

LEMSA: **SAN DIEGO**

FY:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.04	Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In January of 2006, the County of San Diego appointed Bruce E. Haynes, M.D. as the interim EMS Medical Director. In June 2006, Dr. Haynes was appointed the permanent Medical Director of the County.	
1.23	The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During this period of time, the community reassessed the need to utilize paramedics in inter-facility transfers, and decided it wasn't necessary. Paramedics provide 9-1-1 interfacility transfers when CCT units are unavailable.	
2.03	The local EMS agency shall have the mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with State regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences, which could impact EMS personnel certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	it's current process for the discipline of prehospital personnel, previously described in policy, S-012, Prehospital Emergency Care Investigative Process. At this time, S-012 was eliminated and S-011 was updated to reflect new State regulations that called for the investigation and discipline of EMT-P's to occur at the State level, rather than with the LEMSA. New policy: S-011, Prehospital Discipline process for Certified and Licensed	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.04	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.		<input type="checkbox"/>		<p>In January of 2007, the County of San Diego designated 13 hospitals as "STEMI" receiving centers, to provide specialty care to patients suffering from ST-Elevation Myocardial Infarctions. The LEMSAs designate and monitor these specialty care facilities through agreements and the following policies in the County of San Diego EMS Policies and Procedures Manual: S-019, Cardiac Advisory Committee; S-020, Designation of a Cardiovascular "STEMI" Receiving Center; and S-021, De-designation of a Cardiovascular "STEMI" Receiving Center.</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.13	Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including: a) the number and role of the system participants, b) the design of catchment areas (including inter-county transport, as appropriate) with considerations of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, d) the role of non-designated hospitals including those which are outside of the primary triage area, and e) a plan for monitoring and evaluation for the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The LEMSA has a procedure for determining the appropriate destination of burn patients as outlined in Policy S-124, Burns, a treatment protocol which includes transporting the patient to a hyperbaric facility in the case of carbon monoxide poisoning. Protocol T-460, Identification of the Trauma Center Candidate, provides guidelines for transporting trauma patients to the appropriate trauma center. Policy S-137, Sexual Assault, is a treatment protocol that requires transportation to a facility that offers Sexual Assault Response Team services if the patient is medically stable and does not meet trauma protocol. Policy S-132, Near Drowning/Scuba, outlines the procedure for transporting patients with potential decompression emergencies. This policy provides a mechanism for field personnel to transport these patients directly to a hyperbaric chamber when appropriate. Policy S-407, Triage to Appropriate Facility, requires the transport of a patient with an	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



SECTION 5
DESCRIPTION OF PLAN DEVELOPMENT PROCESS

Description of Plan Development Process

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

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

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

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

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

The EMS Base Plan was submitted to and approved by the EMCC, then submitted in its final version to the County Board of Supervisors along with a resolution to adopt the plan in 1998. This document serves as the annual update to that plan.

SECTION 3
SYSTEM RESOURCES AND OPERATIONS

TABLE 2
System Organization and Management

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

EMS System: San Diego County County: San Diego Reporting Year: FY 2005-07

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	X
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: Crash Injury Research and Engineering Network (CIREN)	X

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2005-06

5. EMS agency budget for FY: 2005-06

A. EXPENSES:

Salaries and benefits (all but contract personnel, Medical Director included)	\$ 2,248,570
Contract Services	2,973,319
Operations (e.g., copying, postage, facilities)	965,135
Travel	13,035
Indirect expenses (overhead)	350,666
Ambulance subsidy	480,000
EMS Fund payments to physicians/hospital:	
Physicians Services Account and CMS Administration	2,316,118
Trauma Centers	572,395
EMS 800 MHz network radios	119,134
Other Transfers	365,000
	<u>3,372,647</u>
Dispatch center operations (non-staff)	0
Other: Ambulance Districts	
CSA 17	2,084,644
CSA 69	<u>3,928,487</u>
TOTAL EXPENSES	<u>\$16,416,503</u>

B. SOURCES OF REVENUE:

Special project grants from EMSA	777,480
National Highway Traffic Safety Administration (NHTSA)	549,122
Metropolitan Medical Response System (MMRS)	309,850
Medical Reserve Corps (MRC)	73,491
Resuscitation Outcome Consortium (ROC)	0
State General Fund	0
County General Fund	570,038
Local tax funds (CSA 17 and CSA 69)	6,013,131
County Contracts (e.g. multi-county agencies)	92,405
Certification fees	47,494
Training Program Approval Fees	0
Base hospital application fees	0

Trauma center application fees	0
Trauma center designation fees	240,000
Trauma support activities	154,733
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type:	
Other critical care designation fees	175,000
Type: Base Hospital Designation	
Ambulance Service/vehicle fee	78,348
Contributions	0
Other fees: State Aid, Health Realignment, VLF	2,358,586
State Aid, Tobacco Settlement	575,000
Recovered Expenditures	111,619
State - MAA	0
EMS fund (SB12/612)	3,929,468
Revenue / Auditor's Adjustments	<u>360,738</u>
TOTAL REVENUE	<u>\$16,416,503</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2006-07

5. EMS agency budget for FY: 2006-07

A. EXPENSES:

Salaries and benefits (all but contract personnel, Medical Director included)	\$ 2,863,274
Contract Services	3,033,655
Operations (e.g., copying, postage, facilities)	943,062
Travel	18,213
Indirect expenses (overhead)	350,666
Ambulance subsidy	475,000
EMS Fund payments to physicians/hospital:	
Physicians Services Account and CMS Administration	2,513,400
Trauma Centers	687,657
EMS 800 MHz network radios	123,746
Other Transfers	0
Dispatch center operations (non-staff)	0
Other: Ambulance Districts	
CSA 17	2,622,544
CSA 69	<u>4,372,953</u>
TOTAL EXPENSES	<u>\$18,004,170</u>

C. SOURCES OF REVENUE:

Special project grants from EMSA	1,404,602
National Highway Traffic Safety Administration (NHTSA)	562,498
Metropolitan Medical Response System (MMRS)	0
Medical Reserve Corps (MRC)	16,400
Resuscitation Outcome Consortium (ROC)	6,308
State General Fund	249,550
County General Fund	141,709
Local tax funds (CSA 17 and CSA 69)	6,995,497
County Contracts (e.g. multi-county agencies)	82,841
Certification fees	50,536
Training Program Approval Fees	0

Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	240,000
Trauma support activities	65,190
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type:	
Other critical care designation fees	175,000
Type: Base Hospital Designation	
Ambulance Service/vehicle fee	67,471
Contributions	0
Other fees: State Aid, Health Realignment, VLF	2,812,872
State Aid, Tobacco Settlement	350,000
Recovered Expenditures	56,397
State - MAA	732,554
EMS fund (SB12/612)	4,278,163
Revenue / Auditor's Adjustments	0
TOTAL REVENUE	<u>\$18,004,170</u>

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County County: San Diego Reporting Year: FY 2005-07

6. Fee structure for FY: 2005-07

- 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 2005-07

6. Fee structure for FY: 2005-07 (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
	(ALS/CCT)		375
Ambulance vehicle permits: Air			
Rotocraft			500

**7. Complete the table on the following four pages for the EMS agency staff for:
Fiscal Year 2005-07**

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005-06

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	42.83	55.3%	
Assistant Administrator Administrative Assistant Administrative Manager	Administrative Assistant II Administrative Assistant III Principal Administrative Analyst	1 2 1	29.29 32.31 36.49	55.3% 55.3% 55.3%	
ALS Coordinator Field Coordinator Training Coordinator	QA Specialist EMS Specialist	1 1 0	37.33 32.22	55.3% 55.3%	
Program Coordinator Field Liaison (nonclinical)	NA EMS Specialist	1	32.22	55.3%	
Trauma Coordinator	Coordinator, EMS	1	39.28	55.3%	
Medical Director	Medical Director	1	81.60	55.3%	
Other MD Medical Consultant Training Medical Director	NA NA NA				
Disaster Medical Planner	Coordinator, EMS	1	39.28	55.3%	

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005-06

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	Biostatistician Senior Epidemiologist Epidemiologist	2 1 1	31.57 41.60 37.82	55.3% 55.3% 55.3%	
QA/QI Coordinator	Quality Assurance Specialist	4	37.33	55.3%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	18.54	55.3%	
Other Clerical	Board Secretary Senior Clerk Intermediate Account Clerk Intermediate Clerk	1 1 1 3	20.71 17.94 16.02 15.50	55.3% 55.3% 55.3% 55.3%	
Data Entry Clerk	Student Workers	4	12.00	10%	
Other	Various	8	Varies	Varies	

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 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2006-07

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	44.11	56.04%	
Assistant Administrator	Administrative Analyst II	1	30.17	56.04%	
Administrative Assistant	Administrative Analyst III	2	33.28	56.04%	
Administrative Manager	Principal Administrative Analyst	1	37.58	56.04%	
ALS Coordinator	QA Specialist	1	38.45	56.04%	
Field Coordinator	EMS Specialist	1	33.19	56.04%	
Training Coordinator		0			
Program Coordinator	NA				
Field Liaison (nonclinical)	EMS Specialist	1	33.19	56.04%	
Trauma Coordinator	Coordinator, EMS	1	40.46	56.04%	
Medical Director	Medical Director	1	84.00	56.04%	
Other MD	NA				
Medical Consultant	NA				
Training Medical Director	NA				
Disaster Medical Planner	Coordinator, EMS	1	40.46	56.04%	

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2006-07

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	Biostatistician	1	32.52	56.04%	
	Senior Epidemiologist	1	42.85	56.04%	
	Epidemiologist	1	35.42	56.04%	
QA/QI Coordinator	Quality Assurance Specialist	6	38.45	56.04%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	19.10	56.04%	
Other Clerical	Board Secretary	1	21.33	56.04%	
	Senior Office Assistant	1	17.94		
	Assoc Accountant	1	27.69		
	Office Assistant	3	15.50		
	Office Support Specialist	1	17.94		
Data Entry Clerk	Student Workers	4	12.00	0%	
Other	Various	9	Varies	Varies	

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

(SEE PAGE 16)

TABLE 3
Personnel and Training

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2005-07

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	3768	0		211	0
Number newly certified this period	1777	0		57	0
Number recertified this period	1991	0		154	0
Total number of accredited personnel on July 1 of the reporting year			1687		
Number of certification reviews resulting in:					
a) formal investigations	3	0	13	0	0
b) probation	0	0	3	0	0
c) suspensions	0	0	1	0	0
d) revocations	1	0	2	0	0
e) denials	1	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	4	0	0

1. Number of EMS dispatchers trained to EMSA standards: **N/A**
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified
 - b) Number of public safety (defib) certified (non-EMT-I)
3. Do you have a first responder training program? **NO**

TABLE 4
Communications

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications
EMS System: San Diego County County: San Diego Reporting Year: FY 2005-07

1. Number of primary Public Service Answering Points (PSAPs)	14
2. Number of secondary PSAPs	9
3. Number of dispatch centers directly dispatching ambulances	15
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	ARES, QCS, WebEOC, EMAN
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
6. Who is your primary dispatch agency for day-to-day emergencies?	
<u>We have multiple agencies; no central point of dispatch. We utilize individual dispatch agencies.</u>	
<hr/>	
7. Who is your primary dispatch agency for a disaster?	
<u>We have multiple agencies, but use the Ambulance Coordinator position in the EMS DOC (MOC) as a primary coordination point. This position is currently held by AMR-San Diego.</u>	

TABLE 5
Response and Transportation

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response & Transportation
 EMS System: San Diego County County: San Diego Reporting Year: FY 2005-07**

TRANSPORTING AGENCIES

1. Number of exclusive operating areas		22
2. Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3. Total number of responses - FY 2005-06		257,659
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	192,095
b) Number of non-emergency responses	(Code 1: normal)	54,741
<hr/>		
Total number of responses - FY 2006-07		262,441
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	195,660
b) Number of non-emergency responses	(Code 1: normal)	55,757
<hr/>		
4. Total number of transports - FY 2005-06		223,383
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	149,675
b) Number of non-emergency transports	(Code 1: normal)	50,467
<hr/>		
Total number of transports - FY 2006-07		227,998
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	152,767
b) Number of non-emergency transports	(Code 1: normal)	51,510

EARLY DEFIBRILLATION PROVIDERS

Reporting Year: FY 2005-07

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

FY 2005-06

FY 2006-07

7. Total number of responses

1,302

1,540

8. Total number of transports

1,138

1,395

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)
EMS System: San Diego County **County: San Diego** **Reporting Year: FY 2005-07**

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-Ground)	11.5 minutes	30.00 minutes	24.00 minutes	12.00 minutes
4. Transport Ambulance (BLS)	33.00 minutes	35.00 minutes	25.00 minutes	33.00 minutes
5. ALS Responder (Air)	21.5 minutes	34.00 minutes	36.00 minutes	26.5 minutes

NOTE: Response times are estimates based on preliminary data, using 12 months of available 2003/2005 data projected to an annual basis.

TABLE 6
Facilities and Critical Care

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities & Critical Care
 EMS System: San Diego County County: San Diego Reporting Year: FY 2005-07**

TRAUMA:

Trauma patients:	FY 05-06	FY 06-07
a) Number of patients meeting prehospital or trauma center internal trauma triage criteria	10,145	10,565
b) Number of major trauma victims* transported directly to a trauma center by ambulance	4,229	4,404
c) Number of major trauma patients* transferred to a trauma center	1,159	1,206
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	0
b) Number of standby emergency services	1
c) Number of basic emergency services	18
d) Number of comprehensive emergency services	1

RECEIVING HOSPITALS:

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	7

*Major trauma patient numbers for FY 05-07 reflect only those patients meeting the criteria for inclusion in the trauma registry.

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

TABLE 7
Disaster Medical

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical
 EMS System: San Diego County County: San Diego Reporting Year: FY 2005-07**

SYSTEM RESOURCES:

1. **Field Treatment Sites (FTS)**
 - a. Where are your FTS located? Not predesignated
 - b. How are they staffed? MRC, Public Health Nurses, DMAT
 - 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
 Specialist, Industrial
 Hygienist
 - 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

SECTION 4
RESOURCE DIRECTORIES

TABLE 8
Providers

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

ALERT AMBULANCE NETWORK 3585 HANCOCK STREET, SUITE 200 SAN DIEGO, CA 92110 <p style="text-align: center;">Phone: (619) 298-7203</p>			Primary Contact: ALOHI REIGOR		
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>17</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

AMBUMED AMBULANCE 9022 JAMACHA ROAD SPRING VALLEY, CA 91977 <p style="text-align: center;">Phone: (619) 644-5321</p>			Primary Contact: BRENDA DELARA		
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 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: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

AMERICAN MEDICAL RESPONSE-- SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 <p style="text-align: center;">Phone: (858) 492-8111</p>			Primary Contact: MIKE MURPHY, DIRECTOR OF OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>123</u> EMT-D _____ LALS <u>101</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
AMERICARE AMBULANCE 1924 COMMERCIAL STREET, SUITE B ESCONDIDO, CA 92029 <p style="text-align: center;">Phone: (760) 781-3895</p>			Primary Contact: MARK EWING		
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 _____ MICN
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: 12

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

BALBOA AMBULANCE INCORPORATED P.O. BOX 34577 SAN DIEGO, CA 92163 Phone: (619) 295-1942			Primary Contact: JOHN OLSEN, 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 _____ BLS <u>45</u> EMT-D _____ LALS _____ ALS <u>5</u> MICN
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: 13

CARE MEDICAL TRANSPORTATION 9770 CANDIDA STREET SAN DIEGO, CA 92126 Phone: (858) 653-4520			Primary Contact: DAN GRAHAM, V.P. OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>66</u> EMT-D _____ LALS _____ ALS <u>4</u> MICN
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: 26

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

ER AMBULANCE 1365 NORTH JOHNSON AVENUE EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 401-9900</p>			Primary Contact: RAPHAEL SILVA		
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>6</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

MEDFLEET AMBULANCE 3479 KURTZ STREET SAN DIEGO, CA 92110 <p style="text-align: right;">Phone: (619) 222-2244</p>			Primary Contact: GREG GIBSON		
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 _____ 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 type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

MERCY MEDICAL TRANSPORT, INC. 2537 OLD SAN PASQUAL ROAD ESCONDIDO, CA 92027 <p style="text-align: right;">Phone: (760) 739-8026</p>			Primary Contact: DOUG MORIARTY		
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>8</u> EMT-D _____ LALS <u>17</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input 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 2 reserve ambulances

NATIONAL STEEL AND SHIPBUILDING COMPANY 2798 HARBOR DRIVE SAN DIEGO, CA 92113 <p style="text-align: right;">Phone: (619) 544-8889</p>			Primary Contact: 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 _____ PS-Defib _____ BLS <u>17</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 2005/2007

PACIFIC AMBULANCE 3944 MURPHY CANYON ROAD, C-106 SAN DIEGO, CA 92123 Phone: (619) 544-8889			Primary Contact: PAUL SCARBOROUGH		
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>34</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 21

PRIORITY ONE MEDICAL TRANSPORT 202 GREENFIELD, SUITE A EL CAJON, CA 92020 Phone: (800) 600-3370 X4477			Primary Contact: MICHAEL PARKER, PRESIDENT		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>30</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: 10

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

SAN DIEGO MEDICAL SERVICES ENTERPRISE / RURAL METRO INC. 10405 SAN DIEGO MISSION DRIVE SAN DIEGO, CA 92108 Phone: (619) 280-6060			Primary Contact: WAYNE JOHNSON		
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>280</u> EMT-D _____ LALS <u>455</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: 85

SAN ONOFRE FIRE DEPARTMENT 14300 MESA ROAD SAN CLEMENTE, CA 92672 Phone: (949) 368-6649			Primary Contact: BERT PENNINGTON, 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>21</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 2005/2007

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: JANE HALL, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input 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 type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>27</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: 4

WEST SHORE AMBULANCE SERVICE, INC. 83 DESERT SHORE DRIVE DESERT SHORE, CA 92274 Phone: (760) 395-6800			Primary Contact: MARCIA MCKINNEY, OFFICE MANAGER		
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>3</u> EMT-D <u>3</u> LALS <u>5</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: 3

TABLE 8: RESOURCES DIRECTORY -- Providers/Private, Air
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2005/2007

MERCY AIR AMBULANCE 9745 PROSPECT AVE., STE. 204 SANTEE, CA 92071 <p style="text-align: center;">Phone: (619) 448-3457</p>			Primary Contact: PAMELA STEEN		
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>46</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: <u>2</u>

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

ALPINE FIRE PROTECTION DISTRICT 1834 ALPINE BOULEVARD ALPINE, CA 91901 Phone: (619) 445-2635			Primary Contact: DARRELL JOBES, FIRE 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> 9 </u> EMT-D _____ LALS <u> 4 </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 2005/2007

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 <p style="text-align: center;">Phone: (619) 390-2794</p>			Primary Contact: RANDY SANDOVAL		
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> 9 </u> EMT-D _____ LALS <u> 9 </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: 2 1 reserve ambulance
BONITA-SUNNYSIDE FIRE PROTECTION DISTRICT 4900 BONITA ROAD BONITA, CA 91902-1725 <p style="text-align: center;">Phone: (619) 479-2346</p>			Primary Contact: SCOTT WALKER, 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 _____ BLS <u> 3 </u> EMT-D _____ LALS <u> 9 </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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

BORREGO SPRINGS FIRE PROTECTION DISTRICT 2324 STIRRUP ROAD 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 _____ BLS <u> 3 </u> EMT-D _____ LALS <u> 9 </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 (15-20 reserve EMT volunteers)

BOULEVARD VOLUNTEER FIRE & RESCUE DEPARTMENT 33923 Highway 94 BOULEVARD, CA 91905 Phone: (619) 766-4633			Primary Contact: GEOFF COGEL, BATTALION 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> 14 </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 2005/2007

CALIFORNIA DEPARTMENT OF FORESTRY 2249 JAMACHA ROAD EL CAJON, CA 92020-4517 Phone: (619) 590-3100			Primary Contact: CHARLES MANER, 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>300</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 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

CAMP PENDLETON FIRE Box 555211 CAMP PENDLETON, CA 92055-5211 Phone: (760) 763-2702			Primary Contact: TIMOTHY HOOVER, 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>116</u> BLS _____ EMT-D _____ LALS <u>14</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 checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

CAMPO RESERVATION FIRE 36210 CHURCH ROAD CAMPO, CA 91906 <p style="text-align: center;">Phone: (619) 478-2371</p>			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: _____ PS _____ PS-Defib <u> 3 </u> BLS <u> 8 </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 checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CARLSBAD FIRE DEPARTMENT 2560 ORION WAY CARLSBAD, CA 92008 <p style="text-align: center;">Phone: (760) 931-2141</p>			Primary Contact: KEVIN CRAWFORD, 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> 56 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3 ALS Engine Companies: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055			Primary Contact: DOUGLAS A. PERRY, 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>109</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 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 Contract with AMR for transport services.
CITY OF CORONADO 1001 6TH STREET CORONADO, CA 92118 Phone: (619) 522-7374			Primary Contact: KIM RADDATZ, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>19</u> 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: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

DEER SPRINGS FIRE PROTECTION DISTRICT 8709 CIRCLE R DRIVE ESCONDIDO, CA 92026 <p style="text-align: right;">Phone: (760) 749-8001</p>			Primary Contact: CHRIS AMESTOY		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>8</u> EMT-D _____ LALS <u>4</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
DEL MAR FIRE DEPARTMENT 2200 JIMMY DURANTE BOULEVARD DEL MAR, CA 92014-2216 <p style="text-align: right;">Phone: (858) 755-1522</p>			Primary Contact: DAVID OTT, 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>8</u> EMT-D _____ LALS <u>1</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 ALS Engine 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

EAST COUNTY FIRE PROTECTION DISTRICT 1811 SUNCREST BLVD. EL CAJON, CA 92021-4246 Phone: (619) 579-6034			Primary Contact: JACK GROGGER, 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>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: 0

EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1612			Primary Contact: MIKE SCOTT, CHIEF PHIL SNOW, EMS 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 _____ BLS <u>12</u> EMT-D _____ LALS <u>50</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

County: San Diego

Reporting Year: FY 2005/2007

ELFIN FOREST/HARMONY GROVE FIRE DEPARTMENT INC. 20223 ELFIN FOREST ROAD ELFIN FOREST, CA 92029 <p style="text-align: center;">Phone: (760) 744-2186</p>			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 _____ PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>0</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

ENCINITAS FIRE DEPARTMENT 505 SOUTH VULCAN AVENUE ENCINITAS, CA 92024-3633 <p style="text-align: center;">Phone: (760) 633-2800</p>			Primary Contact: DARRIN WARD, 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 _____ BLS <u>24</u> EMT-D _____ LALS <u>24</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 CSA#17 transporting agency

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

ESCONDIDO FIRE DEPARTMENT 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 _____ BLS <u>41</u> EMT-D _____ LALS <u>64</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: 5 3 ALS, 2 BLS, 1 Reserve

FEDERAL FIRE DEPARTMENT P.O. BOX 81226 SAN DIEGO, CA 92138-1226 Phone: (619) 556-7001			Primary Contact: DAVID NICHOLS, 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>12</u> BLS _____ EMT-D _____ LALS <u>1</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 checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6 All BLS units with 3 Quick Response ALS Vehicles (QRV)

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

IMPERIAL BEACH FIRE DEPARTMENT 865 IMPERIAL BEACH BOULEVARD IMPERIAL BEACH, CA 91932-2795 Phone: (619) 423-8223			Primary Contact: PAUL SMITH, DEPUTY CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>4</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 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

INTERMOUNTAIN VOLUNTEER FIRE DEPARTMENT 1672 MAIN STREET, SUITE E RAMONA, CA 92065 Phone: (760) 789-3710			Primary Contact: GARY COLEMAN, FIRE 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>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 2005/2007

JULIAN-CUYAMACA FIRE PROTECTION DISTRICT 2645 FARMER ROAD JULIAN, CA 92036-0033 <p style="text-align: right;">Phone: (760) 765-1510</p>			Primary Contact: KEVIN DUBLER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>17</u> EMT-D _____ LALS <u>10</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

LAKESIDE FIRE PROTECTION DISTRICT 12365 PARKSIDE STREET LAKESIDE, CA 92040 <p style="text-align: right;">Phone: (619) 390-2350</p>			Primary Contact: ANDY PARR, DIVISION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>31</u> EMT-D _____ LALS <u>31</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input 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 1 Reserve Ambulance

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941-5001 Phone: (619) 667-1355			Primary Contact: DAVE BURKE, FIRE 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>30</u> 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

LEMON GROVE FIRE DEPARTMENT 7853 CENTRAL AVENUE LEMON GROVE, CA 91945 Phone: (619) 825-3835			Primary Contact: JOHN TORCHIA, DIVISION 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>6</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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

MIRAMAR FIRE DEPARTMENT P.O. BOX 452006 SAN DIEGO, CA 92145 <p style="text-align: right;">Phone: (858) 577-6136</p>			Primary Contact: LARRY KERN, EMS 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 _____ BLS _____ EMT-D _____ LALS <u>6</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 checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

MT. LAGUNA VOLUNTEER FIRE DEPARTMENT, INC. 10385 SUNRISE HIGHWAY MT. LAGUNA, CA 91948 <p style="text-align: right;">Phone: (619) 473-8143</p>			Primary Contact: DENNIS SHERMAN, 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>25</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

NATIONAL CITY FIRE DEPARTMENT 333 EAST 16TH STREET NATIONAL CITY, CA 91950-4596 Phone: (619) 336-4551			Primary Contact: RODERICK GUNIEL, 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>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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

NORTH COUNTY FIRE PROTECTION DISTRICT 315 EAST IVY FALLBROOK, CA 92028-2198 Phone: (760) 723-2005			Primary Contact: WILLIAM METCALF, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>19</u> 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 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 2 Reserve Ambulances

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 <p style="text-align: right;">Phone: (760) 435-4100</p>			Primary Contact: TERRY GARRISON, FIRE 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>13</u> EMT-D _____ LALS <u>98</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 4 Reserve Ambulances

OCOTILLO WELLS FIRE PROTECTION DISTRICT 5841 SR-78 Borrego Springs, CA 92004 <p style="text-align: right;">Phone: (760) 767-7430</p>			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: _____ 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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

PALA FIRE BATTALION 11800 PALA MISSION ROAD PALA, CA 92059-0043 <p style="text-align: right;">Phone: (760) 742-1632</p>			Primary Contact: ANTHONY RAVAGO, 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>20</u> EMT-D _____ LALS <u>8</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

PALOMAR MOUNTAIN VOLUNTEER FIRE DEPARTMENT 21610 CRESTLINE ROAD PALOMAR MOUNTAIN, CA 92060 <p style="text-align: right;">Phone: (760) 742-3701</p>			Primary Contact: GEORGE LUCIA, 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 <u>4</u> BLS <u>2</u> EMT-D _____ LALS <u>1</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 2005/2007

PINE VALLEY FIRE PROTECTION DISTRICT 28850 OLDE HIGHWAY 80 PINE VALLEY, CA 91962 Phone: (619) 473-8445			Primary Contact: BOB URIBE, 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>25</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

POWAY FIRE DEPARTMENT 13050 COMMUNITY ROAD POWAY, CA 92064-5702 Phone: (858) 668-4461/4466			Primary Contact: MARK SANCHEZ, 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>7</u> EMT-D _____ LALS <u>41</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 2 Reserve Ambulances

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

RAMONA FIRE DEPARTMENT 105 WEST EARLHAM STREET RAMONA, CA 92065-1558 <p style="text-align: right;">Phone: (760) 789-1330</p>			Primary Contact: JACK WETHEY, EMS 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 ___ BLS ___ 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	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

RANCHITA FIRE BATTALION (MONTEZUMA VALLEY VOL FD) 37370 MONTEZUMA VALLEY ROAD RANCHITA, CA 92066-9706 <p style="text-align: right;">Phone: (760) 782-3467</p>			Primary Contact: GARY LOYD, 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>9</u> PS-Defib ___ BLS <u>2</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 2005/2007

RANCHO SANTA FE FIRE PROTECTION DISTRICT 16936 EL FUEGO RANCHO SANTA FE, CA 92067-0410 Phone: (858) 756-5971			Primary Contact: NICK PAVONE, 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 (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>20</u> EMT-D _____ LALS <u>25</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

SAN DIEGO RURAL FIRE PROTECTION DISTRICT 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188			Primary Contact: DAVE NISSEN, 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>49</u> EMT-D _____ LALS <u>1</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 2005/2007

SAN MIGUEL CONSOLIDATED FIRE PROTECTION DISTRICT 2850 VIA ORANGE WAY SPRING VALLEY, CA 91978-1746 Phone: (619) 670-0500			Primary Contact: LARRY KINARD, 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 _____ BLS <u>41</u> EMT-D _____ LALS <u>25</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

SAN PASQUAL FIRE DEPARTMENT 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: _____ PS _____ PS-Defib _____ 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 2005/2007

SANTEE FIRE DEPARTMENT 10601 MAGNOLIA AVENUE SANTEE, CA 92071-6514 Phone: (619) 258-4100 x207			Primary Contact: MIKE ROTTENBERG, FIRE CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS <u>39</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 2 Reserve Ambulances

SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 Phone: (858) 720-2410			Primary Contact: DAVID OTT, 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 _____ BLS <u>14</u> EMT-D _____ LALS <u>14</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 2005/2007

SYCUAN FIRE DEPARTMENT 5449 DEHESA ROAD EL CAJON, CA 92019 <p style="text-align: center;">Phone: (619) 445-2893</p>			Primary Contact: BOBBY THOENNES, BATTALION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 5 </u> EMT-DC _____ 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: 2

VALLEY CENTER FIRE PROTECTION DISTRICT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 <p style="text-align: center;">Phone: (760) 751-7600</p>			Primary Contact: 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> 22 </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 Reserve 25 EMT

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

VIEJAS RESERVATION FIRE DEPARTMENT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 Phone: (760) 751-7600			Primary Contact: DON BUTZ, FIRE 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>12</u> BLS <u>12</u> EMT-D _____ LALS <u>6</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: 1 Reserve Ambulance

VISTA FIRE DEPARTMENT 175 NORTH MELROSE DRIVE VISTA, CA 92083-5718 Phone: (760) 726-2144			Primary Contact: MARLYN ANDERSON, EMS 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 _____ BLS <u>18</u> EMT-D _____ LALS <u>52</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 3 Reserve Ambulances

TABLE 8: RESOURCES DIRECTORY -- Providers/Public
EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

WARNER SPRINGS RANCH VOLUNTEER FIRE DEPARTMENT 31652 HIGHWAY 79 WARNER SPRINGS, CA 92086-0010 Phone: (760) 782-4275			Primary Contact: DENNIS PARRY, 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> 2 </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
Approved Training Programs

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2006/2007

AMR – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-3500		Contact Person: TRAVIS KUSMAN	
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2008		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0		

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794		Contact Person: RANDY SANDOVAL	
**Program Level: EMT-I Student Eligibility: Restricted	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2005		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 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 2006/2007

COLLEGE OF OCEANEERING 3580 AERO COURT SAN DIEGO, CA 92123 Phone: (619) 563-7324		Contact Person: MARK BROWN
**Program Level: EMT-I Student Eligibility:	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2010	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	

EMERGENCY MEDICAL EDUCATORS 208 E. FIFTH AVE. ESCONDIDO, CA 92025 Phone: (760) 480-9924 (714) 318-0858		Contact Person: LUIS ORTIZ
**Program Level: EMT-1 Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 8 Refresher: 0 Continuing Education: 0 Expiration Date: 2006	
Cost of Program: Basic: \$ 300 Refresher: \$ 100	Number of courses: Initial training: 1 Refresher: 0 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2006/2007

EMSTA, Inc. PO BOX 21894 EL CAJON, CA 92021 Phone: (619) 562-4664 (619) 593-6782		Contact Person: RICK FOEHR
**Program Level: EMT-I/EMT-P Student Eligibility: Open to general public	Number of students completing training per year: Initial training EMT-I: 87 Refresher EMT-I: 258 Initial training EMT-P: 6 Refresher EMT-P: 25 Continuing Education: 480 Expiration Date: 2011	
Cost of Program: EMT Basic: \$ 875 EMT Refresher: \$ 150 EMT-P Basic: \$ 10,000 EMT-P Refresher: \$ 450	Number of courses: Initial training EMT: 4 Refresher EMT-I: 12 EMT-P: 2 EMT-P Refresher: 1 Continuing Education: 30	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2006/2007

GROSSMONT HEALTH OCCUPATION 9368 OAKBOURNE ROAD SANTEE, CA 92071 Phone: (619) 596-3690		Contact Person: ANN VROMAN	
**Program Level: EMT-I Student Eligibility: Open to general public	Number of students completing training per year: Initial training: 130 Refresher: 0 Continuing Education: 0 Expiration Date: 2007		
Cost of Program: Basic: \$ 120 Refresher: \$ 45	Number of courses: Initial training: 5 Refresher: 0 Continuing Education: 0		

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941 Phone: (619) 667-1355		Contact Person: DAVE HARDENBURGER	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 12 Continuing Education: 0 Expiration Date: 2005		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 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 2006/2007

MIRAMAR COLLEGE 10440 BLACK MOUNTAIN ROAD SAN DIEGO, CA 92126 Phone: (619) 221-2142		Contact Person: MARY KJARTANSON	
**Program Level: EMT-I Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 950 Refresher: 230 Continuing Education: 125 Expiration Date: 2007		
Cost of Program: Basic: \$ 120 Refresher: \$ 10	Number of courses: Initial training: 30 Refresher: 8 Continuing Education: 5		

NAVAL HOSPITAL - CAMP PENDLETON EMT PROGRAM, NAVAL HOSPITAL, BOX 555191 CAMP PENDLETON, CA 92055 Phone: (760) 725-2903		Contact Person: LT. GAYLORD ROMEROSA	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2005		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 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 2006/2007

PALOMAR COLLEGE 1951 EAST VALLEY PARKWAY ESCONDIDO, CA 92027 Phone: (760) 744-1150/8153		Contact Person: DEBI WORKMAN
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training EMT-I: 231 Refresher EMT-I: 75 Initial training EMT-P: 50 Refresher EMT-P: 0 Continuing Education: 20 Expiration Date: 2012	
Cost of Program: Basic EMT-I: \$ 140 Refresher EMT-I: \$ 45 Basic EMT-P: \$ 750 Refresher EMT-P: \$ 600	Number of courses: Initial training EMT-I: 12 Initial training EMT-P: 2 Refresher EMT-I: 3 Continuing Education: 11	

SAN DIEGO FIRE DEPARTMENT 1010 2 ND AVENUE SAN DIEGO, CA 92101 Phone: (619) 692-4982		Contact Person: ROBERT STANLEY
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 50 Continuing Education: 0 Expiration Date: 2008	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: 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 2006/2007

<p>SOUTHWESTERN COLLEGE 900 OTAY LAKES CHULA VISTA, CA 91910 Phone: (619) 216-6760</p>	<p>Contact Person: JOANNE STONECIPHER</p>
<p>**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public</p>	<p>Number of students completing training per year: Initial training EMT-I: 125 Initial training EMT-P: 30 Refresher: 175 Continuing Education: 0 Expiration Date: 2012</p>
<p>Cost of Program: EMT-I Basic: \$ 120 EMT-P Basic: \$ 600 EMT-I Refresher: \$ 20 EMT-P Refresher: \$ 60</p>	<p>Number of courses: Initial training EMT-I: 7 Initial training EMT-P: 5 Refresher EMT-I: 5</p>

TABLE 10
Facilities

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

ALVARADO HOSPITAL 6655 ALVARADO ROAD SAN DIEGO, CA 92120 Phone: (619) 287-3270			Primary Contact: HARRIS F. KOENIG, 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 checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

FALLBROOK HOSPITAL 624 EAST ELDER STREET FALLBROOK, CA 92028 Phone: (760) 728-1191			Primary Contact: LARRY W. PAYTON, 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 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 2005/2007

KAISER FOUNDATION HOSPITAL 4647 ZION AVENUE SAN DIEGO, CA 92120 Phone: (619) 528-5000			Primary Contact: NATHANIEL L. OUBRE, JR., 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:

NAVAL MEDICAL CENTER SAN DIEGO 34800 BOB WILSON DRIVE SAN DIEGO, CA 92134 Phone: (619) 532-6400			Primary Contact: RADM CHRISTINE S. HUNTER, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

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

PARADISE VALLEY HOSPITAL 2400 EAST FOURTH STREET NATIONAL CITY, CA 91950 Phone: (619) 470-4321			Primary Contact: ALAN SODERBOLM, PRESIDENT / 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 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 2005/2007

POMERADO HOSPITAL 15615 POMERADO ROAD POWAY, CA 92064 Phone: (858) 485-6511			Primary Contact: STEVE GOLD, INTERIM CHIEF ADMINISTRATIVE OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

RADY CHILDREN'S HOSPITAL SAN DIEGO 3020 CHILDREN'S WAY SAN DIEGO, CA 92123 Phone: (858) 576-1700			Primary Contact: KATHLEEN SELICK, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP:* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PICU:** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II (Pediatric)

*Emergency Department Approved for Pediatrics.

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

SCRIPPS GREEN HOSPITAL 10666 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 Phone: (858) 455-9100			Primary Contact: ROBIN BROWN, 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 NOTE: Has an urgent care center	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SCRIPPS MEMORIAL HOSPITAL – ENCINITAS 354 SANTA FE DRIVE ENCINITAS, CA 92024 Phone: (760) 633-6501			Primary Contact: CARL J. ETTER, SENIOR VICE PRESIDENT AND 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 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 2005/2007

SCRIPPS MEMORIAL HOSPITAL – LA JOLLA 9888 GENESEE AVE. LA JOLLA, CA 92037 Phone: (858) 626-4123			Primary Contact: GARY FYBEL, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

SCRIPPS MERCY HOSPITAL 4077 FIFTH AVENUE SAN DIEGO, CA 92103 Phone: (619) 294-8111			Primary Contact: THOMAS GAMMIERE, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level I

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

SCRIPPS MERCY HOSPITAL – CHULA VISTA 435 H STREET CHULA VISTA, CA 91910 Phone: (619) 691-7389			Primary Contact: TODD HUFF, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SHARP CHULA VISTA MEDICAL CENTER 751 MEDICAL CENTER COURT CHULA VISTA, CA 91911 Phone: (619) 482-5800			Primary Contact: CHRIS BOYD, 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 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 2005/2007

SHARP CORONADO HOSPITAL 250 PROSPECT PLACE CORONADO, CA 92118 Phone: (619) 522-3600			Primary Contact: MARCIA HALL, 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 checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SHARP GROSSMONT HOSPITAL 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 Phone: (619) 740-6000			Primary Contact: MICHELE T. 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 2005/2007

SHARP MEMORIAL HOSPITAL 7901 FROST STREET SAN DIEGO, CA 92123 Phone: (858) 939-3400			Primary Contact: TIM SMITH, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TRI-CITY MEDICAL CENTER 4002 VISTA WAY OCEANSIDE, CA 92056 Phone: (760) 724-8411			Primary Contact: ARTHUR GONZALES, MD, PRESIDENT / 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 2005/2007

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

UCSD THORNTON HOSPITAL 9300 CAMPUS POINT DRIVE LA JOLLA, CA 92037 Phone: (858) 657-7000			Primary Contact: RICHARD LIEKWEG, 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 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 2005/2007

U.S. NAVAL HOSPITAL - CAMP PENDLETON U.S. MARINE CORPS BASE, BOX 555191 CAMP PENDLETON, CA 92055 Phone: (760) 725-1288			Primary Contact: CAPTAIN C. FORREST FAISON, III, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

VETERANS AFFAIRS SAN DIEGO HEALTHCARE SYSTEM 3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161 Phone: (858) 552-8585			Primary Contact: GARY ROSSIO, DIRECTOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 11
Dispatch Agencies

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

ALERT AMBULANCE NETWORK 3585 HANCOCK STREET, SUITE 200 SAN DIEGO, CA 92110 <p style="text-align: right;">Phone: (619) 298-7203</p>			Primary Contact: ALOHI REIGOR
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 <u> 17 </u> 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

AMBUMED AMBULANCE 9022 JAMACHA ROAD SPRING VALLEY, CA 91977 <p style="text-align: right;">Phone: (619) 644-5321</p>			Primary Contact: BRENDA DELARA
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 <u> 29 </u> 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 2005/2007

BALBOA AMBULANCE INCORPORATED 6340 RIVERDALE SAN DIEGO, CA 92120 <p style="text-align: right;">Phone: (619) 295-1942</p>			Primary Contact: ANGELA HARDING, ASST. 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 _____ BLS _____ LALS <u> 7 </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

CALIFORNIA DEPARTMENT OF FORESTRY 249 JAMACHA ROAD EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 590-3100</p>			Primary Contact: CHIEF MANER CHARLES
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 10 </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 type="checkbox"/> City <input type="checkbox"/> County <input checked="" 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 2005/2007

CARE MEDICAL TRANSPORTATION 9770 CANDIDA ST. SAN DIEGO, CA 92126 <p style="text-align: right;">Phone: (858) 653-4500</p>			Primary Contact: DANIEL GRAHAM, VP OPERATIONS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 4 </u> EMT-D _____ ALS _____ 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

CHULA VISTA FIRE DEPARTMENT 447 F. STREET CHULA VISTA, CA 91910 <p style="text-align: right;">Phone: (619) 476-2404</p>			Primary Contact: DEBBIE NASTA
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> 14 </u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

CORONADO POLICE DEPARTMENT 700 ORANGE AVENUE CORONADO, CA 92118 <p style="text-align: right;">Phone: (619) 522-7350</p>			Primary Contact: MARYANN ADAMS, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ <u>7</u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

ER AMBULANCE 1365 NORTH JOHNSON AVENUE EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 401-9900</p>			Primary Contact: RAPHAEL SILVA		
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 <u>6</u> 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 2005/2007

MEDFLEET AMBULANCE 3479 KURTZ STREET SAN DIEGO, CA 92110 <p style="text-align: center;">Phone: (619) 222-2244</p>			Primary Contact: GREG GIBSON
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 <u>15</u> 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

MERCY AIR 545 GIA KENNEY ST. EL CAJON, CA 92020 <p style="text-align: center;">Phone: (619) 448-3457</p>			Primary Contact: AARON O'SHEMA, MEDICAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D <u>12</u> ALS _____ 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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

NORTH COUNTY DISPATCH JPA BOX 410 RANCHO SANTA FE, CA 92067 <p style="text-align: right;">Phone: (858) 756-1126</p>			Primary Contact: CHARLIE KNUST, 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: ___ 14 EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: Joint Powers Authority		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

PACIFIC AMBULANCE 3944 MURPHY CANYON ROAD, C-106 SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: 1-800-600-3370</p>			Primary Contact: PAUL SCARBOROUGH
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 ___ 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 2005/2007

PRIORITY ONE 202 GREENFIELD EL CAJON, CA 92020 <p style="text-align: right;">Phone: 1-800-600-3370</p>			Primary Contact: MICHAEL PARKER, PRESIDENT
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

SAN DIEGO, CITY OF 3750 KEARNY VILLA ROAD SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: (858) 573-1301</p>			Primary Contact: SUSAN INFANTINO, DIRECTOR
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: ___ 37 ___ EMD Training ___ EMT-D ___ ALS ___ 15 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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2005/2007

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 <p style="text-align: right;">Phone: (619) 583-0454</p>			Primary Contact: RICK LARSON, REGIONAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 5 </u> 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 11A
Disaster Medical Responders
(County)

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

EMS System: San Diego County

County: San Diego

COUNTY OFFICE OF EMERGENCY SERVICES (OES)

Coordinator: Ron Lane

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (858) 565-3499

24-Hour Phone: (858) 565-3490

Alternate: Herman Reddick

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (858) 565-3499

24-Hour Phone: (858) 565-3490

COUNTY EMS DISASTER MEDICAL SERVICES (DMS)

Coordinator: Patrick Buttron

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 526-0392

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255
(Station M)

Alternate: Marcy Metz

Work Phone: (619) 285-6429

Home Phone: NA

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255
(Station M)

COUNTY HEALTH OFFICER

Public Health

Officer: Wilma Wooten, M.D., MPH

Work Phone: (619) 515-6519

Home Phone: NA

Pager: NA

FAX: (619) 685-2423

24-Hour Phone: (858) 565-5255
(Station M)

Alternate: Bruce E. Haynes, M.D.

Work Phone: (619) 285-6429

Home Phone: NA

Pager: NA

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255
(Station M)

TABLE 11B
Disaster Medical Responders
Regional Disaster Medical/Health Coordinators

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

OES Region: San Diego County

County: San Diego

REGIONAL OES COORDINATOR:

Sam Musgrave

Work Phone: (562) 795-2902

Home Phone: NA

Pager: (916) 594-2077

FAX: NA

24-Hour Phone: (916) 845-8911

Alternate: Joanne Phillips

Work Phone: (562) 795-2973

Home Phone: NA

Pager: (916) 594-2062

FAX: NA

24 Hour Phone: (916) 845-8911

REGIONAL DISASTER COORDINATOR:

Eric Frykman, M.D.

Work Phone: (951) 358-5058

Home Phone: NA

Pager: NA

FAX: (951) 358-4529

24-Hour Phone: (909) 356-3805

Alternate: Wilma Wooten, M.D.

Work Phone: (619) 515-6519

Home Phone: NA

Pager: NA

FAX: (619) 685-2423

24-Hour Phone: (858) 565-5255
(Station M)

SECTION 6
ANNEX

A. Trauma Care System Plan

Trauma Care System Plan

The San Diego County Trauma Plan, dated April 24, 1990, was submitted to and approved by the EMSA. The plan incorporates the Trauma Planning Guidelines provided in Appendix 2 of the EMSA System Guidelines. A draft 2002 Trauma Plan was approved by EMS Authority. The plan will be revised and re-submitted with the 5- year EMS Plan.

B. AB 3153 Compliance

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

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

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

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Barona Indian Reservation</p>
<p>Name of Current Provider(s):</p> <p>Barona Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Barona Indian Reservation and surrounding communities</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Although a sovereign nation, the Barona Band of Mission Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on May 18, 1999.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Sovereign nation</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>County Service Area Number 17</p>
<p>Name of Current Provider(s):</p> <p>American Medical Response (07/01/91 – 08/31/01) San Diego Medical Services Enterprise (09/01/01 - present)</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The cities of Encinitas, Solana Beach, Del Mar and Rancho Santa Fe, and the communities of Del Mar Heights, Del Mar Terrace, and Elfin Forest</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 17. BLS agreement with the Fire Departments since 8/15/69 (13). ALS agreement with private contractor since 7/25/75.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Combination of ALS 911 calls with BLS ambulance back-up when ALS units are unavailable</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined</p>

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

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

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

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

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

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

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

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

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

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

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

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Sycuan Indian Reservation</p>
<p>Name of Current Provider(s):</p> <p>Sycuan Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Sycuan Indian Reservation. Provides mutual aid to surrounding communities on request.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Although a sovereign nation, the Sycuan Tribal Council voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 1997.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Sovereign nation</p>

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

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Borrego Springs service area</p>
<p>Name of Current Provider(s):</p> <p>Borrego Springs Fire Protection District</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The area within the geographical limits of the Borrego Springs Fire Protection District</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Borrego Springs Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/00.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined.</p>

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

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Julian-Cuyamaca Fire Protection District</p>
<p>Name of Current Provider(s):</p> <p>Julian-Cuyamaca Fire Protection District</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The areas within the geographical limits of the Julian-Cuyamaca Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Julian-Cuyamaca Fire Protection District. Approved and authorized by the Board of Supervisors on 11/10/2000.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined.</p>

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

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Valley Center service area</p>
<p>Name of Current Provider(s):</p> <p>Valley Center Fire Protection District</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The area within the geographical limits of the Valley Center Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Valley Center Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/2001.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined.</p>

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

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>City of Coronado</p>
<p>Name of Current Provider(s):</p> <p>Coronado Fire Department</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>City of Coronado city limits</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Coronado Fire Department. Approved and authorized by the Board of Supervisors on 7/01/2001.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



July 16, 2009

Marcy Metz
San Diego County EMS Agency
6255 Mission Gorge Road
San Diego, CA 92120

Dear Ms. Metz:

We have completed our review of *San Diego County's 2007 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*, with the exception of San Diego County's transportation plan.

Transportation Plan

The transportation portion of San Diego County's EMS plan has not been approved. The following ambulance zones have issues or need clarifying information provided to EMSA:

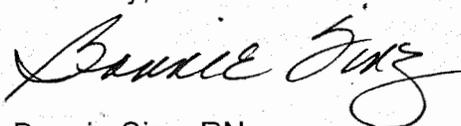
- National City: The ambulance zone (AZS) form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.
- City of San Diego: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone. EMSA is aware that an RFP has been drafted for this zone, but would like a current time line for its completion.
- City of San Marcos: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.
- County Service Area Number 17: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.
- Grossmont Hospital District Zone 1: Please provide documentation that shows the terms of the sales between Hartson's Ambulance and Laidlaw and then Laidlaw to AMR. Specifically, we need to review detailed information that shows the sales between these providers were not asset only purchases.

- Grossmont Hospital District Zone 2: The ambulance zone is competitively determined with the most recent contract ending in 2008. In order for the ambulance zone to remain exclusive, a new competitive process needs to be completed.
- North County Fire Protection District: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.
- Ramona Municipal Water District: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.
- Borrego Springs Fire Protection District: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.
- Julian-Cuyamaca Fire Protection District: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.
- Valley Center Fire Protection District: The ambulance zone is competitively determined with the most recent contract ending in 2011. Please update the AZS to show the date of the most recent RFP and contract end date.
- City of Coronado: The AZS form for this zone shows it was competitively determined, but does not list a date for the last RFP process. The AZS needs to be revised to include the date and contract length for the most recent competitive process for this zone.

In order for an ambulance zone to remain exclusive by competitive process, an RFP needs to be conducted at least every 10 years. This allows for protection under state action immunity pursuant to Health and Safety Code Section 1797.6. An ambulance zone cannot be granted a contract without expiration, based on Health and Safety Code Section 1797.224 which requires competitive processes to be held at periodic intervals. Please submit the requested information to EMSA for review within 30 days. If you have any questions, contact Tom McGinnis, Transportation Coordinator at (916) 322-4336, Ext. 424.

Your annual update will be due on July 16, 2010. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Bonnie Sinz, RN
Chief, EMS Systems Division