
Emergency Medical Services Plan 2013 Annual Plan Update



San Joaquin County Emergency Medical Services Agency
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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the San Joaquin County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

As demonstrated in the San Joaquin County 2012 EMS Plan Update, the San Joaquin EMS System generally meets or exceeds the State EMS Authority's minimum standards and recommended guidelines. This document adheres to the EMSA requirements for EMS Plan updates. Standard and guideline areas that have changed or have been identified as requiring modification in either the short or long term are described herein.

MAJOR NEEDS AND PROGRAM SOLUTIONS

Need: Prepare for a competitive process (RFP) to acquire an exclusive emergency ambulance services provider in Zones A, B, and C.

Program Solution: Update Transportation Plan.

Need: Prepare providers for compliance with NEMSIS 3.x requirements for 2014

Program Solution: Modify EMS agency Policy No. 6301 Ambulance Provider Data Requirements.

Need: Improve rates of ROSC in cases of sudden medical cardiac arrest and reduce injuries to patients caused by current approach to providing spinal immobilization in the prehospital setting.

Program Solution: Adopted new written policies and procedures for prehospital care of sudden medical cardiac arrest and spinal immobilization: The adoption of new policies included the development and implementation of a training program. This program included a Train-the-Trainer Symposium and the development of training materials.

Need: ALS agreements with ALS ground providers are outmoded and inconsistent.

Program Solution: Update written agreements with all ALS ground ambulance providers.

Need: Determine appropriateness of resource allocation to 911 calls.

Program Solution: Created the Dispatch Quality Subcommittee (a subcommittee of the CQI Council) to review prehospital resource allocation to 911 calls based upon EMD determinants and make recommendations to the EMS agency.

Need: Need to analyze the appropriateness of using EMS aircraft in the prehospital setting.

Program Solution: Developed the Air Ambulance Quality Review Committee (a subcommittee of the CQI Council) to collect and analyze all pertinent data related to the use of air ambulance services in San Joaquin County.

Need: Patients should be triaged during MCIs using START triage that includes a method to identify major trauma patients in a manner consistent with standards used in trauma systems.

Program Solution: Added appropriate language to EMS Agency Policy No. 5210 Major Trauma Triage Criteria.

Need: Improve the time it takes hospitals to accept the transfer of patient care for patients on ambulance gurneys.

Program Solution: Provide routine feedback via reports that show average and 90th percentile “wall time” to hospitals in San Joaquin County.

Need: The EMS agency receives patient care report data from providers that use various platforms that does not combine data in a single aggregate report generator.

Program Solution: Modify current data report generator to accept data in a generic format and require all provider to submit data in the generic format when adopting NEMSIS 3.x criteria.

SUMMARY OF CHANGES

Hired New EMS Agency Personnel: Adam Dampier was hired as a Prehospital Care Coordinator and CQI Coordinator on May 6, 2013. Jamie Nielsen was hired as the EMS Trauma Coordinator on January 28, 2013.

Trauma System: Completed the process to designate a trauma center and trauma system in San Joaquin County. This included the development of a trauma registry and all related policies. The San Joaquin County Board of Supervisors approved of the designation of San Joaquin General Hospital as a Trauma Center on July 23, 2013. San Joaquin General Hospital officially began providing Level III Trauma Center services on August 1, 2013.

Table 1: UPDATE TO ASSESSMENT OF SYSTEM

Changes Made on Standards

This section provides a summary of changes to how the San Joaquin County Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning - The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.	☑	☐	☐	Completed all objectives.	Develop and implement a trauma plan that includes: the designation of a Level III Trauma Center within San Joaquin County that will upgrade to a level II Trauma Center; the incorporation of Trauma Centers outside San Joaquin County into the trauma plan; the development of trauma triage criteria policies; and all training necessary to implement the trauma plan.
1.26	The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:	☑	☐	☐	Completed all objectives	Develop Trauma System Plan and Policies including a public comment process and submission to the Board of Supervisors in the

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
	a) the optimal system design for trauma care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.					autumn of 2012.
1.28	The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.	☑	☑	☐		Rewrite the Transportation Plan and submit it to the EMS Authority for approval. This plan will determine the optimal system design for ambulance services and describe the competitive process for implementation of EOAs.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.01	The local EMS agency shall determine the boundaries of emergency medical transportation service areas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Determine boundaries of emergency transportation service areas and include in Transportation Plan.
4.19	Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services, b) optimal transportation system efficiency and effectiveness, and c) use of a competitive process to ensure system optimization.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Rewrite the Transportation Plan and submit it to the EMS Authority for approval. This plan will determine the optimal system design for ambulance services and describe the competitive process for implementation of EOAs.
4.22	The local EMS agency shall periodically evaluate the design of exclusive operating areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evaluation process has begun.	Modify the Transportation Plan to prepare for the development of an RFP process for ambulance service exclusive operating area in Zones A, B, & C.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.08	<p>Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:</p> <ul style="list-style-type: none"> a) the number and level of trauma centers (including the use of trauma centers in other counties), b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and e) a plan for monitoring and evaluation of the system. 	☑	☐	☐	<p>Completed all objectives with the exception of beginning to monitor contract and oversee trauma system by July 2013. Scheduled to begin monitoring the trauma system on August 1, 2013</p>	<p>Submit Trauma Plan to State EMS Authority by August, 2012; receive approval from the State EMSA by September, 2012; issue an RFI to determine level of interest for hospitals to apply for trauma center designation by October 2012 (Issue an RFP if multiple hospitals apply); conduct a site visit of applicant hospital(s) in February 2013; Complete contract negotiations and send recommendation to County BOS for approval by May 2013; develop trauma triage criteria policies and begin training EMS personnel and begin monitoring contract and oversee trauma system in July, 2013.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.09	In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	☑	☐	☐	Completed all requirements listed in 5.09	
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 system participants, b) The design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix, c) Identification of patients who should be triaged or transferred to a designated center, d) The role of non-designated hospitals including those which are outside of the primary triage area, and e) a plan for monitoring and evaluation of the system.	☑	☐	☑	Met requirements in 5.13 for STEMI System with the exception of: d) the role of non-designated hospitals.	Integrate non-designated hospitals into the STEMI System.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.14	In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	☑	☐	☐	Developed and implemented all policies related to STEMI receiving center system implementation.	Implement STEMI related policies.
6.10	The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a) a trauma registry, b) a mechanism to identify patients whose care fell outside of established criteria, and c) a process of identifying potential improvements to the system design and operation.	☑	☐	☐	Completed all requirements in 6.10	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11	The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.	☑	☐	☐	Developed a trauma patient destination policy that specifically addressed the role of the trauma center during MCIs.	Complete development of trauma QI data policies by June 2013
8.18	Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.	☑	☐	☐	Developed a trauma patient destination policy that specifically addressed the role of the trauma center during MCIs.	

Table 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2012-2013

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: San Joaquin County EMS Agency

A. Basic Life Support (BLS)	<u>0</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency B

- a) Public Health Department
- b) County Health Services Agency
- c) Other (non-health) County Department
- d) Joint Powers Agency
- e) Private Non-Profit Entity
- f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to B

- a) Public Health Officer
- b) Health Services Agency Director/Administrator
- c) Board of Directors
- d) Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	<u>Yes</u>
Designation of trauma centers/trauma care system planning	<u>Yes</u>
Designation/approval of pediatric facilities	<u>Yes</u>
Designation of STEMI centers	<u>Yes</u>
Designation of Stroke centers	<u>Yes</u>
Designation of other critical care centers	<u>Yes</u>
Development of transfer agreements	<u>Yes</u>
Enforcement of local ambulance ordinance	<u>Yes</u>
Enforcement of ambulance service contracts	<u>Yes</u>
Operation of ambulance service	<u>No</u>

Table 2 - System Organization & Management (cont.)

Continuing education	<u>Yes</u>
Personnel training	<u>Yes</u>
Operation of oversight of EMS dispatch center	<u>Yes</u>
Non-medical disaster planning	<u>Assists</u>
Administration of critical incident stress debriefing team (CISD)	<u>No</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>Yes</u>
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits	\$845,139
HPP Grant purchased services	\$200,000
EMSystem (OES Region IV pass through)	\$120,000
Other	\$310,821
Total Expenses	\$1,475,960

6. SOURCES OF REVENUE

Ambulance permit fees	\$337,500
Personnel fees	\$68,700
Training program fees	\$26,900
Facility Designation	\$100,000
Misc – includes penalties	\$180,000
General Fund Assistance	\$236,860
HPP Grant	\$320,000
EMSystem (OES Region IV pass through)	\$96,000
RDMHS Grant	\$110,000
Total Revenue	\$1,475,960

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$54.84	45%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$36.92	45%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1FTE	\$33.82	45%	
Trauma Coordinator	Trauma Coordinator	1FTE	\$48.56	45%	
Medical Director	Medical Director	.2FTE	\$125.00	0%	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	2FTE	\$33.82	45%	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Analyst	1FTE	\$36.75	45%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$20.56	45%	
Data Entry Clerk					
Other					

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.

San Joaquin County Organizational Charts

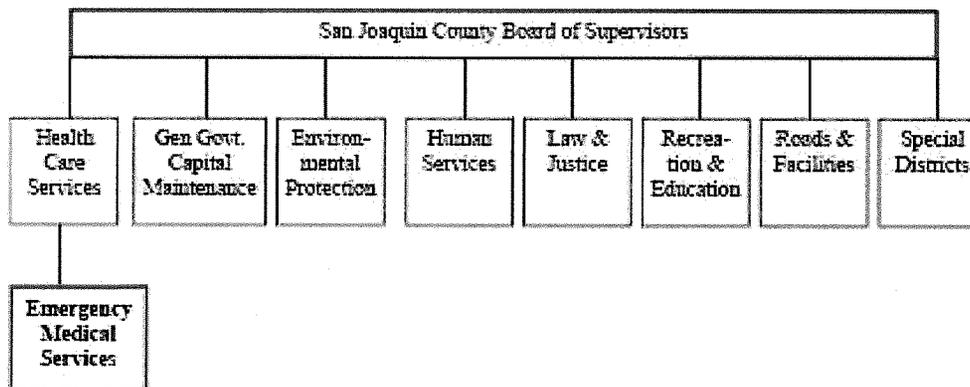
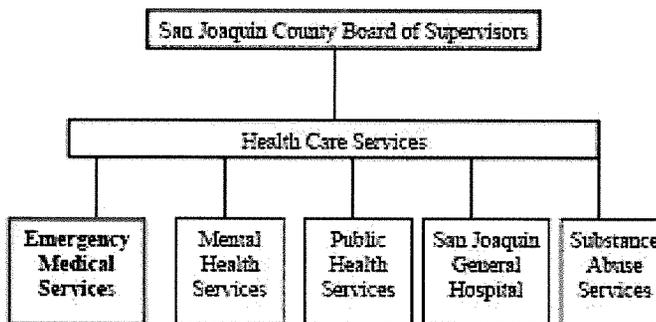


Table 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 2012-2013

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	402	0		22
Number newly certified this year	81	0		1
Number recertified this year	324	0		21
Number of accredited personnel this year	N/A	N/A	176	N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	172	N/A
Number of certification reviews resulting in:				
a) formal investigations	3	0		1
b) probation	3	0	2	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	1	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	2	1

1. Early defibrillation:

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

All EMTs

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

All EMRs

2. Do you have an EMR training program

yes no

Table 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: San Joaquin County EMS Agency

Reporting Year: 2012-2013

1. Number of primary Public Service Answering Points (PSAP)	<u>8</u>
2. Number of secondary PSAPs	<u>2</u>
3. Number of dispatch centers directly dispatching ambulances	<u>1</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>2</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>1</u>
6. Who is your primary dispatch agency for day-to-day emergencies? <u>Lifecom</u>	
7. Who is your primary dispatch agency for a disaster? <u>Lifecom</u>	
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency <u>CALCORD</u>	
b. Other methods _____	
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Table 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

Reporting Year: 2012-2013

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	n/a	n/a	n/a	n/a
Early defibrillation responder	n/a	n/a	n/a	n/a
Advanced life support responder	n/a	n/a	n/a	n/a
Transport Ambulance	7:29 min	9:29 min	17:29 min	29:29 min

Table 6: SYSTEM RESOURCES & OPERATIONS – Facilities/Critical Care

Trauma

a) Number of patients meeting trauma triage criteria	N/A
b) Number of major trauma victims transported directly to a trauma center by ambulance	N/A
c) Number of major trauma patients transferred to a trauma center	N/A
d) Number of patients meeting triage criteria who weren't treated at a trauma center	N/A

Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

Table 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2012-2013

County: San Joaquin County

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Stockton Metropolitan Airport
 - b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following; first responders, ambulance personnel, County Public Health, Disaster Healthcare Volunteers, Medical Reserve Corp./CALMED, CALMAT, DMAT.
 - c. Do you have a supply system for supporting them for 72 hours? Yes No
2. CISD
Do you have a CISD provider with 24 hour capability? Yes No
3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? Hazmat Specialist & Hazmat Technician
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? San Joaquin County Health Services Agency
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Table 8: RES RCE DIRECTORY – Response/Transportation/Providers

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** American Medical Response **Response Zone:** A, B, & C

Address: 400 Fresno Ave **Number of Ambulance Vehicles in Fleet:** 52
Stockton, CA 95203

Phone Number: 209-948-5136 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 38

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

<u> </u> Total number of responses <u>48,311</u> Number of emergency responses* <u>Unk</u> Number of non-emergency responses	<u> </u> Total number of transports <u>36,486</u> Number of emergency transports <u>Unk</u> Number of non-emergency transports
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Air Ambulance Services

<u> </u> Total number of responses <u> </u> Number of emergency responses	<u> </u> Total number of transports <u> </u> Number of emergency transports
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***All responses received though the 911 system are defined as "emergency." Non-emergency responses are not aggregated.**

Table 8: Resc → Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Escalon Community Ambulance **Response Zone:** F

Address: PO Box 212 **Number of Ambulance Vehicles in Fleet:** 2
Escalon, CA 95320

Phone Number: 209-838-1351 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
687 Number of emergency responses*
Unk Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency." Non-emergency responses are not aggregated.**

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Manteca District Ambulance **Response Zone:** D

Address: P.O. Box 2 **Number of Ambulance Vehicles in Fleet:** 4
Manteca, CA 95336

Phone Number: 209-823-1032 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

_____ Total number of responses
6890 Number of emergency responses*
 _____ Number of non-emergency responses*

_____ Total number of transports
4896 Number of emergency transports
 _____ Number of non-emergency transports*

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

***All responses received through the 911 system are defined as "emergency." Non-emergency responses are not aggregated.**

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Ripon Fire Protection District Amb **Response Zone:** E

Address: 142 S. Stockton Avenue **Number of Ambulance Vehicles in Fleet:** 2
Ripon, CA 95366

Phone Number: 209-599-4209 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

_____ Total number of responses
1045 Number of emergency responses*
 _____ Number of non-emergency responses*

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency." Non-emergency responses and transports are not aggregated.**

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Priority One Medical Transport **Response Zone:** A,B,C,D,E,F

Address: 740 S. Rochester Ave. Ste. E **Number of Ambulance Vehicles in Fleet:** 5
Ontario, CA 91761

Phone Number: 800-600-3370 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Provider is a non-emergency provider. 24 hour availability is not required</p>	<p>Level of Service:</p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>	
<p>Ownership:</p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

0 Total number of responses
0 Number of emergency responses
No data Number of non-emergency responses*

0 Total number of transports
0 Number of emergency transports
No data Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

***All responses received through the 911 system are defined as "emergency." Non-emergency responses are not aggregated.**

****Transports that are the result of requests not received through the 911 system are not aggregated.**

Table 8: Response Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Protransport-1, LLC **Response Zone:** County-wide

Address: P.O. Box 2332 **Number of Ambulance Vehicles in Fleet:** 4 Available for ASAP requests
Santa Rosa, CA 95405

Phone Number: 707-586-4041 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Provider is non-emergency only. 24 hour service availability not required.</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

0 Total number of responses
0 Number of emergency responses
No data Number of non-emergency responses*

0 Total number of transports
0 Number of emergency transports
No data Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

***All responses received through the 911 system are defined as "emergency." Non-emergency responses are not aggregated.**

****Transports that are the result of requests not received through the 911 system are not aggregated.**

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** REACH **Response Zone:** County-wide

Address: 451 Aviation Blvd. Ste. 101 **Number of Ambulance Vehicles in Fleet:** 1 in county; 1 near county
Santa Rosa, CA 95403

Phone Number: 888-660-9888 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Transporting Agencies

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

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

Air Ambulance Services

No data Total number of responses
Unknown Number of emergency responses

No data Total number of transports
190 Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** NorCal Ambulance **Response Zone:** County-wide

Address: 6761 Sierra Ct. Suite G **Number of Ambulance Vehicles in Fleet:** 3
Dublin, CA 94568

Phone Number: 866-452-8747 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

Transporting Agencies

0 Total number of responses
0 Number of emergency responses*
No data Number of non-emergency responses*

0 Total number of transports
0 Number of emergency transports
No data Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

* Non-emergency responses are not aggregated.

**Transports that are the result of requests not received through the 911 system are not aggregated.

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Clements Fire District **Response Zone:** _____

Address: P.O. Box 523 **Number of Ambulance Vehicles in Fleet:** 0
Clements, CA 95227

Phone Number: (209) 941-2339 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

Air Ambulance Services

_____ **Total number of responses**
 _____ **Number of emergency responses**

_____ **Total number of transports**
 _____ **Number of emergency transports**

Table 8: Response Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Stockton Fire Department (ALS) **Response Zone:** _____

Address: 425 N. El Dorado Street **Number of Ambulance Vehicles in Fleet:** 0
Stockton, CA 95202

Phone Number: 209-937-8022 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Response Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Tracy Fire Department (ALS) Response Zone: _____

Address: 835 Central Ave
Tracy, CA 95376

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 209) 759-3371

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Collegeville Fire District **Response Zone:** _____

Address: 13225 E. Mariposa Road
Stockton, CA 95205 **Number of Ambulance Vehicles in Fleet:** _____

Phone Number: (209) 941-2339 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Escalon Fire District Response Zone: _____

Address: 1749 Coley Avenue
Escalon, CA 95320

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 838-7500

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Farmington Fire District Response Zone: _____

Address: P.O. Box 25
Farmington, CA 95230

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 886-5321

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** French Camp-McKinley Fire District **Response Zone:** _____

Address: P.O. Box 790
French Camp, CA 95231

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 982-0592

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Lathrop-Manteca Fire District Response Zone: _____

Address: 800 J Street
Lathrop, CA 95330

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 858-2331

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Liberty Fire District **Response Zone:** _____

Address: 24124 N. Bruella Road **Number of Ambulance Vehicles in Fleet:** 0
Acampo, CA 95220

Phone Number: 209) 339-1329 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Linden Peters Fire District Response Zone: _____

Address: 17725 E. Hwy 26 Number of Ambulance Vehicles in Fleet: _____
Linden, CA 95236

Phone Number: (209) 887-3710 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Lodi Fire Department **Response Zone:** _____

Address: 25 E. Pine Street
Lodi, CA 95240

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 333-6735

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Manteca Fire Department Response Zone: 209) 239-8435

Address: 1154 S. Union Road
Manteca, CA 95337

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 239-8435

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Response Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Mokelumne Fire District Response Zone: _____

Address: 13157 E. Brandt Road
Lockeford, CA 95237

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 727-0564

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Rescues Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Montezuma Fire District **Response Zone:** _____

Address: 2405 S. B Street
Stockton, CA 95206

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 464-5234

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resc → Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Thornton Fire District Response Zone: _____

Address: 25999 N. Thornton Road
Thornton, CA 95686

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 794-2460

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resc Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Waterloo Morada Fire District **Response Zone:** _____

Address: 6925 East Foppiano Lane **Number of Ambulance Vehicles in Fleet:** _____
Stockton, CA 95212

Phone Number: 209) 931-3107 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: Woodbridge Fire District Response Zone: _____

Address: 400 E. Augusta Street Number of Ambulance Vehicles in Fleet: _____
Woodbridge, CA 95258

Phone Number: (209) 369-1945 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: PHI Response Zone: _____

Address: 801D Airport Road Number of Ambulance Vehicles in Fleet: 1
Modesto, CA 95354

Phone Number: 209-550-0881 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

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

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

Air Ambulance Services

No data Total number of responses
No data Number of emergency responses

No data Total number of transports
5 Number of emergency transports

Table 8: Response Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin Provider: CALSTAR Response Zone: _____

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 2 based near county
McClellan, CA 95652

Phone Number: 916-921-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

Transporting Agencies

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

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

Air Ambulance Services

No data Total number of responses
No data Number of emergency responses

No data Total number of transports
1 Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2012-2013

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Mercy Air Services, Inc. **Response Zone:** County-wide

Address: 1700 Coffee Road **Number of Ambulance Vehicles in Fleet:** 1 based near county
Modesto, CA 95335

Phone Number: 209-572-7050 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 based near county

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

Transporting Agencies

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

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

Air Ambulance Services

No data Total number of responses
No data Number of emergency responses

No data Total number of transports
1 Number of emergency transports

Table 9: RESOURCE DIRECTORY - Facilities

Facilities

County: San Joaquin County

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

Facility: Dameron Hospital Telephone Number: 209) 944-5550
Address: 525 W. Acacia Street
Stockton, CA 95203

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Kaiser Permanente Hospital Manteca Telephone Number: (209) 825-3700
Address: 1777 West Yosemite Avenue
Manteca, CA 95336

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<u>Pediatric Critical Care Center⁴</u> <u>EDAP⁵</u> <u>PICU⁶</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Lodi Memorial Hospital Telephone Number: Phone: (209) 334-3411
Address: P.O. Box 3004
Lodi, CA 95241

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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7 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
8 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
9 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Saint Joseph's Medical Center Telephone Number: (209) 467-6400
Address: P.O. Box 213008
Stockton, CA 95204

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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10 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 11 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 12 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Sutter-Tracy Community Hospital Telephone Number: (209) 835-1500
Address: 1420 Tracy Boulevard
Tracy, CA 95377

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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13 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 14 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 15 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Doctors Hospital Manteca Telephone Number: 209-823-3111
Address: 1205 E. North Street
Manteca, CA 95336

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
---	--	---

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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16 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 17 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 18 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 10: RE URCES DIRECTORY – Approved Training Programs

County: San Joaquin County

Reporting Year: 2012-2013

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

Training Institution:		<u>Ripon Consolidated Fire District</u>		Telephone Number:	<u>209-599-4209</u>
Address:		<u>142 S. Stockton Avenue</u>			
		<u>Ripon, CA 95366</u>			
Student Eligibility:	<u>RCFD Staff and Volunteers</u>	Cost of Program:	**Program Level	<u>EMT-1</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>0</u>	Initial training:	<u>0</u>
				Refresher:	<u>9</u>
				Continuing Education:	<u>444</u>
				Expiration Date:	<u>12-31-14</u>
			Number of courses:		
			Initial training:	<u>0</u>	
			Refresher:	<u>1</u>	
			Continuing Education:	<u>65</u>	

Training Institution:		<u>Institute of Technology</u>		Telephone Number:	<u>209-473-9000</u>
Address:		<u>1777 E. Hammer Lane, Stockton, CA 95210</u>			
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level	<u>EMT-1</u>	
		Basic:	<u>1955.</u>	Number of students completing training per year:	
		Refresher:	<u></u>	Initial training:	<u>12</u>
				Refresher:	<u></u>
				Continuing Education:	<u></u>
				Expiration Date:	<u>1-01-14</u>
			Number of courses:		
			Initial training:	<u>3</u>	
			Refresher:	<u>0</u>	
			Continuing Education:	<u>0</u>	

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

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

Table 11: RI URCES DIRECTORY - Dispatch Agency

County: San Joaquin

Reporting Year: 2012-2013

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	American Medical Response, LIFECOM Dispatch Center (Secondary PSAP)	Primary Contact:	Jared Bagwell, Communications Director
Address:	4701 Stoddard Road, Modesto, CA 95356		
Telephone Number:	(209) 236-8302		
Written Contract: ✓ Yes <input type="checkbox"/> No	Medical Director: ✓ Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: 44 EMD BLS
Ownership: <input type="checkbox"/> Public ✓ 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	
		<input type="checkbox"/> EMT-D	<input type="checkbox"/> ALS
		<input type="checkbox"/> LALS	<input type="checkbox"/> Other

Name:		Primary Contact:	
Address:			
Telephone Number:			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD Training BLS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> EMT-D	<input type="checkbox"/> ALS
		<input type="checkbox"/> LALS	<input type="checkbox"/> Other

AMBULANCE ZONE SUMMARY FORMS

Ambulance Zone Summary Form

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

Local EMS Agency or County Name:
San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title:
Zone A
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
American Medical Response (19 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description:
Greater Lodi area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone B</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p>American Medical Response (19 Years). Exclusive effective May 1, 2006</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Greater Stockton area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p>Type: Emergency Ambulance</p> <p>Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.</p>

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Zone C</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.</p> <p>American Medical Response (19 Years). Exclusive effective May 1, 2006</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>Greater Tracy area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p>Type: Emergency Ambulance</p> <p>Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.</p>

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone D</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p>Manteca District Ambulance Services (62 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Greater Manteca and Lathrop areas</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Type: Emergency Ambulance</p> <p>Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1,1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. Also, MDA provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. MDA is a not for profit ambulance service with an independent board of directors.</p>

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone E</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p>Ripon Fire Protection District (39 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Greater Ripon area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p>Type: Emergency Ambulance</p> <p>Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service</p>

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Zone F</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.</p> <p>Escalon Community Ambulance (52 years)</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>Greater Escalon area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p>Type: Emergency Ambulance</p> <p>Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



February 28, 2014

Dan Burch, EMS Director
San Joaquin County EMS Agency
P.O. Box 220
French Camp, CA 95231-0220

Dear Mr. Burch:

We have completed our review of *San Joaquin County's 2012-13 Emergency Medical Services Plan Update*, and have found them to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update.

Transportation:

Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of San Joaquin County EMS Agency's ambulance zones.

Standards 5.08 and Table 6 – System Resources & Operations – Facilities/Critical Care:

The Plan Update did not include trauma data for:

- a) Number of patients meeting trauma triage criteria,
- b) Number of major trauma victims transported directly to a trauma center by ambulance,
- c) Number of major trauma patients transferred to a trauma center,
- d) Number of patients meeting triage criteria who weren't treated at a trauma center.

In the next EMS Plan Update, please provide this data.

Table 8 – Resource Directory, Response/Transportation/Providers:

San Joaquin County EMS Agency should be collecting data from all transporting providers. For Priority One Medical Transport, Protransport-1, and NorCal Ambulance, the Plan Update states “transports that are the result of requests not received through the 911 system are not aggregated.”

In the next EMS Plan Update, please provide the data for these providers.

Multiple Response Zones are included on the American Medical Response and Priority One Medical Transport provider tables.

In the next EMS Plan Update, please identify each Response Zone on a separate document.

Your next annual update will be due on February 21, 2015. Please submit San Joaquin County EMS Agency’s Trauma Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plan Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Howard Backer, MD, MPH, FACEP
Director

Attachment

Attachment

EMSA Determination Level of Exclusivity

San Joaquin County EMS Agency February 21, 2014

ZONE	EXCLUSIVITY		Method to Achieve Exclusivity	TYPE			LEVEL								
	Non-Exclusive	Exclusive		Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Zone A		X	Competitive Process	X				X	X	X					
Zone B		X	Competitive Process	X				X	X	X					
Zone C		X	Competitive Process	X				X	X	X					
Zone D		X	Non-Competitive	X				X	X	X					
Zone E		X	Non-Competitive	X				X	X	X					
Zone F		X	Non-Competitive	X				X	X	X					