Mistriaged patients are transferred to trauma centers when identified at non-designated facilities.

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical  
 EMS System: San Diego County County: San Diego Reporting Year: FY 1999-00**

**SYSTEM RESOURCES:**

1. **Field Treatment Sites (FTS)**
  - a. Where are your FTS located? Not predesignated
  - b. How are they staffed? DMATs, Mutual Aid Partners, Public Health Nurses
  - c. Do you have a supply system for supporting them for 72 hours? YES
  
2. **CISD**
  - 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)**

**EMS System: San Diego County    County: San Diego    Reporting Year: FY 1999-00**

**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?<br>b. exercise?   | YES<br>YES  |
| 4. List all counties with which you have a written medical mutual aid agreement.  | <p style="margin-left: 40px;"><b>Region I:</b> Los Angeles<br/>Orange</p> <p style="margin-left: 40px;"><b>Region VI:</b> Riverside<br/>Imperial<br/>San Bernardino<br/>Inyo<br/>Mono</p> |
| 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 and Human Services Agency, Environmental Health is a separate department; however, a plan to coordinate public health and environmental health issues is in place.

**TABLE 8: RESOURCES DIRECTORY -- Providers/Private**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>AMERICAN MEDICAL RESPONSE- SAN DIEGO</b> 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-8100			<b>Primary Contact: MIKE MURPHY, DIRECTOR OF OPERATIONS</b>		
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
<b>AMERICARE AMBULANCE</b> 1924 COMMERCIAL STREET, SUITE B ESCONDIDO, CA 92029 Phone: (760) 781-3895			<b>Primary Contact: MARK EWING</b>		
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>15</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: 4

**TABLE 8: RESOURCES DIRECTORY -- Providers/Private**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>BALBOA AMBULANCE INCORPORATED</b> 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

<b>CARE MEDICAL TRANSPORTATION</b> 9770 CANDIDA STREET SAN DIEGO, CA 92126 Phone: (619) 229-6111			Primary Contact:		
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: 24

**TABLE 8: RESOURCES DIRECTORY -- Providers/Private**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>EVENT MEDICAL SERVICES, INC.</b> 10765 NOEL STREET LOS ALAMITOS, CA 90720 Phone: (619) 294-4177			<b>Primary Contact:</b> DEAN GROSE, MEDICAL COORDINATOR		
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>40</u> BLS <u>25</u> EMT-D _____ LALS <u>2</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Ambulances: 11
<b>NATIONAL STEEL AND SHIPBUILDING COMPANY</b> P.O. BOX 85278 SAN DIEGO, CA 92186-5278 Phone: (619) 544-8889			<b>Primary Contact:</b> ROGER WESSELY		
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>10</u> PS-Defib _____ BLS <u>10</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Ambulances: 1

**TABLE 8: RESOURCES DIRECTORY -- Providers/Private**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>PRIORITY ONE MEDICAL TRANSPORT</b> 202 GREENFIELD, SUITE A EL CAJON, CA 92020 Phone: (800) 600-3370			<b>Primary Contact: MICHAEL PARKER</b>		
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>30</u> BLS <u>7</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: 7

<b>SAN ONOFRE FIRE DEPARTMENT</b> P.O. BOX 128 SAN CLEMENTE, CA 92672 Phone: (949) 368-6649			<b>Primary Contact: BERT PENNINGTON, CHIEF</b>		
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 <u>19</u> 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 1999/2000**

<b>SCHAEFER AMBULANCE SERVICE</b> 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			<b>Primary Contact: RICK LARSON, REGIONAL MANAGER</b>		
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>  36  </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: 9

<b>WEST SHORE AMBULANCE COMPANY</b> 83 DESERT SHORE DRIVE DESERT SHORE, CA 92274 Phone: (619) 395-6800			<b>Primary Contact: MARCIA McKINNEY, OFFICE MANAGER</b>		
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>  2  </u> BLS <u>  3  </u> EMT-D <u>  2  </u> LALS <u>  3  </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/Private, Air**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>MERCY AIR AMBULANCE</b> P.O. BOX 2532 FONTANA, CA 92334  <b>Phone: (909) 829-7000</b>			<b>Primary Contact: LESLI EIDE, PROGRAM DIRECTOR CALIFORNIA</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" 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 checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ BLS      _____ EMT-D _____ LALS <u>24</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: 2

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>ALPINE FIRE PROTECTION DISTRICT</b> 1834 ALPINE BOULEVARD ALPINE, CA 91901 Phone: (619) 445-2635			<b>Primary Contact: THOMAS N. ACE, CHIEF</b>		
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>15</u> PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS <u>3</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
<b>BARONA FIRE DEPARTMENT</b> 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794			<b>Primary Contact: DOUGLAS A. MORIARTY</b>		
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>15</u> PS-Defib _____ BLS    _____ EMT-D _____ LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	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

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>BONITA-SUNNYSIDE FIRE PROTECTION DISTRICT</b> 4900 BONITA ROAD BONITA, CA 91902-1725 Phone: (619) 479-2346			Primary Contact: SCOTT WALKER, 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: _____ 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 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
<b>BORREGO SPRINGS FIRE PROTECTION DISTRICT</b> P.O. BOX 898 BORREGO SPRINGS, CA 92004-0898 Phone: (760) 767-5436			Primary Contact: GARY ADAMS, 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 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>12</u> EMT-D _____ LALS <u>6</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: 3

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>BOULEVARD CSA</b> P.O. BOX 1273 BOULEVARD, CA 91905  Phone: (619) 766-4633			<b>Primary Contact: PETE FALCONER, CHIEF</b>		
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: 10 PS      _____ PS-Defib 10 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

<b>CALIFORNIA DEPARTMENT OF FORESTRY</b> 2249 JAMACHA ROAD EL CAJON, CA 92020-4517  Phone: (619) 588-0364			<b>Primary Contact: KEN MILLER, CHIEF</b>		
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: 300 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

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>CAMPO RESERVATION FIRE</b> 36210 CHURCH ROAD CAMPO, CA 91906 Phone: (619) 478-2371			Primary Contact: STEVEN M. CUERO, 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: 15 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 checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0
<b>CARLSBAD FIRE DEPARTMENT</b> 2560 ORION WAY CARLSBAD, CA 92008 Phone: (760) 931-2141			Primary Contact: DENNIS J. VAN DER MAATEN, 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 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 66 BLS      EMT-D LALS      31 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 ALS Engine Companies: 6

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>CHULA VISTA FIRE DEPARTMENT</b> 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055			Primary Contact: JAMES HARDIMAN, 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: _____ PS      _____ PS-Defib _____ BLS <u>74</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

<b>CORONADO FIRE DEPARTMENT</b> 1001 6TH STREET CORONADO, CA 92118 Phone: (619) 522-7374			Primary Contact: JOHN TRAYLOR, 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 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>29</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: 3

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>DEER SPRINGS FIRE PROTECTION DISTRICT</b> 8709 CIRCLE R DRIVE ESCONDIDO, CA 92026 Phone: (760) 749-8001			<b>Primary Contact: ALAN BLACK, CHIEF</b>		
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 <u>  3  </u> 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 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
<b>DEL MAR FIRE DEPARTMENT</b> 2200 JIMMY DURANTE BOULEVARD DEL MAR, CA 92014-2216 Phone: (858) 755-1522			<b>Primary Contact: JACK GOSNEY, CHIEF</b>		
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>  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

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>EAST COUNTY FIRE PROTECTION DISTRICT</b> 1811 SUNCREST BLVD. EL CAJON, CA 92021-4246 <p style="text-align: right;"><b>Phone: (619) 579-6034</b></p>			<b>Primary Contact: DARRELL JOBES, CHIEF</b>		
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>35</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: 2
<b>EL CAJON FIRE DEPARTMENT</b> 100 EAST LEXINGTON EL CAJON, CA 92020-4517 <p style="text-align: right;"><b>Phone: (619) 441-1612</b></p>			<b>Primary Contact: RICHARD HENRY, CHIEF</b>		
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 <u>35</u> PS-Defib _____ BLS <u>39</u> EMT-D _____ LALS <u>28</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

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

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Reporting Year: FY 1999/2000

<b>ELFIN FOREST VOLUNTARY FIRE DEPARTMENT</b> 20223 ELFIN FOREST ROAD ELFIN FOREST, CA 92029 Phone: (760) 744-2186			Primary Contact: FRANK TWOHY, 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: _____ PS <u>15</u> PS-Defib _____ BLS <u>6</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

<b>ENCINITAS FIRE DEPARTMENT</b> 505 SOUTH VULCAN AVENUE ENCINITAS, CA 92024-3633 Phone: (760) 633-2800			Primary Contact: DON HEISER, 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: _____ PS      _____ PS-Defib _____ BLS <u>32</u> EMT-D _____ LALS <u>13</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: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

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<b>ESCONDIDO FIRE DEPARTMENT</b> 201 NORTH BROADWAY ESCONDIDO, CA 92025-2762 Phone: (760) 839-5400			Primary Contact: VIC REED, 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 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>57</u> BLS      _____ EMT-D _____ LALS <u>33</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: 6

<b>IMPERIAL BEACH FIRE DEPARTMENT</b> 865 IMPERIAL BEACH BOULEVARD IMPERIAL BEACH, CA 91932-2795 Phone: (619) 423-8223			Primary Contact: RON JOHNSTON, 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: _____ PS      _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS <u>5</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: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>INTERMOUNTAIN VOLUNTEER FIRE DEPARTMENT</b> 1672 MAIN STREET, SUITE E RAMONA, CA 92065 Phone: (760) 789-3968			<b>Primary Contact: CARY COLEMAN, CHIEF</b>		
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>7</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

<b>JULIAN-CUYAMACA FIRE PROTECTION DISTRICT</b> P.O. BOX 33 JULIAN, CA 92036-0033 Phone: (760) 765-1510			<b>Primary Contact: KEVIN DUBLER, CHIEF</b>		
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>15</u> EMT-D _____ LALS <u>4</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 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

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>LAKESIDE FIRE PROTECTION DISTRICT</b> 12365 PARKSIDE STREET LAKESIDE, CA 92040 Phone: (619) 390-2350			<b>Primary Contact: ANDY PARR, DIVISION CHIEF</b>		
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 <u>26</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: 2

<b>LA MESA FIRE DEPARTMENT</b> 8034 ALLISON AVENUE LA MESA, CA 91941-5001 Phone: (619) 667-1355			<b>Primary Contact: DOUG MATTER, CHIEF</b>		
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>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 1999/2000**

<b>LEMONGROVE FIRE DEPARTMENT</b> 7853 CENTRAL AVENUE LEMONGROVE, CA 91945 Phone: (619) 469-4115			<b>Primary Contact: LARRY KINARD, DIVISION CHIEF</b>		
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>27</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

<b>MT. LAGUNA VOLUNTEER FIRE DEPARTMENT, INC.</b> P.O. BOX 51 MT. LAGUNA, CA 91948 Phone: (619) 473-8143			<b>Primary Contact: DENNIS SHERMAN, CHIEF</b>		
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

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<b>NATIONAL CITY FIRE DEPARTMENT</b> 333 EAST 16TH STREET NATIONAL CITY, CA 91950-4596 Phone: (619) 336-4551			<b>Primary Contact: RANDY KIMBLE, CHIEF</b>		
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>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: 0

<b>NORTH COUNTY FIRE PROTECTION DISTRICT</b> 315 EAST IVY FALLBROOK, CA 92028-2198 Phone: (760) 723-2005			<b>Primary Contact: EDWARD BURCHAM, CHIEF</b>		
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>29</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: 6

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>OCEANSIDE FIRE DEPARTMENT</b> 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 Phone: (760) 435-4100			Primary Contact: DALE GELDERT, 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 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>  62  </u> BLS      _____ EMT-D _____ LALS <u>  51  </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

<b>OCOTILLO WELLS FIRE PROTECTION DISTRICT</b> 2299 "A" West Hwy. 78 Borrego Springs, CA 92004 Phone: (760) 767-7430			Primary Contact: CHARLES GANN, 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 checked="" 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 1999/2000

<b>PALA FIRE BATTALION</b> P.O. BOX 15 PALA, CA 92059-0043  <b>Phone: (760) 742-1632</b>			<b>Primary Contact: ROBERT H. SMITH, CHIEF</b>		
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 checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>9</u> PS <u>    </u> PS-Defib <u>10</u> BLS <u>10</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
<b>PALOMAR MOUNTAIN CSA 110</b> GENERAL DELIVERY PALOMAR MOUNTAIN, CA 92062-0108  <b>Phone: (760) 742-1693</b>			<b>Primary Contact: KARL BAUER, CHIEF</b>		
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 <u>6</u> PS-Defib <u>6</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 1999/2000**

<b>PINE VALLEY FIRE PROTECTION DISTRICT</b> P.O. BOX 130 PINE VALLEY, CA 91962 Phone: (619) 473-8445			<b>Primary Contact: FRED COX, CHIEF</b>		
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: 3 PS                      PS-Defib 18 BLS                  13 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
<b>POWAY FIRE DEPARTMENT</b> 13050 COMMUNITY ROAD POWAY, CA 92064-5702 Phone: (858) 679-4340/4391			<b>Primary Contact: MARK SANCHEZ, CHIEF</b>		
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 31 BLS                              31 EMT-D _____ LALS                  18 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 1999/2000**

<b>RAMONA FIRE DEPARTMENT</b> 105 WEST EARLHAM STREET RAMONA, CA 92065-1558 Phone: (760) 789-1330			<b>Primary Contact: JACK WETHEY, EMS COORDINATOR</b>		
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: ___ 0 ___ PS      ___ PS-Defib ___ 18 ___ BLS    ___ EMT-D ___ ___ LALS    ___ 13 ___ 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	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
<b>RANCHITA FIRE BATTALION</b> 37370 MONTEZUMA VALLEY ROAD RANCHITA, CA 92066-9706 Phone: (760) 565-5257			<b>Primary Contact: BEN MCNANAMA, CHIEF</b>		
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 ___ ___ BLS      ___ 4 ___ 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 1999/2000**

<b>RANCHO SANTA FE FIRE PROTECTION DISTRICT</b> P.O. BOX 410 RANCHO SANTA FE, CA 92067-0410 <b>Phone: (858) 756-5971</b>			<b>Primary Contact: ERWIN WILLIS, CHIEF</b>		
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 (BLS) <input checked="" type="checkbox"/> Non-Transport (ALS)	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>24</u> EMT-D _____ LALS <u>6</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: 1
<b>RURAL FIRE PROTECTION DISTRICT</b> 14145 HIGHWAY 94 JAMUL, CA 91935 <b>Phone: (619) 669-1188</b>			<b>Primary Contact: DAN MCKENNA, CHIEF</b>		
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>160</u> PS      _____ PS-Defib <u>40</u> 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

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>SAN DIEGO, CITY OF – AGENCY #06</b> 1010 SECOND AVENUE, SUITE 400 SAN DIEGO, CA 92101-4101 Phone: (619) 533-4308			<b>Primary Contact: PATRICIA NUÑEZ, EMS PROGRAM MANAGER</b>		
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>22</u> BLS <u>650</u> EMT-D _____ LALS <u>305</u> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public/Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" 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: 58
<b>SAN MARCOS FIRE DEPARTMENT</b> 1 CIVIC CENTER DRIVE SAN MARCOS, CA 92069-2949 Phone: (760) 744-1050			<b>Primary Contact: LARRY WEBB, DEPUTY CHIEF</b>		
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 <u>24</u> BLS      _____ EMT-D _____ LALS <u>12</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: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>SAN MIGUEL CONSOLIDATED FIRE PROTECTION DISTRICT</b> 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>20</u> BLS <u>70</u> EMT-D _____ 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 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

<b>SAN PASQUAL FIRE DEPARTMENT</b> 208 EAST FIFTH AVENUE ESCONDIDO, CA 92025 Phone: (760) 745-9565			Primary Contact: GILBERT TURRENTINE, 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>6</u> PS      _____ PS-Defib <u>20</u> BLS <u>20</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 1999/2000

<b>SANTEE FIRE DEPARTMENT</b> 10601 MAGNOLIA AVENUE SANTEE, CA 92071-6514 Phone: (619) 258-4100			Primary Contact: BOB PFOHL, 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 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>19</u> EMT-D _____ LALS <u>30</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: 2

<b>SOLANA BEACH FIRE DEPARTMENT</b> 102 NORTH NARDO SOLANA BEACH, CA 92075 Phone: (760) 755-1179			Primary Contact: GEORGE K. GEORGE, 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 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 <u>2</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: 1

**TABLE 8: RESOURCES DIRECTORY -- Providers/Public**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>SYCUAN FIRE DEPARTMENT</b> 5449 DEHESA ROAD EL CAJON, CA 92019  Phone: (619) 445-2893			<b>Primary Contact:</b> BRIAN HAYWARD, BATTALION CHIEF, EMS COORDINATOR		
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>40</u> EMT-DC _____ LALS <u>11</u> ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	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: 6

<b>VALLEY CENTER FIRE PROTECTION DISTRICT</b> 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718  Phone: (760) 751-7600			<b>Primary Contact:</b> KEVIN O'LEARY, 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: _____ PS      _____ PS-Defib _____ BLS <u>35</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 1999/2000

<b>VISTA FIRE DEPARTMENT</b> 175 NORTH MELROSE DRIVE VISTA, CA 92083-5718 Phone: (760) 726-2144			<b>Primary Contact: TOM DAY, DEPUTY CHIEF</b>		
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>28</u> BLS      _____ EMT-D _____ LALS <u>35</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: 3

<b>WARNER SPRINGS RANCH VOLUNTEER FIRE DEPARTMENT</b> P.O. BOX 10 WARNER SPRINGS, CA 92086-0010 Phone: (760) 782-4256			<b>Primary Contact: STEVE VANKAMP, CHIEF</b>		
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 <u>6</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"/> Country <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 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>AMR – SAN DIEGO</b> 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 <p style="text-align: right;"><b>Phone: (858) 492-3500</b></p>		<b>Contact Person: DENNIS SMITH</b>
<b>**Program Level:</b> EMT-I  <b>Student Eligibility:</b> Restricted to certain personnel	<b>Number of students completing training per year:</b> Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004	
<b>Cost of Program:</b> Basic: \$ 0 (Department only) Refresher:	<b>Number of courses:</b> Initial training: 0 Refresher: 0 Continuing Education: 0	
<b>CHULA VISTA FIRE DEPARTMENT</b> 447 F STREET CHULA VISTA, CA 91910 <p style="text-align: right;"><b>Phone: (619) 691-5055</b></p>		<b>Contact Person: GARY BRETON</b>
<b>**Program Level:</b> EMT-I  <b>Student Eligibility:</b> Restricted to certain personnel	<b>Number of students completing training per year:</b> Initial training: 0 Refresher: 30 Continuing Education: 0 Expiration Date: 2004	
<b>Cost of Program:</b> Basic: \$ 0 (Department only) Refresher:	<b>Number of courses:</b> Initial training: 0 Refresher: 1 Continuing Education: 0	

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999-2000**

<b>CORONADO FIRE DEPARTMENT</b> 1001 6 <sup>TH</sup> STREET CORONADO, CA 92118 Phone: (619) 522-7374		<b>Contact Person: ALAN NOWAKOWSKI</b>
<b>**Program Level:</b> EMT-I <b>Student Eligibility:</b> Restricted to certain personnel	<b>Number of students completing training per year:</b> Initial training: 0 Refresher: 17 Continuing Education: 0 Expiration Date: 2002	
<b>Cost of Program:</b> Basic: \$ 0 (Department only) Refresher:	<b>Number of courses:</b> Initial training: 0 Refresher: 1 Continuing Education: 0	

<b>EMERGENCY MEDICAL EDUCATORS</b> 13454 POWAY ROAD, SUITE 143 POWAY, CA 92064 Phone: (858) 596-2189		<b>Contact Person: SHARON CONGER</b>
<b>**Program Level:</b> EMT-1 <b>Student Eligibility:</b> Open to the general public	<b>Number of students completing training per year:</b> Initial training: 160 Refresher: 180 Continuing Education: 0 Expiration Date: 2001	
<b>Cost of Program:</b> Basic: \$450 Refresher: \$ 85	<b>Number of courses:</b> Initial training: 4 Refresher: 6 Continuing Education: 0	

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>GROSSMONT HEALTH OCCUPATION</b> 9368 OAKBOURNE ROAD SANTEE, CA 92071 Phone: (619) 596-3690		<b>Contact Person: PATRICIA TWYMAN</b>
<b>**Program Level:</b> EMT-I <b>Student Eligibility:</b> Open to general public	<b>Number of students completing training per year:</b> Initial training: 200 Refresher: 60 Continuing Education: 0 Expiration Date: 2004	
<b>Cost of Program:</b> Basic: \$ 0 Refresher: \$ 45	<b>Number of courses:</b> Initial training: 4 Refresher: 2 Continuing Education: 0	
<b>LA MESA FIRE DEPARTMENT</b> 8054 ALLISON AVENUE LA MESA, CA 91941 Phone: (619) 667-1355		<b>Contact Person: DAVE HARDENBURGER</b>
<b>**Program Level:</b> EMT-I <b>Student Eligibility:</b> Restricted to certain personnel	<b>Number of students completing training per year:</b> Initial training: 0 Refresher: 12 Continuing Education: 0 Expiration Date: 2003	
<b>Cost of Program:</b> Basic: \$ 0 (Department only) Refresher:	<b>Number of courses:</b> Initial training: 0 Refresher: 1 Continuing Education: 0	

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>MIRAMAR COLLEGE</b> 10440 BLACK MOUNTAIN ROAD SAN DIEGO, CA 92126 Phone: (619) 536-7355		<b>Contact Person: MARY KJARTENSEN</b>	
<b>**Program Level:</b> EMT-I  <b>Student Eligibility:</b> Open to the general public	<b>Number of students completing training per year:</b> Initial training: 315 Refresher: 250 Continuing Education: 0 Expiration Date: 2004		
<b>Cost of Program:</b> Basic: \$ 13/unit Refresher: \$ 13/unit	<b>Number of courses:</b> Initial training: 4 Refresher: 3 Continuing Education: 0		
<b>NAVAL HOSPITAL - CAMP PENDLETON</b> EMT PROGRAM, NAVAL HOSPITAL, BOX 555191 CAMP PENDLETON, CA 92055 Phone: (760) 725-1408		<b>Contact Person: LIEUTENANT COMMANDER S.D. MATTSON</b>	
<b>**Program Level:</b> EMT-1  <b>Student Eligibility:</b> Restricted to certain personnel	<b>Number of students completing training per year:</b> Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2001		
<b>Cost of Program:</b> Basic: \$ 0 (Department only) Refresher:	<b>Number of courses:</b> Initial training: 0 Refresher: 0 Continuing Education: 0		

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>PALOMAR COLLEGE</b> 1951 EAST VALLEY PARKWAY ESCONDIDO, CA 92027 Phone: (760) 744-1150		<b>Contact Person: DEBBIE MOFFAT</b>
<b>**Program Level:</b> EMT-I/EMT-P  <b>Student Eligibility:</b> Open to the general public	<b>Number of students completing training per year:</b> Initial training: 171/66 Refresher: 111/20 Continuing Education: 0/0 Expiration Date: 2004	
<b>Cost of Program:</b> Basic: \$13/unit Refresher: \$13/unit	<b>Number of courses:</b> Initial training: 5/1 Refresher: 4/1 Continuing Education: 0/0	
<b>SAN DIEGO FIRE DEPARTMENT</b> 1010 2 <sup>ND</sup> AVENUE SAN DIEGO, CA 92101 Phone: (619) 533-4316		<b>Contact Person: ROD BALLARD</b>
<b>**Program Level:</b> EMT-1  <b>Student Eligibility:</b> Restricted to certain personnel	<b>Number of students completing training per year:</b> Initial training: 0 Refresher: 50 Continuing Education: 0 Expiration Date: 2004	
<b>Cost of Program:</b> Basic: \$ 0 (Department only) Refresher:	<b>Number of courses:</b> Initial training: 0 Refresher: 1 Continuing Education: 0	

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<p><b>SAN DIEGO RURAL FIRE</b> 14145 HIGHWAY 94 JAMUL, CA 91935</p> <p style="text-align: right;"><b>Phone:</b> (619) 669-1188</p>	<p><b>Contact Person:</b> RICK FOEHR</p>
<p><b>**Program Level:</b> Program No Longer Active</p> <p><b>Student Eligibility:</b></p>	<p><b>Number of students completing training per year:</b></p> <p>Initial training: 0                      Refresher: 0                      Continuing Education: 0                      Expiration Date: 2000</p>
<p><b>Cost of Program:</b> Basic: 0                      Refresher: 0</p>	<p><b>Number of courses:</b></p> <p>Initial training: 0                      Refresher: 0                      Continuing Education: 0</p>
<p><b>SOUTHWESTERN COLLEGE</b> 900 OTAY LAKES CHULA VISTA, CA 91910</p> <p style="text-align: right;"><b>Phone:</b> (619) 482-6376</p>	<p><b>Contact Person:</b> CHARLOTTE ERDAHL or                      LOETTEA CHALLIS</p>
<p><b>**Program Level:</b> EMT-I/EMT-P</p> <p><b>Student Eligibility:</b> Open to the general public</p>	<p><b>Number of students completing training per year:</b></p> <p>Initial training: 757/60                      Refresher: 57                      Continuing Education: 0                      Expiration Date: 2004</p>
<p><b>Cost of Program:</b> Basic: \$ 13/unit                      Refresher: \$ 13/unit</p>	<p><b>Number of courses:</b></p> <p>Initial training: 3/1                      Refresher: 5/0                      Continuing Education: 0/0</p>

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>ALVARADO COMMUNITY HOSPITAL</b> 6655 ALVARADO ROAD SAN DIEGO, CA 92120 <b>Phone: (619) 287-3270</b>			<b>Primary Contact: MARK PALMER, CHIEF OPERATING OFFICER</b>	
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:

<b>CHILDREN'S HOSPITAL AND HEALTH CENTER</b> 3020 CHILDREN'S WAY SAN DIEGO, CA 92123 <b>Phone: (858) 576-1700</b>			<b>Primary Contact: BLAIR SADLER, CHIEF EXECUTIVE OFFICER</b>	
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: <b>Level II (Pediatric)</b>

\*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 1999/2000**

<b>CORONADO HOSPITAL</b> 250 PROSPECT PLACE CORONADO, CA 92118 Phone: (619) 435-6251			<b>Primary Contact: MARCIA HALL, ADMINISTRATOR</b>	
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:

<b>FALLBROOK HOSPITAL</b> 624 EAST ELDER STREET FALLBROOK, CA 92028 Phone: (760) 728-1191			<b>Primary Contact: COREY SEALE, ADMINISTRATOR</b>	
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 1999/2000**

<b>GREEN HOSPITAL OF SCRIPPS CLINIC</b> 10666 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 Phone: (858) 455-9100			<b>Primary Contact:</b> HUBERT GREENWAY, M.D., CHIEF EXECUTIVE 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 type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <b>NOTE: Has an urgent care center</b>	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:

<b>GROSSMONT HOSPITAL</b> 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91941 Phone: (619) 465-0711			<b>Primary Contact:</b> MICHELLE TARBET, 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 1999/2000

<b>KAISER FOUNDATION HOSPITAL</b> 4647 ZION AVENUE SAN DIEGO, CA 92120 Phone: (619) 528-5000			<b>Primary Contact:</b> TERRY BELMONT, 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:

<b>KAISER HOSPITAL - EL CAJON</b> 250 TRAVELODGE DRIVE EL CAJON, CA 92020 Phone: (619) 528-0140			<b>Primary Contact:</b> TERRY BELMONT, 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 <b>None of the above</b>	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 1999/2000

<b>MERCY HOSPITAL &amp; MEDICAL CENTER</b> 4077 FIFTH AVENUE SAN DIEGO, CA 92103 Phone: (619) 294-8111			<b>Primary Contact:</b> TOM GAMMIERE, 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: <b>Level II</b>

<b>MISSION BAY HOSPITAL</b> 3030 BUNKER HILL STREET SAN DIEGO, CA 92109 Phone: (619) 274-7721			<b>PROGRAM CLOSED – JANUARY 2001</b>	
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	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 1999/2000**

<b>PALOMAR MEDICAL CENTER</b> 555 EAST VALLEY PARKWAY ESCONDIDO, CA 92025 Phone: (760) 739-3000			<b>Primary Contact: GERALD BRACHT, ADMINISTRATOR</b>	
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: <b>Level II</b>

<b>PARADISE VALLEY HOSPITAL</b> 2400 EAST FOURTH STREET NATIONAL CITY, CA 91950 Phone: (619) 470-4321			<b>Primary Contact: TERRY HANSEN, ADMINISTRATOR</b>	
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 1999/2000**

<b>POMERADO HOSPITAL</b> 15615 POMERADO ROAD POWAY, CA 92064 Phone: (858) 485-6511			<b>Primary Contact: LORI BURNELL, ADMINISTRATOR</b>	
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:

<b>SCRIPPS HOSPITAL EAST COUNTY</b> 1688 EAST MAIN EL CAJON, CA 92021 Phone: (619) 440-1122			<b>PROGRAM CLOSED – JUNE 2000</b>	
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	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 1999/2000**

<b>SCRIPPS HOSPITAL – ENCINITAS</b> 354 SANTA FE DRIVE ENCINITAS, CA 92024 Phone: (760) 455-1481			<b>Primary Contact: REBECCA ROPCHAN, ADMINISTRATOR</b>	
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:

<b>SCRIPPS MEMORIAL – CHULA VISTA</b> 435 H STREET CHULA VISTA, CA 91910 Phone: (619) 691-7000			<b>Primary Contact: JOHN GRAH, ADMINISTRATOR</b>	
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 1999/2000**

<b>SCRIPPS MEMORIAL – LA JOLLA</b> 9888 GENESEE LA JOLLA, CA 92038 Phone: (858) 626-7600			<b>Primary Contact: GARY FYBEL, ADMINISTRATOR</b>	
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: <b>Level II</b>

<b>SHARP CHULA VISTA MEDICAL CENTER</b> 751 MEDICAL CENTER COURT CHULA VISTA, CA 91910 Phone: (619) 482-5800			<b>Primary Contact: CHRIS BOYD, ADMINISTRATOR</b>	
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 1999/2000**

<b>SHARP MEMORIAL HOSPITAL</b> 7901 FROST STREET SAN DIEGO, CA 92123 Phone: (858) 541-3400			<b>Primary Contact: DAN GROSS, CHIEF EXECUTIVE OFFICER</b>	
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: <b>Level II</b>

<b>TRI-CITY MEDICAL CENTER</b> 4002 VISTA WAY OCEANSIDE, CA 92054 Phone: (760) 724-8411			<b>Primary Contact: ART GONZALES, ADMINISTRATOR</b>	
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 1999/2000**

<b>UCSD MEDICAL CENTER</b> 200 WEST ARBOR SAN DIEGO, CA 92103  <b>Phone: (619) 543-6222</b>			<b>Primary Contact: CECELIA SMITH, ADMINISTRATOR</b>	
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: <b>Level I</b>

<b>UCSD THORNTON HOSPITAL</b> 9300 CAMPUS POINT DRIVE LA JOLLA, CA 92037  <b>Phone: (858) 657-7000</b>			<b>Primary Contact: PAUL HENSLER, ADMINISTRATOR</b>	
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 1999/2000**

<b>U.S. NAVAL HOSPITAL</b> SAN DIEGO, CA 92134  <p style="text-align: center;"><b>Phone: (619) 532-6400</b></p>			<b>Primary Contact: REAR ADMIRAL DIAZ, COMMANDING OFFICER</b>	
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:

<b>U.S. NAVAL HOSPITAL - CAMP PENDLETON</b> U.S. MARINE CORPS BASE CAMP PENDLETON, CA 92055  <p style="text-align: center;"><b>Phone: (760) 725-1793</b></p>			<b>Primary Contact: CAPTAIN K.L. LASHLY, ADMINISTRATOR</b>	
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 1999/2000**

<b>VETERANS ADMINISTRATION HOSPITAL</b> 3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161 Phone: (858) 552-8585			<b>Primary Contact: GARY ROSSIO, CHIEF EXECUTIVE OFFICER</b>	
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 <b>None of the Above</b>	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:

<b>VILLA VIEW COMMUNITY HOSPITAL</b> 5550 UNIVERSITY AVENUE SAN DIEGO, CA 92105 Phone: (619) 582-3516			<b>Primary Contact: EILEEN SMITH, ADMINISTATOR</b>	
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: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: San Diego County

County: San Diego

Reporting Year: FY 1999/2000

<b>AMERICAN MEDICAL RESPONSE – SAN DIEGO</b> 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 <p style="text-align: right;"><b>Phone: (858) 492-8100</b></p>			<b>Primary Contact: GORDON ANDERSON</b>
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 checked="" type="checkbox"/> Disaster	Number of personnel providing services: <u>16</u> EMD Training      _____ EMT-D _____ ALS <u>2</u> BLS _____ LALS <u>3</u> 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

<b>AMERICARE AMBULANCE</b> 1924 Commercial Street, Suite B Escondido, CA 92029 <p style="text-align: right;"><b>Phone: (760) 781-3338</b></p>			<b>Primary Contact: MARK EWING</b>
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

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>BALBOA AMBULANCE INCORPORATED</b> 6340 RIVERDALE SAN DIEGO, CA 92120 Phone: (619) 295-1942			<b>Primary Contact: MIKE BROWN</b>
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                                  _____ BLS _____ LALS <u>11</u> 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	

<b>BOWERS AMBULANCE</b> 109 STATE PLACE ESCONDIDO, CA 92029 Phone: ( ) -			<b>PROGRAM CLOSED</b>
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training          _____ EMT-D _____ ALS                                  _____ BLS _____ LALS                                  _____ Other
Ownership: <input type="checkbox"/> Public <input 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 1999/2000**

<b>CALIFORNIA DEPARTMENT OF FORESTRY</b> 249 JAMACHA ROAD EL CAJON, CA 92020 <p style="text-align: right;"><b>Phone:</b> (619) 588-0364</p>			<b>Primary Contact:</b> 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	

<b>CARE MEDICAL TRANSPORTATION</b> 3959 RUFFIN ROAD, SUITE H SAN DIEGO, CA 92123 <p style="text-align: right;"><b>Phone:</b> (858) 514-4111</p>			<b>Primary Contact:</b> STACEY ESTES, COMMUNICATIONS CENTER SUPERVISOR
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 1999/2000

<b>ESCONDIDO, CITY OF</b> 700 WEST GRAND AVENUE ESCONDIDO, CA 92025 <p style="text-align: right;"><b>Phone: (760) 741-4709</b></p>			<b>Primary Contact: SUE REIERSON</b>
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

<b>HEARTLAND DISPATCH JPA</b> 100 EAST LEXINGTON EL CAJON, CA 92020 <p style="text-align: right;"><b>Phone: (619) 441-1621</b></p>			<b>Primary Contact: JEFF FELBERG</b>
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



**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY 1999/2000**

<b>OCEANSIDE FIRE DEPARTMENT</b> 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 Phone: (760) 966-4883			<b>Primary Contact: PETE LAWRENCE, EMS CHIEF</b>
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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

<b>PRIORITY ONE</b> 202 GREENFIELD EL CAJON, CA 92020 Phone: 1-800-600-3370			<b>Primary Contact: MICHAEL PARKER, PRESIDENT</b>
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: 8 EMD Training _____ EMT-D _____ ALS _____ 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 1999/2000**

<b>SAN DIEGO, CITY OF</b> 3750 KEARNY VILLA ROAD SAN DIEGO, CA 92123 <p style="text-align: right;"><b>Phone: (619) 974-0186</b></p>			<b>Primary Contact: ORIN JONES</b>
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>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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

<b>SCHAEFER AMBULANCE SERVICE</b> 7257 UNIVERSITY AVENUE LA MESA, CA 91941 <p style="text-align: right;"><b>Phone: (619) 583-0454</b></p>			<b>Primary Contact: RICK LARSON, REGIONAL MANAGER</b>
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	

**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: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

**Alternate: Willard Lewis**

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

**COUNTY EMS DISASTER MEDICAL SERVICES (DMS)**

**Coordinator: Gwen Jones**

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 406-0472

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255

(Station M)

**Alternate: Steve Wood**

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 529-0044

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255

(Station M)

**COUNTY HEALTH OFFICER**

**Director: George R. Flores, M.D., MPH**

Work Phone: (619) 515-6597

Home Phone: NA

Pager: (619) 529-9154

FAX: (619) 515-6717

24-Hour Phone: (619) 565-3490

(Station M)

**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

(Station M)

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

**OES Region: San Diego County**

**County: San Diego**

**REGIONAL OES COORDINATOR:**

**Chris Sundley**

Work Phone: (562) 795-2900

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

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET

SACRAMENTO, CALIFORNIA 95814-7043

(916) 322-4336 FAX: (916) 324-2875



October 29, 2002

Gwen Jones, EMS Administrator  
San Diego County EMS Agency  
6255 Mission Gorge Road  
San Diego, CA 92120

Dear Ms. Jones:

We have completed our reviews of *San Diego County's 1998/99 and 1999/2000 Emergency Medical Services Plan Updates*, and have found them to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink that reads "Richard E. Watson".

Richard E. Watson  
Interim Director

REW:ss