

**Monterey County
Emergency Medical Services Agency**



EMERGENCY MEDICAL SERVICES PLAN
(Revised October 2014)

INSERT 2014 BOS RESOLUTION

Draft

Board of Supervisors Resolution



Monterey County

Board Order

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Upon motion of Supervisor Salinas, seconded by Supervisor Potter and carried by those members present, the Board of Supervisors hereby:

Approved and authorized the Emergency Medical Services Agency Director to submit the revised annual Monterey County EMS Plans for 2012 to the California State Emergency Medical Services Authority.

PASSED AND ADOPTED on this 25th day of June 2013, by the following vote, to wit:

AYES: Supervisors Armenta, Calcagno, Salinas and Potter
NOES: None
ABSENT: Supervisor Parker

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 76 for the meeting on June 25, 2013.

Dated: July 9, 2013
File Number: 13-0591

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By  _____
Deputy



File ID 12-574 No. 19



Monterey County

Board Order

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Upon motion of Supervisor Salinas, seconded by Supervisor Parker and carried by those members present, the Board of Supervisors hereby:

Approved and authorized the Emergency Medical Services Agency Director to submit the revised Monterey County Emergency Medical Services Plan to the California Emergency Medical Services Authority. (Revised via Supplemental)

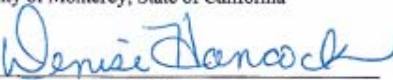
PASSED AND ADOPTED on this 10th day of July 2012, by the following vote, to-wit:

AYES: Supervisors Armenta, Calcagno, Salinas, and Parker
NOES: None
ABSENT: Supervisor Potter

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 76 for the meeting on July 10, 2012.

Dated: August 1, 2012
File Number: 12-574

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By 
Deputy

Update Log

Log Number	Changes
2007-12-001	Updated Title page; added log to document changes (page ii); updated Table of Content from August 2006 EMS Plan (page 1); removed Section 3 – System Resources and Operations from August 2006 EMS Plan (pages 143 – 164) and replaced with new Section 3 – System Resources and Operations (pages 143 – 165); Removed Section 4 – Ambulance Zone Summary from August 2006 EMS Plan (page 165) and replaced with new Section 4 – Ambulance Zone Summary (page 166); Removed Section 5 – Resource Directories from August 2006 EMS Plan (pages 166 – 174) and replaced with new Section 5 – Resource Directories (pages 167 – 168); updated Standard 1.04 – Medical Director (page 23); and updated Standard 1.08 – ALS Planning (page 27).
2009-04-001	Replacement of Manual (EMS Plan 2008)
2011-05-001	Replacement of Manual (EMS Plan 2009)
2011-05-002	Removed Updated Log to document changes (page ii) from EMS Plan (2009) and Replaced with new Update Log (2010); Removed Tables 2, 3, 5, and 8 from EMS Plan (2009) and Replaced with new Tables 2, 3, 5, and 8 (2010). Table changes and Section 4 – Ambulance Zone Summary (no changes) submitted to the EMSA.
2012-05-001	Revised Manual (EMS Plan 2011); added Trauma Care System Update (Table 13)
2013-06-001	Revised Manual (EMS Plan 2012) and Tables 2 through 13.
2014-10-001	Revised Manual (EMS Plan 2013) and Tables 2 through 13.
2015-12-001	New/Replaced EMS Plan (2014) and Tables

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EMS Plan (2013) Executive Summary

This document is the 2013 revision of the Monterey County EMS Plan. Of the 122 requirements identified by the California EMS Authority, there are only three (3) areas where the Monterey County EMS Plan does not currently meet the state-specified, minimum standards. (See Table 1 – Standards Summary Matrix for additional information.)

1. **Trauma System Evaluation (6.10):** Currently, no hospital has been designated as a trauma care center in Monterey County; nor is there a 'trauma registry.' Natividad Medical Center (Salinas) is in the process of being designated a Level-II Trauma Center; projected date for designating the local trauma care center is January 2015.
2. **Agreements for Medical Mutual Aid (8.10):** There is an effective and efficient over-arching Medical Mutual Aid program/process administered through the California EMS Authority and Emergency Management. Collaborative activities of the state, region, and Bay Area no longer require independent local mutual aid agreements with neighboring counties.
3. **Designation and Establishment of Casualty Collection Points (8.11 & 8.12):** Since Casualty Collection Points (CCPs) are not clearly defined and differentiated from Field Treatment Sites (FTSs) in State guidance, there is no local designation requirement. However, the Monterey County Health Department does plan for the use of Alternate Care Sites (ACSs) through the federal Public Health Emergency Preparedness grant; administered through the California Department of Public Health.

Section A – System Organization and Management: This section covers a wide-range of administrative and operational activities. Each of the 100 plus entities which make-up the Monterey County EMS system provides a vital and specific service. They are the health care team that moves an emergency patient from the crisis to resolution. California law mandates counties (Board of Supervisors) designate a local EMS Agency to plan the EMS system and coordinate the diverse activities of participants. The EMS Agency provides technical and clinical expertise in data analysis, disaster planning, system and resource management, quality assurance and performance monitoring, development and maintenance of EMS medical protocols and policies, trauma care, and the administration of the Primary EMS Provider contract (exclusive operating area). In addition, the Emergency Medical Care Committee advises the Board of Supervisors, the EMS Medical Director, and the EMS Director on EMS system issues, funding and budget; ensures that all EMS constituents are actively engaged in decisions regarding the management of local EMS system resources; and provides inputs on the development and implementation of County EMS procedures, policies, and protocols.

Section B – Staffing and Training: In 2011, Monterey County Service Agreement 74 (CSA 74) funds were re-allocated to local cities and special districts for providing EMS system training and equipment. All participants agreed to train/certify their employees/volunteers to at least the Public Safety Responder level in accordance with the Department of Transportation national standard first responder curriculum and California Code of Regulations Division 9 directives (Chapters 1.5, 2, and 4); afford and/or assist with all necessary training to satisfy the minimum training requirements for small, remote, and volunteer first responding agencies that might not have their own training resources; and provide technician skills verification for re-certification at no charge to non-affiliated personnel through their respective training programs and instructors. In exchange for receiving available CSA74 funds, the EMS Agency would no longer provide direct EMS training or equipment to local first responders, and close their American Heart Association CPR Training Center. The EMS Agency continues to approve local EMT training programs and Continuous Education EMS providers; monitor first responder and hospital EMS training; orchestrate disaster medical response preparedness activities; certify Emergency Medical Technicians; accredit licensed paramedics; and develop/maintain applicable practices, policies, and protocols.

Section C – Communications: The Monterey County EMS Communications System Manual is an Appendix to EMS Plan and reflects current voice, data, auxiliary, and radio communications. The EMS Communication System Manual is being revised in compliance of the federal-mandates regarding narrow banding VHF and UHF and opportunities to improve EMS dispatch, command, tactical, and inter-agency/discipline connectivity. EMS first responders and providers are in the process of replacing non-NGEN equipment to utilize a developing trunked 700 mhz system. It is anticipated EMS system communication and infrastructure, and the Communications Manual will be 'updated' and fully operational in 2015.

Section D – Response and Transportation: The Monterey County Board of Supervisors has defined, through ordinance, boundaries as exclusive EMS operating areas and ambulance licensing. In 2011, a Contract Compliance Working Group (CCWG) was established to review/monitor the contracted-performance of the Primary EMS Provider (AMR); to identify new empirical criteria to better evaluate the contract provider; and provide clinical and technical advice to the EMS Agency and ambulance provider. CCWG activities included the review/endorsement of AMR's contract extension requests; correcting response boundary GIS/CAD reference-maps; and reviewing rates for contracted services. The CCWG is also reviewing a comprehensive contract summary-matrix for status and compliance. The Primary EMS Provider (AMR) is compliant; there are no significant contract or statute discrepancies or deficiencies noted. Medical and rescue aircraft policies and procedures are being revised, and will be impacted by the pending designating of a local trauma care center. Finally, all local Paramedic Service Provider (ALS) Agreements have been revised and implemented.

Section E – Facilities and Critical Care: The EMS Agency has written agreements with all four acute-care hospitals in Monterey County. Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Health Care System are designated EMT-Paramedic base hospitals. Mee Memorial Hospital is a designated receiving hospital. Transfer agreements and policies are in place to transfer patients from STEMI referral hospitals to STEMI receiving centers (CHOMP and SVMHS); in 2012, CHOMP and SVMHS were designated as Stroke Centers. There are no pediatric emergency medical/critical care system plans being proposed or established. The federal Hospital Preparedness Program grant administered through the California Department of Public Health has been instrumental in improving hospital evacuation, medical disaster, and multi casualty event preparedness activities and coordination.

Section F – Data Collection and System Evaluation: Current EMS Policy establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals, first-responder agencies, and EMT-Paramedic service providers to participate in this program. All non-emergency transport providers are also mandated to participate under the terms of their County authorization. The EMS Manual (consolidation of all local EMS policies, protocols, and procedures) also includes "Quality Improvement Program Guidelines" for the various system participants. As part of the QI program, each participating agency has designated an EMS liaison to coordinate with other agencies as necessary. The primary objective of the QI Program is the implementation of a viable electronic patient care report (ePCR) for data analysis and management; evaluation and audit; policy and protocols review/revision; and development of effective and realistic performance indicators.

Section G – Public Information and Education: The primary EMS provider (AMR) has designated a Community Relations Manager/Field Supervisor that works with EMS stakeholders, local health-care professionals, and emergency management to design, develop and implement a comprehensive (county-wide) community service and education program and plan for the County. The primary EMS provider annually updates their program and plan and provides to Emergency Medical Care Committee for review and endorsement.

Section H – Disaster Medical Response: Monterey County EMS system, medical, public health, and emergency management representatives continue to identify, assess, mitigate, plan, and prepare for potential natural, technical, and human threats to the public and infrastructure. The federal Hospital Preparedness Program and Public Health Emergency Preparedness grants administered through the California Department of Public Health have funded/supported improvements in protecting public safety; responding and managing disaster response; organizing and distributing private, local, state, federal resources; and enhancing operation area coordination, communication and information processing.

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

STANDARDS SUMMARY (MATRIX)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not meet Standard	Meets Minimum Standard
1.01 Local EMS Agency Structure		X
1.02 Local EMS Agency Mission		X
1.03 Public Input		X
1.04 Medical Director		X
Planning Activities	Does not meet Standard	Meets Minimum Standard
1.05 System Plan		X
1.06 Annual Plan Update		X
1.07 Trauma Planning		X
1.08 Advanced Life Support Planning		X
1.09 Inventory of Resources		X
1.10 Special Populations		X
1.11 System Participants		X
Regulatory Activities	Does not meet Standard	Meets Minimum Standard
1.12 Review & Monitoring		X
1.13 Coordination		X
1.14 Policy & Procedures Manual		X
1.15 Compliance w/Policies		X
System Finances	Does not meet Standard	Meets Minimum Standard
1.16 Funding Mechanism		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction	Does not meet Standard	Meets Minimum Standard
1.17 Medical Direction		X
1.18 Quality Assurance/Quality Improvement		X
1.19 Policies, Procedures, Protocols		X
1.20 Do-Not-Resuscitate Policy		X
1.21 Determination of Death		X
1.22 Reporting of Abuse		X
1.23 Interfacility Transfer		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
1.24 Advanced Life Support Systems		X
1.25 On-Line Medical Direction		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
1.26 Trauma System Plan		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
1.27 Pediatric System Plan		N/A
Enhanced Level: Exclusive Operating Areas	Does not meet Standard	Meets Minimum Standard
1.28 Exclusive Operating Area Plan		X

B. STAFFING/TRAINING

Local EMS Agency	Does not meet Standard	Meets Minimum Standard
2.01 Assessment of Needs		X
2.02 Approval of Training		X
2.03 Personnel		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Dispatchers	Does not meet Standard	Meets Minimum Standard
2.04 Dispatch Training		X
First Responders (non-transporting)	Does not meet Standard	Meets Minimum Standard
2.05 First Responder Training		X
2.06 Response		X
2.07 Medical Control		X
Transporting Personnel	Does not meet Standard	Meets Minimum Standard
2.08 EMT-I Training		X
Hospital	Does not meet Standard	Meets Minimum Standard
2.09 CPR Training		X
2.10 Advanced Life Support		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
2.11 Accreditation Process		X
2.12 Early Defibrillation		X
2.13 Base Hospital Personnel		X

C. COMMUNICATIONS

Communications	Does not meet Standard	Meets Minimum Standard
Equipment	Does not meet Standard	Meets Minimum Standard
3.01 Communication Plan		X
3.02 Radios		X
3.03 Interfacility Transfer		X
3.04 Dispatch Center		X
3.05 Hospitals		X
3.06 Multi-Casualty Incidents		X
Public Access	Does not meet Standard	Meets Minimum Standard
3.07 9-1-1 Planning/Coordination		X
3.08 9-1-1 Public Education		X
Resource Management	Does not meet Standard	Meets Minimum Standard
3.09 Dispatch Triage		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

3.10	Integrated Dispatch		X
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D. RESPONSE/TRANSPORTATION

Universal Level	Does not meet Standard	Meets Minimum Standard
4.01 Service Area Boundaries		X
4.02 Monitoring		X
4.03 Classifying Medical Requests		X
4.04 Scheduled Responses		X
4.05 Response Time Standards		X
4.06 Staffing		X
4.07 First Responder Agencies		X
4.08 Medical & Rescue Aircraft		X
4.09 Air Dispatch Center		X
4.10 Aircraft Availability		X
4.11 Specialty Vehicles		X
4.12 Disaster Response		X
4.13 Inter-county Response		X
4.14 Incident Command System		X
4.15 Multi-Casualty Incident Plans		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
4.16 Advanced Life Support Staffing		X
4.17 Advanced Life Support Equipment		X
Enhanced Level: Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
4.18 Compliance		X
Enhanced Level: Exclusive Operating Permits	Does not meet Standard	Meets Minimum Standard
4.19 Transportation Plan		X
4.20 Grandfathering		X
4.21 Compliance		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

4.22	Evaluation		X
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E. FACILITIES/CRITICAL CARE

Universal Level	Does not meet Standard	Meets Minimum Standard
5.01 Assessment of Capabilities		X
5.02 Triage & Transfer Protocols		X
5.03 Transfer Guidelines		N/A
5.04 Specialty Care Facilities		X
5.05 Mass Casualty Management		X
5.06 Hospital Evacuation		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
5.07 Base Hospital Designation		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
5.08 Trauma System Design		X
5.09 Public Input		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
5.10 Pediatric System Design		N/A
5.11 Emergency Departments		N/A
5.12 Public Input		N/A
Enhanced Level: Other Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
5.13 Specialty System Design		X
5.14 Public Input		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not meet Standard	Meets Minimum Standard
6.01 Quality Assurance/ Quality Improvement Program		X
6.02 Pre-hospital Records		X
6.03 Pre-hospital Care Audits		X
6.04 Medical Dispatch		X
6.05 Data Management System		X
6.06 System Design Evaluation		X
6.07 Provider Participation		X
6.08 Reporting		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
6.09 Advanced Life Support Audit		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
6.10 Trauma System Evaluation		X
6.11 Trauma Center Data		N/A

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not meet Standard	Meets Minimum Standard
7.01 Public Information Materials		X
7.02 Injury Control		X
7.03 Disaster Preparedness		X
7.04 First Aid & CPR Training		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not meet Standard	Meets Minimum Standard
8.01 Disaster Medical Planning		X
8.02 Response Plans		X
8.03 Hazardous Materials Training		X
8.04 Incident Command System		X
8.05 Distribution of Casualties		X
8.06 Needs Assessment		X
8.07 Disaster Communications		X
8.08 Inventory of Resources		X
8.09 DMAT		N/A
8.10 Mutual Aid Agreements	X	
8.11 Casualty Collection Point Designation	X	
8.12 Establish Casualty Collection Points	X	
8.13 Disaster Medical Training		X
8.14 Hospital Plans		X
8.15 Inter-hospital Communications		X
8.16 Pre-hospital Agency Plans		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
8.17 Advanced Life Support Policies		X
Enhanced Level: Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
8.18 Specialty Center Roles		X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
8.19 Waiving Exclusivity		X

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

TABLE 2: SYSTEM RESOURCES & OPERATIONS – Organization/Management

Reporting Year: Fiscal Year 2013-2014

County: **Monterey**

1. Percentage of population served by each level of care: **100% Advanced Life Support**
2. Type of agency: **County Health Department**
3. The person responsible for day-to-day activities of EMS agency reports to:
Other – Director of Health (Ray Bullick)
4. Indicate the non-required functions that are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	Yes
Designation of trauma centers/trauma care system planning	No
Designation/approval of pediatric facilities	N/A
Designation of other critical care centers	N/A
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service (Contracted)	Yes
Continuing education	Yes
Personnel training	Yes
Operation of EMS dispatch center (Contracted)	Yes
Non-medical disaster planning	Yes
Administration of critical incident stress debriefing (CISD) team	Yes
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund (Senate Bill 12/612) – Maddy	Yes

Other: _____

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

5.	<u>EXPENSES</u> (FY 13/14)	
	Salaries and benefits (All but contract personnel)	761,183
	Contract Services (e.g., medical director)	357,000
	Operations (e.g., copying, postage, facilities)	201,424
	Travel	19,500
	Fixed assets	N/A
	Indirect expenses (overhead)	108,969
	Ambulance subsidy	N/A
	EMS Fund payments to physicians/hospitals	0
	Dispatch center operations (non-staff)	0
	Training program operations	0
	Other:	N/A
	TOTAL EXPENSES	\$1,448,076
6.	<u>SOURCES OF REVENUE</u>	
	Special project grant(s) from EMSA	0
	Preventive Health and Health Services Block Grant	0
	Office of Traffic Safety	0
	State general fund	0
	County general fund	0
	Other local tax funds (e.g., EMS district) – CSA74 Fund	1,202,172
	County contracts (e.g., multi-county agencies)	0
	Certification fees	0
	Training program approval fees	0
	Training program tuition/average daily attendance funds (ADA)	0
	Job Training Partnership Act (JTPA) funds/other payments	0
	Base hospital application fees	0
	Base hospital designation fees	0

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/ <i>vehicle</i> fee	0
Contributions	0
EMS Fund (SB 12/612)	240,603
Other grants	0
Other fees	0
Other: misc	4,301
Other: state reimbursements	0
TOTAL REVENUE	\$1,448,076

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

7. **FEE STRUCTURE (FY-13/14)**

We do not charge any fees: **FALSE**

First responder certification	0
EMS dispatcher certification	0
EMT-I certification	0
EMT-I recertification	0
EMT-defibrillation certification	0
EMT-defibrillation recertification	0
EMT-II certification	0

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

EMT-II recertification	0
EMT-P accreditation	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	0
MICN/ARN recertification	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	0
Pediatric facility approval	0
Pediatric facility designation	0
Other critical care center application	0
Other critical care center designation	0
Ambulance service license	0
Ambulance vehicle permits	950/vehicle/year

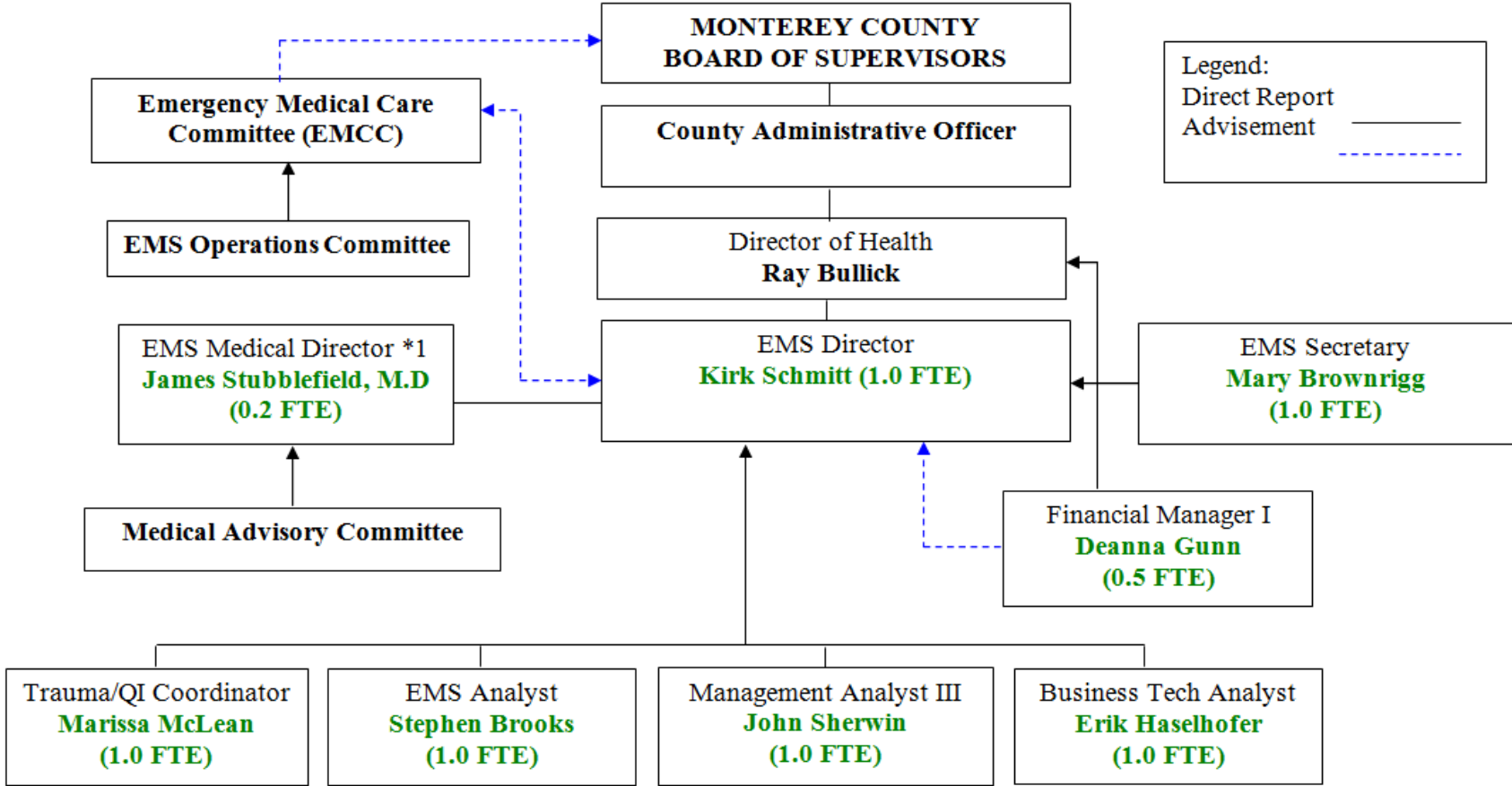
TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	60.68	40.85%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Analyst Finance Manager Management Analyst III	1.0 0.75 1.0	35.87 44.79 42.62	40.85% Contracted 40.85%	
Trauma Coordinator	Health Program Coordinator	1.0	44.96	40.85%	
Information and Data Technology	Business Technology Analyst I	1.0	30.53	40.85%	
Medical Director	Medical Director	0.2	155.00	Contracted	
Executive Secretary	Secretary	1.0	21.33	40.85%	

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 (below).

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

MONTEREY COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY ORGANIZATION (JULY 2014)



*1. EMS Medical Director is a contracted (PSA) position and paid through Services/Supplies.

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

TABLE 3: SYSTEM RESOURCES & OPERATIONS - Personnel/Training

Reporting Year: Calendar Year 2013

County: **Monterey**

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	630	N/A		N/A
Number newly certified this year	62	N/A		N/A
Number recertified this year	234	N/A		N/A
Total number of accredited personnel on January 1 of the reporting year	N/A	N/A	165	N/A
Number of certification reviews resulting in:				
a) formal investigations	19	N/A		N/A
b) probation	3	N/A		N/A
c) suspensions	0	N/A		N/A
d) revocations	2	N/A		N/A
e) denials	0	N/A		N/A
f) denials of renewal	0	N/A		N/A
g) no action taken	14	N/A	N/A	N/A

1. Early defibrillation:
 - a) Number of EMT-I (defib) certified: Unknown
 - b) Number of public safety (defib) certified (non-EMT-I): Unknown

2. Do you have a first-responder training program? **Yes** Administered by respective public safety/parent agencies.

TABLE 4 - SYSTEM RESOURCES AND OPERATIONS – Communications

TABLE 4: SYSTEM RESOURCES & OPERATIONS - Communications

Reporting Year: Calendar Year 2013

County: **Monterey**

1. Number of Primary Public Service Answering Point (PSAP): 3
 - a. Monterey County Emergency Communications Center (9-1-1)
 - b. California Highway Patrol – Monterey
 - c. City of Carmel
2. Number of secondary PSAPs: 1
 - a. CALFIRE Emergency Communications Center – Monterey
3. Number of dispatch centers directly dispatching ambulance: 1
4. Number of EMS dispatch centers utilizing EMS guidelines: 1
5. Number of designated dispatch centers for EMS aircraft: 1
6. Who is your primary dispatch agency for day-to-day emergencies? Monterey County Emergency Communications Center (9-1-1)
7. Who is your primary dispatch agency for a disaster? Monterey County Emergency Communications Center (9-1-1)
8. Do you have an operational area disaster communication system? Yes
 - a. Radio primary frequency: 458.4/453.4
 - b. Other methods: EMSsystem, TENS, EAS, CAHAH, Faxes, Internet Text Messages, Cel, Commercial Satellite Phones, etc.
 - c. Can all medical response units communicate on the same disaster communications system? Yes
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes
 - e. Do you have a plan to utilize Radio Amateur Civil Emergency System (RACES) as a back-up communications system? Yes
 - 1) Within the operational area? Yes
 - 2) Between operational area and the region and/or state? Yes

TABLE 5 - SYSTEM RESOURCES AND OPERATIONS – Response/Transportation

TABLE 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation

Reporting Year: Calendar Year 2013

County: **Monterey**

Early Defibrillation Providers

1. Number of EMT-Defibrillation provider: 43

SYSTEM STANDARD RESPONSE TIMES* (90TH PERCENTILE)

	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	8 minutes	12 minutes	N/A	N/A
Transport Ambulance	8 minutes	12 minutes	ASAP	N/A

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

Reporting Year: 2013

County: **Monterey**

Trauma patients:

- Number of patients meeting trauma triage criteria: Unknown
- Number of major trauma victims transported directly to a trauma center by ambulance: Unknown
- Number of major trauma patients transferred to a trauma center: Unknown
- Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown

Emergency Departments:

- Total number of emergency departments: 4
- Number of referral emergency services: 0
- Number of standby emergency services: 0
- Number of basic emergency services: 4
- Number of comprehensive emergency services: 0

Receiving Hospitals:

- Number of receiving hospitals with written agreements: 4
- Number of base hospitals with written agreements: 3

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical**TABLE 7: RESOURCES DIRECTORY - Disaster Medical**

Reporting Year: 2013

County: **Monterey****SYSTEM RESOURCES**

1. Casualty Collections Points (CCP) – Replaced by Field Treatment Sites (FTS) and Alternate Care Sites (ACS)...see 8.11 and 8.12
 - 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? N/A

2. CISD

Do you have a CISD provider with 24 hour capability? Yes

3. Medical Response Team
 - a. Do you have any team medical response capability? No
 - b. For each team, are they incorporated into your local response plan: N/A
 - c. Are they available for statewide response? N/A
 - d. Are they part of a formal out-of-state response system? N/A

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? Level A (Highest)
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

2. What is the maximum number of local jurisdiction EOCs you will need to interact with, in a disaster? 12 Cities plus approximately 20 special districts/agencies

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes
 - b. Exercise? Yes
4. List all counties with which you have a written medical mutual aid agreement. None
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have a formal agreements with community clinics in your operational area to participate in disaster planning and response? No
7. Are you part of a multi-county EMS system for disaster response? No
8. Are you a separate department or agency? No
9. If not, to whom do you report? Monterey County Health Department
10. 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? N/A

TABLE 8 – Resource Directory

TABLE 8: RESOURCES DIRECTORY - Response/Transportation Providers (2013)

#	EMS System Provider (Agency)	Address	Number of Ambulances	(Number) in Fleet	(Number) at Noon	Responses (CY 2013)	Responses (CY 2013)	Responses (CY 2013)	Transports (CY 2013)	Transports (CY 2013)	Transports (CY 2013)
1	American Medical Response (AMR)*	4548 A Street, Marina, 93933	18	30	18	29,577	26,921	2,656	19,958	17,367	2,591
2	Big Sur Volunteer Fire Brigade	PO Box 520, Big Sur, 93920	0	0	0						
3	Cachagua Fire Protection District	PO Box 2090, Carmel Valley, 93924	0	0	0						
4	CALFIRE (Aromas)	2221 Garden Road, Monterey, 93940	0	0	0						
5	CALFIRE (Carmel Highlands)	2221 Garden Road, Monterey, 93940	0	0	0						
6	CALFIRE (Cypress)	2221 Garden Road, Monterey, 93940	0	0	0						
7	CALFIRE (Pebble Beach)	3101 Forrest Lake Road, Pebble Beach, 93953	0	0	0						
8	CALFIRE (Soledad)	2221 Garden Road, Monterey, 93940	0	0	0						
9	CALFIRE (South Monterey County)	2221 Garden Road, Monterey, 93940	0	0	0						
10	CALSTAR*	4933 Bailey Loop, McClellan, 95652	5	9	4	561	310	251	348	208	140
11	Camp Roberts Fire	Headquarters Camp Roberts, HWY 101, Building	0	0	0						
12	CHP (Air)- Paso Robles*	5020 Wing Way, Paso Robles, 93446	1	1	1	14	14	0	5	5	0
13	City of Carmel Ambulance*	Box CC	2	2	1	850	850	0	654	654	0
14	City of Marina Fire Department	211 Hillcrest Avenue, Marina, 93933	0	0	0						
15	City of Monterey Fire Department/Contracts	610 Pacific Street, Monterey, 93940	0	0	0						
16	City of Salinas Fire Department	65 W. Alisal Street, Suite 210, Salinas, 93901	0	0	0						
17	City of Seaside Fire Department	1635 Broadway, Seaside, 93955	0	0	0						
18	Department of Corrections (Soledad)	Soledad, 93960	0	0	0						
19	Fort Hunter-Liggett Fire*	T-120 Infantry Road, Jolon, 93928	2	2	2	440	449	0	108	108	0
20	Gonzales Volunteer FD	PO Box 647, Gonzales, 93926	0	0	0						
21	Greenfield Volunteer FD	380 Oak Avenue, Greenfield, 93927	0	0	0						
22	King City Volunteer Fire Department	P.O. Box 2550, King City, 93930	0	0	0						
23	Mercy Air*	1670 Miro Way, Rialto, 92376	1	2	1	48	46	2	18	17	1
24	Mid Coast Fire Brigade	38841 Palo Colorado Road, Carmel 93923	0	0	0						
25	Monterey County Parks Department	2610 San Antonio Road, Bradley, 93426	0	0	0						
26	Monterey County Regional Fire District*	19900 Portola Drive, Salinas, 93908	4	4	1	1,371	1,371	0	664	664	0
27	North County Fire Protection District	11200 Speegle Street, Castroville, 95012	0	0	0						
28	Presidio of Monterey Fire Department	4400 Gen. Jim Moore Blvd. Seaside, 93955	0	0	0						
29	Spreckels Fire	38 Spreckels Blvd, Spreckels, 93962	0	0	0						
Totals CY 2013			33	50	28	32,861	29,961	2,909	21,755	19,023	2,732

Note 1: City of Monterey Fire Department includes the cities of Carmel, Pacific Grove, Sand, and Monterey.

Note 2: City of Seaside Fire Department includes the cities of Seaside and Del Rey Oaks.

TABLE 8 – Resource Directory

County: <u>MONTEREY-01</u>	Response Zone: <u>See Table 11</u>
Provider: <u>American Medical Response - West</u>	Number of Ambulances: <u>18</u>
Address: <u>4548 A Street, Marina, 93933</u>	Number of Ambulance Vehicles in Fleet: <u>30</u>
Phone #: <u>(831) 718-9555</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>18</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<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

29,577 Total number of responses
26,921 Number of emergency responses
2,656 Number of non-emergency responses

Transporting Agencies

19,958 Total number of transports
17,367 Number of emergency transports
2,591 Number of non-emergency transports

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-02</u>	Response Zone: <u>Big Sur Coast (Hwy 1 Mile Marker 58.3-SLO county line)</u>
Provider: <u>Big Sur Volunteer Fire Brigade</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 520, Big Sur, 93920</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 667-2113</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District</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

County: <u>MONTEREY-03</u>	Response Zone: <u>Cachagua FPD</u>
Provider: <u>Cachagua Fire Protection District</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 2090, Carmel Valley, 93924</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 659-7700</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<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 type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: MONTEREY-04 **Response Zone:** Tri-County FPD
Provider: Aromas Tri-County Fire Protection District **Number of Ambulances:** None
Address: 2221 Garden Road, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 333-2600 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<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"/> Federal <input checked="" type="checkbox"/> Fire District		<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: MONTEREY-05 **Response Zone:** Carmel Highlands FPD
 Carmel Highlands Fire Protection District
Provider: (CALFIRE Contracted) **Number of Ambulances:** None
Address: 2221 Garden Road, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 333-2600 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</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 type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District</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

County: MONTEREY-06 **Response Zone:** Cypress FPD
 Cypress Fire Protection District
Provider: (CALFIRE Contracted) **Number of Ambulances:** None
Address: 2221 Garden Road, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 333-2600 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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"/> Federal <input checked="" type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: MONTEREY-07 **Response Zone:** Pebble Beach CSD
Provider: Pebble Beach Community Services District (CALFIRE Contracted) **Number of Ambulances:** None
Address: 3101 Forrest Lake Road, Pebble Beach, 93953 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 373-1274 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</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 type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District</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

County: MONTEREY-08 **Response Zone:** City of Soledad
Provider: CALFIRE (City of Soledad) **Number of Ambulances:** None
Address: 2221 Garden Road, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 333-2600 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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"/> Federal <input type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-09</u>	Response Zone: <u>SOMOCO District</u>
Provider: <u>CALFIRE (South Monterey County)</u>	Number of Ambulances: <u>None</u>
Address: <u>2221 Garden Road, Monterey, 93940</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 333-2600</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<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"/> Federal <input checked="" type="checkbox"/> Fire District		<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-10</u>	Response Zone: <u>Monterey County</u>
Provider: <u>CALSTAR</u>	Number of Ambulances: <u>5 Responding to Monterey</u>
Address: <u>4922 Bailey Loop, McClellan, 95652</u>	Number of Ambulance Vehicles in Fleet: <u>8</u>
Phone #: <u>(916) 921-4000</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>8</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water		
<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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing		<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

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

561 Total number of responses
310 Number of emergency responses
251 Number of non-emergency responses

348 Total number of transports
208 Number of emergency transports
140 Number of non-emergency transports

TABLE 8 – Resource Directory

County: MONTEREY-11
Provider: Camp Roberts Emergency Services
Address: Headquarters Camp Roberts, HWY 101,
 Building 4050, Camp Roberts, 93451
Phone #: (805) 238-8220

Response Zone: Camp Roberts
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<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 type="checkbox"/> No</p>	<p><u>System Available 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</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 checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District</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

County: <u>MONTEREY-12</u>	Response Zone: <u>Monterey County</u>
Provider: <u>California Highway Patrol (CHP-70)</u>	Number of Ambulances: <u>1</u>
Address: <u>5020 Wing Way, Paso Robles, 93446</u>	Number of Ambulance Vehicles in Fleet: <u>1 Helicopter (CHP-70)</u>
Phone #: <u>(805) 239-3553</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>1</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water		
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" 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"/> Federal <input type="checkbox"/> Fire District		<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" 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

14 Total number of responses
14 Number of emergency responses
0 Number of non-emergency responses

5 Total number of transports
5 Number of emergency transports
0 Number of non-emergency transports

TABLE 8 – Resource Directory

County: <u>MONTEREY-13</u>	Response Zone: <u>Carmel-by-the-Sea</u>
Provider: <u>City of Carmel Ambulance</u>	Number of Ambulances: <u>2</u>
Address: <u>Box CC, Carmel, 93921</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>
Phone #: <u>(831) 620-2000</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>1</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: See Table 12		<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		<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

850 Total number of responses
850 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

654 Total number of transports
654 Number of emergency transports
0 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

County: <u>MONTEREY-14</u>	Response Zone: <u>City of Marina</u>
Provider: <u>City of Marina Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>211 Hillcrest Avenue, Marina, 93933</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 884-1210</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<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"/> Federal <input type="checkbox"/> Fire District		<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: MONTEREY-15 **Response Zone:** Cities of Monterey, Carmel, Sand, and Pacific Grove

Provider: City of Monterey Fire Department (includes City of Carmel, Pacific Grove, Sand City, Monterey Airport) **Number of Ambulances:** None

Address: 610 Pacific Street, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None

Phone #: (831) 646-3900 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</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"/> Federal <input type="checkbox"/> Fire District</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

County: MONTEREY-16
Provider: City of Salinas Fire Department
65 West Alisal Street; Suite 200, Salinas
Address: 93901
Phone #: (831) 758-7261

Response Zone: City of Salinas
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<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 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</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"/> Federal <input type="checkbox"/> Fire District</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

County: <u>MONTEREY-17</u>	Response Zone: <u>Cities of Seaside & Del Rey Oaks</u>
Provider: <u>City of Seaside Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>1635 Broadway Avenue, Seaside, 93955</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 899-6790</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<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"/> Federal <input type="checkbox"/> Fire District		<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: MONTEREY-18 **Response Zone:** State Prison
Provider: California Correctional Training Facility **Number of Ambulances:** None
Address: City of Soledad, 93960 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 678-5922 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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 checked="" type="checkbox"/> Other Explain: Corrections	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-19</u>	Response Zone: <u>FHL US Army Garrison</u>
Provider: <u>Fort Hunter-Liggett Fire Department</u>	Number of Ambulances: <u>2</u>
Address: <u>T-120 Infantry Road, Jolon, 93928</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>
Phone #: <u>(831)386-2517</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>2</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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"/> Federal <input type="checkbox"/> Fire District	<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

<u>440</u> Total number of responses	<u>Transporting Agencies</u>	<u>108</u> Total number of transports
<u>440</u> Number of emergency responses		<u>108</u> Number of emergency transports
<u> </u> Number of non-emergency responses		<u> </u> Number of non-emergency transports

<u> </u> Total number of responses	<u>Air Ambulance Services</u>	<u> </u> Total number of transports
<u> </u> Number of emergency responses		<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses		<u> </u> Number of non-emergency transports

TABLE 8 – Resource Directory

County: <u>MONTEREY-20</u>	Response Zone: <u>Cities of Gonzales and Gonzales Rural Fire District</u>
Provider: <u>Gonzales Volunteer Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 647, Gonzales, 93926</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 675-5000</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Public Safety	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-21</u>	Response Zone: <u>Cities of Greenfield and Greenfield Rural Fire District</u>
Provider: <u>Greenfield Volunteer Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>380 Oak Avenue, Greenfield, 93927</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 674-5484</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Public Safety	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-22</u>	Response Zone: <u>King City</u>
Provider: <u>King City Volunteer Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>P.O. Box 2550, King City, 93930</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 385-3343</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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"/> Federal <input type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-23</u>	Response Zone: <u>Monterey County</u>
Provider: <u>Mercy Air Service</u>	Number of Ambulances: <u>1</u>
Address: <u>1670 Miro Way, Rialto, 92376</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>
Phone #: <u>(909) 829-7030</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>1</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input 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"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<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

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

48 Total number of responses
46 Number of emergency responses
2 Number of non-emergency responses

18 Total number of transports
17 Number of emergency transports
1 Number of non-emergency transports

TABLE 8 – Resource Directory

County: MONTEREY-24 **Response Zone:** Mid Coast
Provider: Mid Coast Fire Brigade **Number of Ambulances:** None
Address: 33841 Palo Colorado Canyon, 93923 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 624-8287 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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 type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: MONTEREY-25 **Response Zone:** Monterey County Parks
Provider: Monterey County Parks **Number of Ambulances:** None
Address: 2610 San Antonio Road, Bradley, 93426 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 472-2311 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-26</u>	Response Zone: <u>See Table 12</u>
Provider: <u>Monterey County Regional Fire Protection District/Carmel Valley Fire Ambulance</u>	Number of Ambulances: <u>4 (Type III Ambulances)</u>
Address: <u>19900 Portola Drive, Salinas, 93908</u>	Number of Ambulance Vehicles in Fleet: <u>4</u>
Phone #: <u>(831) 455-1828</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>1 (1 dedicated 24/7; 3 cross-staffed with medic engine)</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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"/> Federal <input checked="" type="checkbox"/> Fire District	<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

1371 Total number of responses
1371 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

664 Total number of transports
664 Number of emergency transports
0 Number of non-emergency transports

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-27</u>	Response Zone: <u>North County Fire PD</u>
Provider: <u>North County Fire Protection District</u>	Number of Ambulances: <u>None</u>
Address: <u>11200 Speegle Street, Castroville, 95012</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 633-2578</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<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 type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District		<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
 _____ Number of non-emergency responses

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

TABLE 8 – Resource Directory

County: MONTEREY-28
Provider: Presidio of Monterey Fire Department
Bldg #4400 General Jim Moore Blvd,
Address: Seaside, 93955
Phone #: (831) 242-7702

Response Zone: Presidio of Monterey
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<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 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</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"/> Federal <input type="checkbox"/> Fire District</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

County: MONTEREY-29 **Response Zone:** Spreckels District
Provider: Spreckels Volunteer Fire Company **Number of Ambulances:** None
Address: 38 Spreckels Blvd, Spreckels, 93962 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 455-2211 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<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"/> Federal <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Fire Company/Brigade	<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
 _____ Number of non-emergency responses

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

TABLE 9 – Resource Directory Facilities**TABLE 9: RESOURCES DIRECTORY – Facilities**Reporting Year: **Calendar Year 2013**County: **Monterey**

- A. Facility: Natividad Medical Center
 Address: 1330 Natividad Road, Salinas 93906
 Telephone Number: (831) 755-4185
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: Yes
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No; Trauma Level: N/A Note: Level II Designation in 2015
 STEMI Center: No
 Stroke Center: No
- B. Facility: Community Hospital of the Monterey Peninsula (CHOMP)
 Address: 23625 Holman Highway. Monterey 93940
 Telephone Number: (831) 624-5311
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: Yes
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No; Trauma Level: N/A
 STEMI and Stroke Center: Yes
- C. Facility: Salinas Valley Memorial Health Care System (SVMHS)
 Address: 450 East Romie Lane, Salinas 93901
 Telephone Number: (831) 757-4333
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: Yes
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No; Trauma Level: N/A
 STEMI and Stroke Center: Yes
- D. Facility: George L. Mee Memorial Hospital
 Address: 300 Canal Street, King City 93930
 Telephone Number: (831) 385-6000
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: No
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No; Trauma Level: N/A
 STEMI Center: No
 Stroke Center: No

TABLE 10 – Resource Directory – EMS Dispatch Agency

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs

Reporting Year: **Calendar Year 2013**

County: **Monterey**

- A. Training Institution: Monterey Peninsula College
 Address: 980 Fremont Street, Monterey, CA 93940
 Telephone Number: (831) 646-4240
 Student Eligibility: EMT-I
 Program Level: Open to the Public
 Expiration Date: 8/31/2016
 Cost of Basic Training Course: \$322+Books (\$180)
 Cost of Refresher Training Course: \$57+Books (\$180)
- Number of students completing training per year
 Initial Training: 88 Refresher Training: 7 Continuing Education: 0
- Number of courses per year
 Initial Training: 4 Refresher Training: 1 Continuing Education: 0
- B. Training Institution: Hartnell College
 Address: 411 Central Avenue, Salinas, CA 93901
 Telephone Number: (831) 770-6146
 Student Eligibility: EMT-I
 Program Level: Open to the Public
 Expiration Date: 11/30/2016
 Cost of Basic Training Course: \$200
 Cost of Refresher Training Course: \$340
- Number of students completing training per year
 Initial Training: 40 Refresher Training: 0 Continuing Education: 0
- Number of courses per year
 Initial Training: 2 Refresher Training: 0 Continuing Education: 0
- C. Training Institution: Monterey Peninsula Unified School District (ROP/CTE)
- Address: 700 Pacific Street, Monterey, CA 93940
 Telephone Number: (831) 392-3530
 Student Eligibility: EMT-I
 Program Level: Open to the Public
 Expiration Date: 3/31/2016
 Cost of Basic Training Course: None (ROP/CTE)
 Cost of Refresher Training Course: N/A
- Number of students completing training per year
 Initial Training: 25 Refresher Training: 0 Continuing Education: 0
- Number of courses per year
 Initial Training: 1 Refresher Training: 0 Continuing Education: 0

TABLE 11 – Resource Directory – EMS Dispatch Agency

TABLE 11: RESOURCES DIRECTORY – EMS Dispatch Agency

Reporting Year: **Calendar Year 2013**

County: **Monterey**

Name: American Medical Response - Monterey

Address: 4548 A Street, Marina, CA 93933

Telephone Number: (831) 718-9562

Primary Contact: Michael Esslinger (AMR Operations Manager)

Written Contract: Yes

Ownership: Private

Medical Director: Yes

Day-to-Day Response: Yes

Disaster Response: Yes

Number of Personnel Providing Services

EMD Training: 8

BLS: 74

EMT-D: N/A

LALS: N/A

ALS: 74

Other: N/A

TABLE 12 – Ambulance Zone Summary

TABLE 12: AMBULANCE ZONE SUMMARY

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #1 Monterey County Exclusive Operating Area
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>AMR-West</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>The geographic and legal boundaries of Monterey County</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action.</p> <p>Exclusive via competitive process with Board approval</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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Emergency Ambulance, all emergency ambulance services (9-1-1, 7-digit, IFT, CCT, non-emergency, standby transportation).</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>Monterey County has established an Exclusive Operating Area (EOA) that encompasses the geographic area defined as Monterey County (border-to-border). Within the geographic limits of the County, certain federal property, the City of Carmel, and the Carmel Valley Fire Protection District (Carmel Regional Fire Ambulance) are exempted or carved from the EOA. The EOA provider is selected by competitive bid process. Last competitive bid was completed in 2009; implemented January 31, 2010.</p>

TABLE 12 – Ambulance Zone Summary

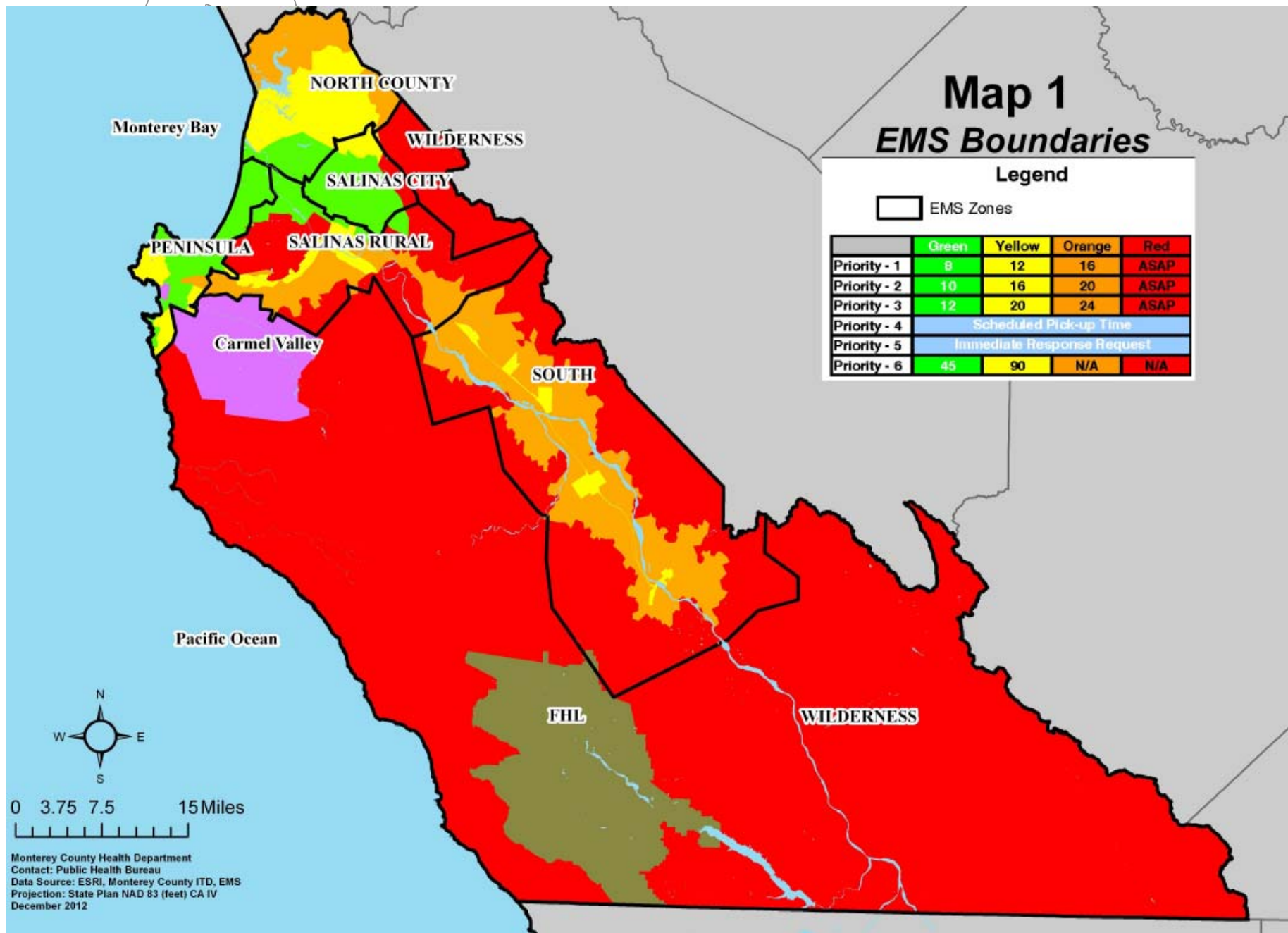


TABLE 12 – Ambulance Zone Summary

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #2 Carmel by the Sea
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Carmel Fire Ambulance (CFA)
Area or Subarea (Zone) Geographic Description: City of Carmel by the Sea
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): N/A
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. N/A

TABLE 12 – Ambulance Zone Summary

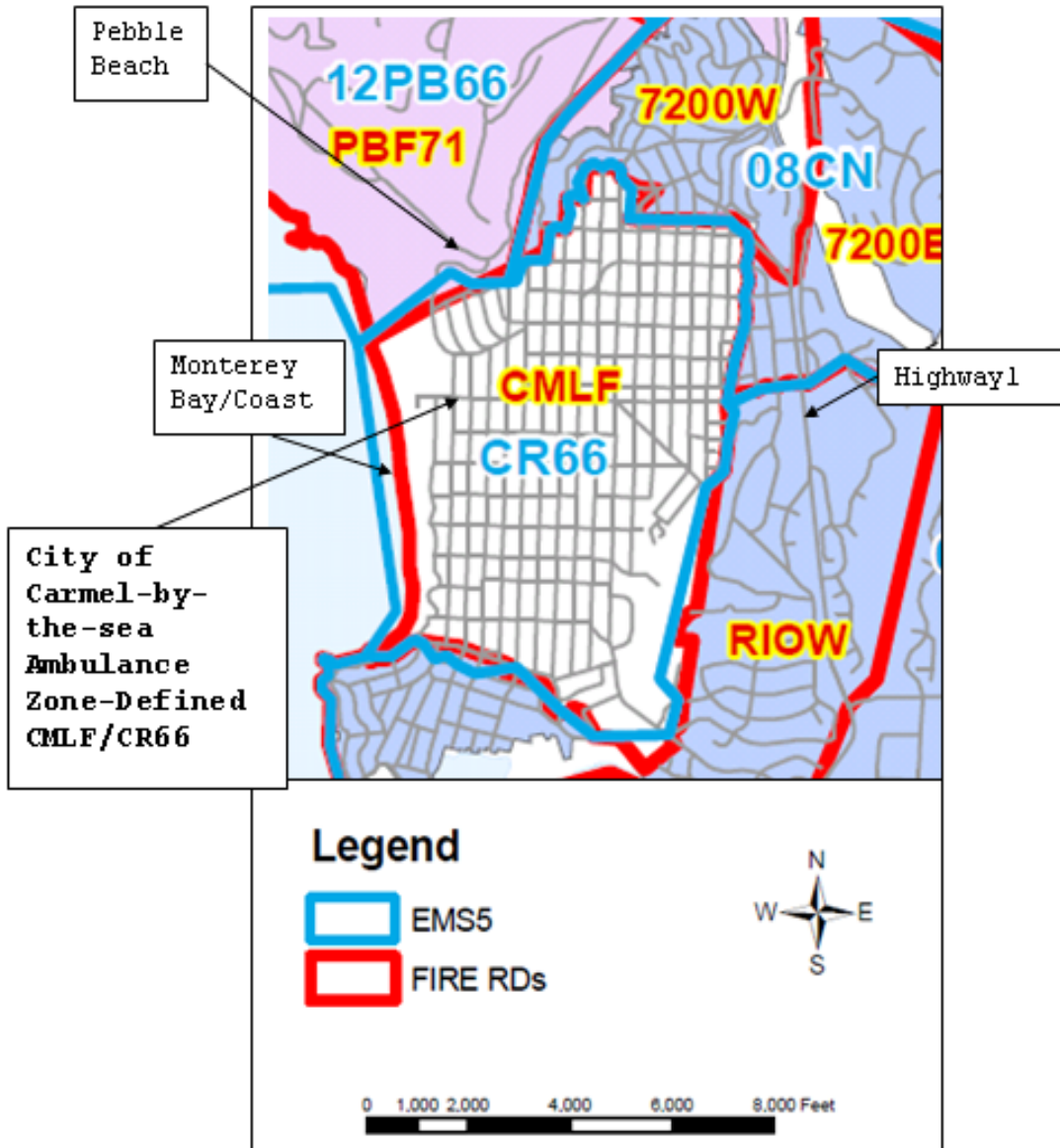
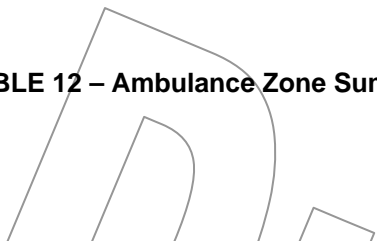


TABLE 12 – Ambulance Zone Summary

<p>Local EMS Agency or County Name: Monterey County EMS Agency</p>
<p>Area or Subarea (Zone) Name or Title: #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Monterey County Regional Fire Protection District (MCRFD)</p>
<p>Area or Subarea (Zone) Geographic Description: East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action.</p> <p>Non-exclusive</p>
<p>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): N/A</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>N/A</p>

TABLE 12 – Ambulance Zone Summary

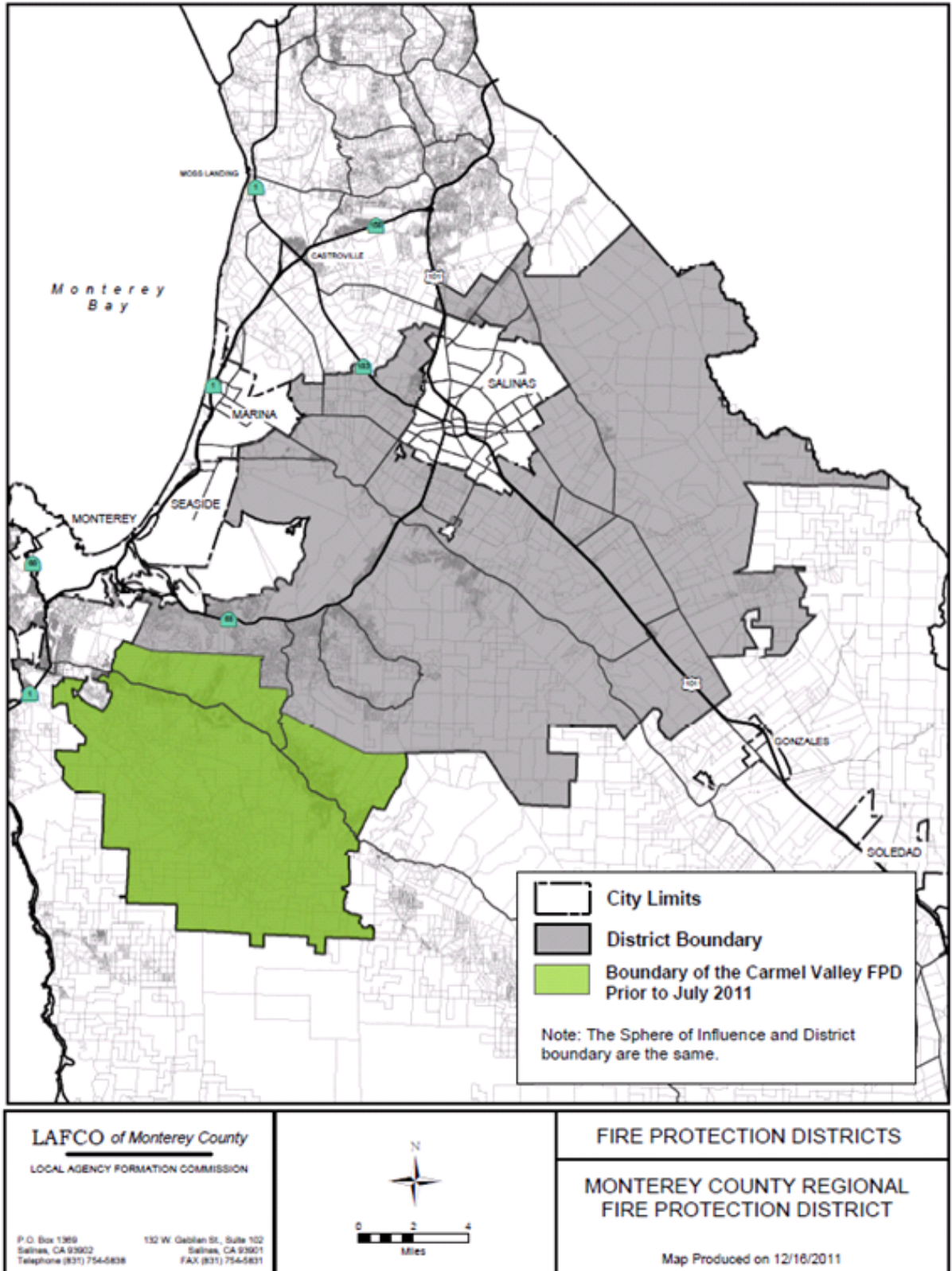


TABLE 13 – Trauma System Status Report (2013)**TABLE 13:**County: **Monterey****Trauma System Summary (Summary revised August 2014):**

Currently, the County system of care for trauma patients is to air transport the majority of trauma patients to Santa Clara County Trauma Centers. Mechanic-Anatomic-Physiologic (MAP) triage criteria (algorithm) are used within Monterey County to determine injury severity and when the patient meets MAP criteria, a helicopter is dispatched and patients are transported to Santa Clara County.

Monterey County EMS seeks to improve the care provided to trauma patients in its service area through an inclusive trauma care system. The proposed system design is:

- The designation of a Level II Trauma Center
- Patients meeting field triage criteria will be transported to a Level II Trauma Center in county when possible;
- Appropriate patients will be transported to a designated pediatric Trauma Center in another county;
- A quality improvement process will be established which includes appropriate stakeholders;
- Training will be provided for prehospital and hospital personnel regarding the changes to system policies including field trauma triage and hospital destination;
- Appropriate policies will be adopted for implementation and operation of the system; and,
- Trauma patients within 45 minutes (via ground or air) of the Monterey County Level II Trauma Center will be transported directly to that facility. All other patients will be transported to the destination determined by the Level II Trauma Center.

Changes in Trauma System:

In 2011, the updated County Trauma plan was submitted and approved by the EMS Authority in September. The trauma plan calls for designation of a single Level II Trauma Center, the 4 hospitals in Monterey County were surveyed to determine interest in becoming the designated facility with 2 of the hospitals indicating a desire to pursue Level II Trauma Center designation. Due to multiple hospital interest, the Agency released a Request for Qualifications (RFQ) to determine the most appropriate hospital for designation. Two (2) letters of intent were received from hospitals located within Monterey County stating their intent to submit proposals for designation as a Level II Trauma Center.

Number and designation Level of Trauma Centers:

N/A

TABLE 13 – Trauma System Status Report (2013)**Trauma System Goals and Objectives (calendar revised August 2014):**

Issue RFQ	May 16, 2012
Proposal Submittal Deadline	August 16, 2013
Independent Review Panel Facility Review	September 2013
Establishment of MOU Due to Natividad Medical Center (NMC) (another county department) becoming a designated Level II Trauma Center, County Council determined an MOU is not the appropriate contracting avenue and has directed to make changes to county ordinance regarding NMC's status as a designated adult Level II Trauma Center (to be completed in Spring 2015).	November 15, 2013
Designation	December 5, 2014
Trauma System Start Up	January 1, 2015

Changes to Implementation Schedule:

NMC submitted a Trauma Implementation Timeline November 15, 2013
 Upon direction of the Board of Supervisors, NMC submitted an implementation timeline. The timeline provided detail to acquisitions of final capital needs and formalizing contract requirements listed in the proposal. Final preparations and completion of timeline items is being monitored by the EMS Agency.

EMS Agency to Independently Confirm NMC's Capabilities September 2014
 Outside trauma experts to review NMC's trauma treatment capabilities

Direction by Medical Director to Modify Transport Directive October 6, 2014
 a. Patients Meeting "Trauma-Like" Criteria (CDC Field Triage Criteria)
 b. The purpose of the direction by the Medical Director is for gathering approximately two (2) months of data to confirm NMC's capabilities. NMC will not be designated as a trauma center at this time. Prehospital patients who meet the "Trauma-Like" criteria are to be triaged for the purpose of confirming NMC's capabilities. Other hospitals within the county are continued to be expected to direct patients to designated trauma centers, not to NMC at this time.

Outside Trauma Experts to do a Final Review December 2014
 The final review will include confirmation of meeting Title 22 and RFQ criteria by using the data from the two (2) month sampling. The purpose is to provide a final recommendation to the Medical Director and the LEMSA for designation of a Level II Trauma Center.

TABLE 13 – Trauma System Status Report (2013)

Designation and Trauma Start Up

January 5, 2015

System Performance Improvement:

Currently NMC performs a Peer Review Process for Trauma Qualified patients. This is an internal process that was set up by the Trauma Program Manager at NMC. The Trauma Coordinator for the EMS Agency attends these meetings as a way to monitor performance improvement for the facility. The EMS Agency is establishing a performance improvement process at this time. The EMS Agency is establishing a policy regarding quality and process improvement and will initiate the process once NMC has been designated as a Level II Trauma Center.

Progress on Addressing EMS Authority Trauma System Plan Comments:

See Above

Other Issues:

Anticipate submittal of updated Trauma Plan by November 2014 to EMS Authority for review and approval prior to final designation of NMC for a Level II Trauma Center.

EMSA Trauma System Status Report (2014) Correspondence – See Following

TABLE 13 – Trauma System Status Report (2013)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., Governor

EMERGENCY MEDICAL SERVICES AUTHORITY

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



August 18, 2014

Kirk Schmitt
EMS Director
Monterey County EMS Agency
1270 Natividad Road
Salinas, CA 93906

Dear Mr. Schmitt:

The EMS Authority (EMSA) has approved Monterey County's 2014 Trauma System Status Report. Thank you for providing the report in compliance with EMSA's Annual Trauma System Status Report Guidelines. All Monterey County's trauma system information provided in the report is in compliance with California Code of Regulations, Title 22 Trauma Care Systems.

In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." According to your letter, Monterey County's revised Trauma Plan will be submitted in November 2014, prior to designation of a Level II Trauma Center.

Upon review of the report, the EMS Authority has the following required actions/recommendations/comments:

Trauma System Summary

Accepted as Written Required Action Recommendation Comment

Changes in Trauma System

Accepted as Written Required Action Recommendation Comment

Number and Designation Level of Trauma Centers

Accepted as Written Required Action Recommendation Comment

TABLE 13 – Trauma System Status Report (2013)

Kirk Schmitt
 August 18, 2014
 Page 2 of 2

Trauma System Goals and Objectives

Accepted as Written Required Action Recommendation Comment

When completing the temporary destination policy that will direct trauma patients to Natividad Medical Center for two months prior to designation, reference CCR Title 13 should be included:

§ 1105. Ambulance Driver's Responsibilities.

(c) Destination Restriction. In the absence of decisive factors to the contrary, an ambulance driver shall transport emergency patients to the most accessible emergency medical facility equipped, staffed, and prepared to administer care appropriate to the needs of the patients.

Changes to Implementation Schedule

Accepted as Written Required Action Recommendation Comment

System Performance Improvement

Accepted as Written Required Action Recommendation Comment

Progress on Addressing EMS Authority Trauma System Plan/Status Report**Action Items**

Accepted as Written Required Action Recommendation Comment

Thank you again for submitting a report on Monterey County's Trauma System. Please provide us with an electronic copy of your revised Trauma Plan in November 2014. The Trauma Plan format should be used and is attached for your reference. If you have any questions, please contact Tom McGinnis at (916) 322-4336 or tom.mcginnis@emsa.ca.gov.

Sincerely,



Howard Backer, MD, MPH, FACEP
 Director

Attachment