

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY



Public Health Department *Emergency Medical Services Division*



Public Health
Prevent. Promote. Protect.

Jeff Hamm
Health Agency Director

Penny Borenstein, M.D., M.P.H.
Health Officer

July 12, 2013

California EMS Authority
Attention: Ms. Sandy Salaber, EMS Systems Analyst
10901 Gold Center Drive, Suite 400
Rancho Cordova, California 95670

Regarding: San Luis Obispo County EMS Plan Update – Fiscal Year 2011-2012

Good morning Sandy,

Attached for your review is San Luis Obispo County's EMS Plan Update for FY 2011-2012. Listed below is a summary of changes:

Agency / Personnel

The San Luis Obispo County Public Health Department created an EMS Division in 2011-2012, consolidating EMSA and Public Health Emergency Preparedness programs into a single division managed by a Division Manager. Steve Lieberman was hired in January 2012 as Director EMS Division, reporting to Dr. Penny Borenstein, the County Health Officer.

Providers

- Ambulance providers agencies remain stable in the County.
- Community discussions pertaining to ALS expansion in two unincorporated areas of the County served by CAL FIRE led to the start of a system review focused on density and performance.

Specialty Care Centers

- Sierra Vista Regional Medical Center was designated as a Level III Trauma Center in March 2012.

Training Programs

- Cuesta College Paramedic Program satisfactorily completed a CoAEMSP review.

Community CPR Training

- In a single day, EMS Stakeholders trained 991 members of the community in June 2012.

Please contact me with any questions.

Stephen C. Lieberman
Director, EMS Division
County of San Luis Obispo Public Health Department

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMS Division created January 2012 combining LEMSA and PHEP	Pursue Opportunity for additional staffing
1.06	Annual Plan Update	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2010-2011 Plan Update completed 12/2011	Current Requirement has been shifted from Fall to April by EMS Authority.
1.07	Trauma Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma Plan submitted and approved by EMS Authority	ACS Site Consultative Review scheduled for fall 2013.
1.08	ALS Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Four incorporated City Fire Departments and CAL FIRE provide ALS first responder coverage for much of the County. All transport is ALS.	Cambria CSD Fire has agreement for ALS, and will process within 60 days. Staff analysis on ALS coverage in County is in final edit.
1.1	Special Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	County OES received grant funding to develop a special population all hazards plan.	Work with all stakeholders to implement specific EMS related policies
1.14	Policy & Procedures Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed and updated as needed. Process in place to track reviews and dates of review.	Periodically review all policy and procedures. Develop iOS based Field Application
1.16	Funding Mechanism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Participate in County Budget Process. Explore grant opportunities to support special projects.	Provide a stable funding source to the LEMSA. Partner with EMS stakeholders when appropriate to explore grant opportunities

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.23	Interfacility Transfers	✓	☐	✓	STEMI and TRAUMA transfer process developed and implemented.	Monitor activity, including TRAUMA related transfer policy when Marian Regional Medical Center (Santa Barbara County) receives Level III approval.
1.24	ALS Systems	✓	☐	✓	Review current ALS coverage and response areas.	Complete ALS assessment, and discuss with stakeholders opportunity for grant funded EMS system design project.
1.25	On-Line Medical Direction	✓	☐	✓	Continue programs to enhance on-line medical direction through APR, MICN programs and base station meetings.	Enhance current programs with possible iOS-based field application providing on-line medical direction resources.
3.01	Communication Plan	✓	☐	✓	No Changes to current plan	Remain a stakeholder in ongoing communications evolution discussions.
3.09	Disptach Traige	✓	☑	☐	Completed trial study with EMD call center, Skilled Nursing Facility and fire department/transport provider	Develop County-wide policy to allow tiered response (ambulance only) to Skilled Nursing Facilities staffed by licenced medical staff.
4.07	First Responder Agencies	☑	☑	☐	Cambria CSD Fire completed an ALS trial and has requested approved ALS Provider status.	Formalize ALS agreement, site survey and process application request.
4.1	Aircraft Availability	☑	☑	☐	Trauma Center Heli-Stop operational.	Update existing time/need-based policies to reflect appropriate destination changes and trauma protocols.
4.11	Specialty Vehicles	☑	☐	☐	Identified partner resources including watercraft, four wheel drive ambulances within County.	Include specialty vehicles in future EMS/MCI drills.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.05	Mass Casualty Management	☑	☐	☑	Coordinated with PHEP to obtain ACS cache from the State.	Completed ACS deployment SOP.
7.03	Disaster Preparedness	☑	☐	☑	EMS Divison reorganization has resulted in better planning from a comprehensive MHOAC perspective.	Partner with EMS stakeholders to design system-wide exercises.
7.04	First Aid and CPR Training	☑	☐	☐	Continue to promote first aid and Bystander CPR training.	Ad-Hoc CPR committee/staff coordinated participation in National CPR training - 991 trained in 2012.
8.01	Disaster Medical Training	☑	☐	☑	MHOAC/CHEMPACK SOP's in additional revision.	Test plans in ttx/ftx formats.
		☑	☐	☑		
		☑	☐	☑		
		☐	☐	☐		
		☐	☐	☐		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

County of San Luis Obispo

Reporting Year: 2011-2012

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 Luis Obispo**

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

2. Type of agency
- 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
- 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>X</u> |
| Designation of trauma centers/trauma care system planning | <u>X</u> |
| Designation/approval of pediatric facilities | <u>X</u> |
| Designation of STEMI centers | <u>X</u> |
| Designation of Stroke centers | <u>X</u> |
| Designation of other critical care centers | <u>X</u> |
| Development of transfer agreements | <u>X</u> |
| Enforcement of local ambulance ordinance | <u>X</u> |
| Enforcement of ambulance service contracts | <u>X</u> |
| Operation of ambulance service | _____ |

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	<u>343,536</u>
Contract Services (e.g. medical director)		<u>91,000</u>
Operations (e.g. copying, postage, facilities)		<u>10,418</u>
Travel		<u>5732</u>
Fixed assets		<u>8000</u>
Indirect expenses (overhead)		<u>24832</u>
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		_____
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES	\$	<u>483,518</u>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		<u>242,715</u>
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>37,890</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612)		<u>120,064</u>
Other grants: _____		_____
Other: <u>NPP (Nuclear Preparedness Pgm)</u>		<u>2849</u>
Other fees: <u>Trauma Center Annual Monitoring Fee</u>		<u>50,000</u>
Other fees: <u>STEMI Designation Fee</u>		<u>25,000</u>
Other fees: <u>Cuesta College Program Review</u>		<u>5,000</u>
TOTAL REVENUE	\$	<u>483,518</u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>55</u>
EMT-I recertification	<u>55</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	<u>210</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>55</u>
MICN/ARN recertification	<u>55</u>
EMT-I training program approval	<u>5000</u>
AEMT training program approval	_____
EMT-P training program approval	<u>5000</u>
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	<u>75,000</u>
Trauma center designation (Annual Estimate – Monitoring)	<u>55,000</u>
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: <u>STEMI</u>	<u>30,000</u>
Other critical care center designation Type: <u>STEMI (Annual Estimate – Monitoring)</u>	<u>18,000</u>
Ambulance service license	\$ _____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

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	Director, EMS Division	1.0	50.45	56	
Asst. Admin./Admin. Asst./Admin. Mgr.	Admin Assistant III	1.0	20	63	
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist Compliance (ASO I)	1.0	27	66.5	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist EMTP (ASO II)	.5	31	64	
Trauma Coordinator	Specialty Care Coordinator (PH Nurse)	.5	34.75	54	
Medical Director	Contractor				
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

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					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

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

TABLE 3 SYSTEM RESOURCES AND OPERATIONS - Personnel Training

Reporting Year: Fiscal Year 2011-2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	816			62
Number newly certified this year	83			10
Number recertified this year	241			
Number of accredited personnel this year			92	
Total number of accredited personnel on July 1 of the reporting year			184	
Number of certification reviews resulting in:				
a) formal investigations	19			
b) probation	10		0	
c) suspensions			1	
d) revocations				
e) denials	1			
f) denials of renewal				
g) no action taken	7			

1. Early defibrillation:

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

553

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

494+

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 Luis Obispo County

Reporting Year: Fiscal Year 2011-2012

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | 9 _____ |
| 2. Number of secondary PSAPs | 1 _____ |
| 3. Number of dispatch centers directly dispatching ambulances | 1 _____ |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 3 _____ |
| 5. Number of designated dispatch centers for EMS Aircraft | 3 _____ |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>San Luis Obispo County Sherriff's Office – Med Com</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>San Luis Obispo County Sherriff's Office – Med Com</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>468.000</u> | |
| b. Other methods <u>Reddinet, CAHAN, Cellular, Satellite</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: Fiscal Year 2011-2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 15

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				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance	10	30	60	

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

Reporting Year: March 1 2012 – June 30, 2012

NOTE: Table 6 is to be reported by agency.

Trauma **

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>464 / 206</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>45</u>
3. Number of major trauma patients transferred to a trauma center	<u>unable to track</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>111</u>

Emergency Departments

Total number of emergency departments	<u>4</u>
1. Number of referral emergency services	_____
2. Number of standby emergency services	_____
3. Number of basic emergency services	<u>4</u>
4. Number of comprehensive emergency services	_____

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>4</u>
2. Number of base hospitals with written agreements	<u>3</u>

** Trauma –
 #1 is assumed to include patients meeting ALL triage criteria
 464 with Ground Level Fall over Age 65 / 206 represents non Ground Level Fall
 #2 "Major" defined as patients meeting Step 1 & 2 criteria
 Trauma Center Designated March 2012

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: Fiscal Year 2011-2012

County: San Luis Obispo

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - 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? _____
 - 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 Including County
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.

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? Public Health
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: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Luis Ambulance Services, Inc. **Response Zone:** North, Central, South

Address: PO Box 954
San Luis Obispo CA 93406

Number of Ambulance Vehicles in Fleet: 20

Phone Number: 805.543.2626

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 11

<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 BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" 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

22859 Total number of responses
16392 Number of emergency responses
_____ Number of non-emergency responses

16813 Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo

Provider: Cambria Community Healthcare District **Response Zone:** North Coast

Address: 2535 Main Street
Cambria 93428

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 805.927.8304

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 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Healthcare Dist.</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

916 Total number of responses
765 Number of emergency responses
 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Highway Patrol **Response Zone:** _____

Address: 4115 Broad Street, #B-10 **Number of Ambulance Vehicles in Fleet:** 1
San Luis Obispo

Phone Number: 805.549.3261 **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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> Fire <input checked="" 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 checked="" 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 type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo Provider: CALSTAR Response Zone: _____

Address: 4917 Bailey Loop Number of Ambulance Vehicles in Fleet: 1
McClellan, CA 95652

Phone Number: 916.921.4000 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 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 checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input 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 checked="" type="checkbox"/> Rotary <input checked="" 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>
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Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo Provider: County Fire / CAL FIRE Response Zone: ALL

Address: 635 North Santa Rosa Street Number of Ambulance Vehicles in Fleet: _____
San Luis Obispo, 93405

Phone Number: 805.543.4244 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

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

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Fire Department **Response Zone:** North Coast

Address: 2850 Burton Drive
93428

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.927.6240

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

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

_____ 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: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero Fire Department **Response Zone:** North

Address: 6005 Lewis Avenue
Atascadero 93422

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.461.5070

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

<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 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"/> 7-Digit <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 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>
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Transporting Agencies

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

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero State Hospital Fire **Response Zone:** North

Address: POB 7006 **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93423

Phone Number: 805.468.2649 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" 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

_____ 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: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Paso Robles Dept. Emergency Svcs **Response Zone:** North

Address: 900 Park Street
Paso Robles, 93446

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.227.7560

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"/> 7-Digit <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 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>
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Transporting Agencies

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

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Miguel Fire Department **Response Zone:** North

Address: POB 180 **Number of Ambulance Vehicles in Fleet:** _____
San Miguel 93451

Phone Number: 805.467.3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<p><u>Written Contract:</u></p> <p><input 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 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"/> 7-Digit <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 type="checkbox"/> Fire District <input type="checkbox"/> Federal CSD</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
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Santa Margarita Fire Department **Response Zone:** North

Address: POB 67
Santa Margarita 93453

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.438.3185

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

<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 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"/> 7-Digit <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 type="checkbox"/> Fire District <input type="checkbox"/> Federal CSD</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
 _____ 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: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Templeton Fire Department **Response Zone:** North

Address: POB 780
93465

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.434.4911

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

<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 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"/> 7-Digit <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 type="checkbox"/> Fire District <input type="checkbox"/> Federal CSD</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
 _____ 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: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Men's Colony Fire **Response Zone:** Central

Address: POB 801 **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo 93409

Phone Number: 805.547.7849 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" 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

_____ 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: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cayucos Fire Department **Response Zone:** Central

Address: 201 Cayucos Drive **Number of Ambulance Vehicles in Fleet:** _____
93430

Phone Number: 805.995.3372 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input 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
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Transporting Agencies

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

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Diablo Canyon Power Plant Fire **Response Zone:** Central

Address: POB 56 MS 104/4/28A
Avila Beach, CA 93424

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.545.2900

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

<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 type="checkbox"/> Transport <input type="checkbox"/> ALS <input 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"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input 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
 _____ 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: _____

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Morro Bay Fire Department **Response Zone:** Central

Address: 75 Harbor Street
93442-1907

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.772.6242

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

<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 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"/> 7-Digit <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 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>
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Transporting Agencies

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

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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: County of San Luis Obispo **Provider:** San Luis Obispo City Fire Dept. **Response Zone:** Central

Address: 2160 Santa Barbara Avenue **Number of Ambulance Vehicles in Fleet:** _____
93401-5240

Phone Number: 805.781.7390 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 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"/> 7-Digit <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

Table 8: Resource Directory

Reporting Year: Fiscal Year 2011-2012

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Five Cities Fire Authority **Response Zone:** South

Address: 140 Traffic Way **Number of Ambulance Vehicles in Fleet:** _____
Arroyo Grande, 93420

Phone Number: 805.473.5490 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: Arroyo Grande Community Hospital Telephone Number: 805.489.4261
Address: 345 S. Halcyon Road

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<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>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

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 Luis Obispo

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

Facility: French Hospital Medical Center Telephone Number: 805.543.5353
Address: 1911 Johnson Avenue
SLO

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

Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

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 Luis Obispo

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

Facility: Sierra Vista Regional Medical Center Telephone Number: 805.546.7600
Address: 1010 Murray Street
San Luis Obispo 93405

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		X Yes No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

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 Luis Obispo

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

Facility: Twin Cities Hospital Telephone Number: 805.434.3500
Address: 1100 Las Tablas Road
Templeton, 93465

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

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		Yes X No	<input type="checkbox"/> Level I Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

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 10: RESOURCES DIRECTORY -- Approved Training Programs

County: County of San Luis Obispo

Reporting Year: Fiscal Year 2011-2012

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

Training Institution:	<u>Cuesta Community College</u>		Telephone Number:	<u>805.546.3100</u> <u>x2798 L.</u> <u>Wearda</u>
Address:	<u>Highway 1, San Luis Obispo 93401</u>			
Student Eligibility*:	<u>Open to the public</u>	**Program Level	<u>EMT1</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$1538</u>	Initial training:	<u>89</u>	
	Refresher: <u>\$109</u>	Refresher:	<u>25</u>	
		Continuing Education:	_____	
		Expiration Date:	_____	
		Number of courses:		
		Initial training:	<u>4</u>	
		Refresher:	<u>2</u>	
		Continuing Education:	_____	

Training Institution:	<u>Cuesta Community College</u>		Telephone Number:	<u>805.546.310</u> <u>0 x2798</u> <u>Wearda</u>
Address:	<u>Highway 1, San Luis Obispo 93401</u>			
Student Eligibility*:	<u>Open to the public</u>	**Program Level	<u>EMT-P</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$6660</u>	Initial training:	<u>18</u>	
	Refresher: _____	Refresher:	_____	
		Continuing Education:	_____	
		Expiration Date:	_____	
		Number of courses:		
		Initial training:	<u>1</u>	
		Refresher:	_____	
		Continuing Education:	_____	

*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 10: RESOURCES DIRECTORY -- Approved Training Programs

County: County of San Luis Obispo

Reporting Year: Fiscal Year 2011-2012

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

San Luis Obispo County EMSA		805.781.2513
Training Institution:		Telephone Number: <u>V. Stone</u>
Address:	<u>2180 Johnson Avenue, 2nd Floor, San Luis Obispo, CA 93401</u>	
Student Eligibility*:	<u>Open to the public</u>	**Program Level <u>MICN</u>
	Cost of Program:	
	Basic: <u>200</u>	Number of students completing training per year:
	Refresher: <u>100</u>	Initial training: <u>10</u>
		Refresher: <u>26</u>
		Continuing Education: _____
		Expiration Date: _____
	Number of courses:	
	Initial training: <u>1</u>	
	Refresher: <u>3</u>	
	Continuing Education: _____	

*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: RESOURCES DIRECTORY -- Dispatch Agency

County: San Luis Obispo

Reporting Year: 2011-2012

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

Name:		San Luis Obispo County Sheriff's Office		Watch Commander		
Address:		POB 32		Primary Contact:		
Telephone Number:		San Luis Obispo 93406				
805.781.4550						
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	<input checked="" type="checkbox"/> X	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<input checked="" type="checkbox"/> X	<u>2</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
				<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire				
		<input type="checkbox"/> Law	<input checked="" type="checkbox"/> X			
		<input type="checkbox"/> Other				
		Explain: _____				

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: San Luis Obispo County
Area or subarea (Zone) Name or Title: North Coast
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Cambria Community Healthcare District
Area or subarea (Zone) Geographic Description: Reference Exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive – Public Provider
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance, ALS All calls requiring emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Grandfathered (uninterrupted service) with no changes to scope and manner of service to zone.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: San Luis Obispo County
Area or subarea (Zone) Name or Title: North
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc – 65 years
Area or subarea (Zone) Geographic Description: Reference Exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive – Private Provider
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance, ALS All calls requiring ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Grandfathered (uninterrupted service) with no changes to scope and manner of service to zone.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: San Luis Obispo County
Area or subarea (Zone) Name or Title: Central
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc. – 65 Years
Area or subarea (Zone) Geographic Description: Reference Exhibit A.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive – Private provider
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance, ALS All calls requiring emergency ambulance service.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Grandfathered (uninterrupted service) with no changes to scope and manner of service to zone

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: San Luis Obispo County
Area or subarea (Zone) Name or Title: South
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc. – 65 Years
Area or subarea (Zone) Geographic Description: Reference Exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non Exclusive as determined by EMS Authority (4/10/13).
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance, ALS All calls requiring emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

EXHIBIT A

EMERGENCY RESPONSE AREAS OF SAN LUIS OBISPO COUNTY

NORTH COAST ZONE-(Cambria, San Simeon, Hearst Castle, Harmony, Ragged Point, Rocky Butte Areas)

Generally described as the Northwest Coastal portion of San Luis Obispo County that includes all of the Cambria Healthcare District plus additional areas that are best serviced from the coastside area and has the following general boundaries:

West: Pacific Ocean from Monterey County line south to Villa Creek.

North: Monterey County line from the Pacific Ocean to Rocky Butte Truck Trail.

East: Coastal Ridge from Monterey County line near Rocky Butte Truck Trail, then southeasterly along the main coastal ridge through Rocky Butte repeater site to the intersection of Highway 46 West and Old Creek/Santa Rosa Creek Roads (all Santa Rosa Creek Road addresses are included in the North Coast Zone).

South: From Highway 46 and Old Creek/Santa Rosa Creek Roads intersection, southwesterly to the Pacific Ocean staying just north of Villa Creek Road (all Old Creek Road and Villa Creek Road addresses are included in the Central Zone).

NORTH ZONE-(Paso Robles, San Miguel, Templeton, Atascadero, Shandon, Creston, Santa Margarita, Lake Nacimiento, and Carrisa Plains areas)

Generally described as the "North County" portion of San Luis Obispo County. Including the northeastern and eastern portions of the county and communities of Oak Shores, Heritage Ranch, Lake Nacimiento, Adelaide, San Miguel, Paso Robles, Templeton, Atascadero, Garden Farms, Santa Margarita, Pozo, Creston, Parkhill, Whitley Gardens, Shandon, Carrisa Plains National Monument, and California Valley. The North Zone has the following general boundaries:

West: Main coastal ridge boundary (eastern boundary of the North Coast Zone) from the Monterey County line southeasterly through Rocky Butte repeater site, to Highway 46 West and Santa Rosa Creek/Old Creek Road intersection, to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (excludes all of West Cuesta Ridge Road and Tassajera Creek Road).

North: Monterey County Line east of Rocky Butte Road to Kern County line.

East: Kern County Line north of Highway 166 to Kings County line.

South: An extension of the western boundary southeasterly from Highway 101 just north of Cuesta Summit, then to Hi Mountain Peak, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166.

CENTRAL ZONE-(Cayucos, Morro Bay, Cuesta College, Los Osos, San Luis Obispo, Cal Poly, Avila Beach, northern portion of Edna Valley areas)

Generally described as the “Central” or “Mid-County” portion of San Luis Obispo County. Including the areas and communities of Cayucos, Morro Bay, Los Osos, Montana de Oro State Park, Cuesta College, Cal Poly State University, San Luis Obispo, Avila Beach, Port San Luis Obispo, Diablo Canyon, and the portion of the Edna Valley area north of Price Canyon and Tiffany Ranch Road. The Central Zone has the following general boundaries:

West: Pacific Ocean from Villa Creek south to Pirate’s Cove (just north of Shell Beach).

North: Shared boundary with the North Coast Zone from the Pacific Ocean just north of Villa Creek Road then northeasterly to the intersection of Highway 46 West and Santa Rosa/Old Creek Roads.

East: Shared boundary with the North Zone from intersection of Highway 46 West and Santa Rosa/Old Creek Roads, then southeast to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (includes all of West Cuesta Ridge Road and Tassajera Creek Road).

South: Shared boundary with the South Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.

SOUTH ZONE-(Shell Beach, Pismo Beach, Grover Beach, Arroyo Grande, Oceano, Nipomo, Lopez Lake, and Cuyama areas)

Generally described as the “South County” of San Luis Obispo County. Including the areas and communities of Shell Beach, Pismo Beach, Grover Beach, Oceano, Arroyo Grande, Nipomo, Corbett Canyon, southern portion of Edna Valley, Huasna, Lopez Lake and canyon, Oceano Dunes OHV area, and that portion of Cuyama in San Luis Obispo County. The South Zone has the following general boundaries:

West: Pacific Ocean from Shell Beach south to the Santa Barbara County line.

North: Shared boundary with the Central Zone from the Pacific Ocean north of Shell beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.

East: Shared boundary with the North Zone from Hi Mountain Peak area, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166 (including all of Highway 166 and that portion of the Cuyama area in San Luis Obispo County).

South: The Santa Barbara County line from the Pacific Ocean to Kern County line.