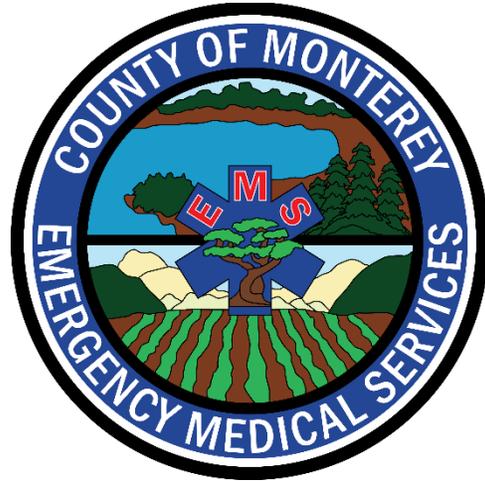


County of Monterey Emergency Medical Services Agency



EMERGENCY MEDICAL SERVICES PLAN 2025

Revised February 2026

Board of Supervisors Board Order

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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.
2016-12-27	Updated Executive Summary; Table 2 – System Resources and Operations, specifically FY 15/16 budget and staffing information; Table 3- Personnel/Training, current EMS personnel certified and accredited with the EMS Agency and number of reviews performed; Table 4- System Resources and Operations – Communications; Table 6- System Resources Directory – Facilities/Critical Care; Table 7- Resource Directory - Disaster Medical; Table 8- Resource Directory, showing 2016 responses and transports; Table 9- Resources Directory – Facilities; Table 10- Resources Directory - Approved Training Programs; Table 11- Resources Directory - EMS Dispatch Agency; and Table 13-Trauma System Report.
2017-12-21	Updated Executive Summary; Table 1 - System Organization and Management H. Disaster Medical Response 8.10; Routine updates to Table 2 through 13
2019-01	Updated summary, updated table of contents, added plan progress objectives, updated tables 1-11 – removed trauma care system update
2023-01	Updated Executive Summary, updated Table of Contents, Routine updates to Tables 2 through 13; Updated Table 10 – Approved Training Programs.
2025-01	Updated Executive Summary and Table 1 – System Organization and Management, Section C – Communications, and Table 12 – System Organization and Management, Section C – Communications.
2025-01	Updated Executive Summary. Routine updates to Tables 2, 3, 4, 6, 8, 10, and 11.
2026-02	Updated Executive Summary. Routine updates to Tables 2, 3, 4, 6, 8, 10, and 11. Updated CCR citation included in Table 1, Section C to reflect new numbering. Update to Table 12 due to recently completed RFP process.

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Executive Summary

The County of Monterey Emergency Medical Services (EMS) Agency (EMS Agency) is a Bureau within the County of Monterey Health Department and is designated by the Board of Supervisors as the local emergency medical services agency (LEMSA) for the County of Monterey. The agency's primary responsibilities are to plan, implement, and evaluate an Emergency Medical Services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA). Key components of this include system monitoring/oversight, medical control, policy/procedure development and implementation, monitoring compliance with laws/regulations, certification/accreditation of EMS personnel, EMS system planning, as well as educational program approval and monitoring.

The mission of the EMS Agency is to lead the County of Monterey EMS System through establishing highest standards of emergency medical care, system operations, and medical disaster preparedness for the benefit of the people of the County of Monterey. The County of Monterey EMS System is comprised of ground and air ambulance providers, dispatch/communication centers, fire and rescue service providers, hospital emergency departments, specialty care centers for trauma, stroke, and ST elevation myocardial infarction (STEMI) patients, and the County of Monterey EMS Agency. The collaborative efforts of these EMS System partners strengthen our ability to provide emergency medical services to citizens of and visitors to the County of Monterey.

California Health and Safety Code (HSC), Division 2.5, Section 1797.254, requires LEMSAs to submit an EMS Plan to EMSA and provide annual updates thereafter. This EMS Plan Update is intended to meet the requirements of HSC, Division 2.5, Section 1797.254.

This document represents the 2025 annual update of the County of Monterey EMS Agency. This plan submission updates the most recent plan for the County of Monterey which covered calendar years 2022 through 2024. The County of Monterey EMS Agency received notice of EMSA's approval of the EMS Plan covering 2022 through 2024 on March 19, 2025.

The County of Monterey EMS Agency completed several accomplishments and system improvements during the period covered by this document. Key accomplishments included:

- In January 2025 the County of Monterey issued a Request for Proposals (RFP) for an ambulance services provider for the County of Monterey Exclusive Operating Area (EOA). Interested parties were required to submit their proposals by April 2025. After a thorough proposal review process, the County of Monterey issued a tentative award letter to American Medical Response West (AMR). In July 2025 the County of Monterey Board of Supervisors approved an agreement between the County of Monterey and AMR for Advanced and Basic Life Support Ambulance Services, Interfacility and Critical Care Transport, Standby, and Communication Services for the EOA.
- After the approval of the agreement with AMR, the EMS Agency immediately began with the Contractor to ensure that the necessary actions were taken to successfully implement services by the start of the agreement's Operational Period on February

1, 2026. During this time, the EMS Agency held multiple meetings with key stakeholders to provide updates on implementation progress and receive feedback.

- Completed annual updates of our policies and treatment protocols. We also continued to expand our policy and protocol development cycle plan to increase educational outreach efforts and opportunities for stakeholder input.
- Obtained approval of our renewal application related to our local optional scope of practice permitting the administration of buprenorphine to patients exhibiting signs or symptoms of opioid withdrawal or who were successfully resuscitated following an overdose on opioids.
- Began attending regular meetings with representatives from the medical staff at Salinas Valley State Prison (SVSP) to share information and discuss improvements to responses to and transports from the facility.
- Executed an agreement with a vendor to allow electronic processing of applications for EMT Certification and Paramedic Accreditation. The system will streamline the processing of applications and provide better communication with applicants.
- EMS Agency staff and the Medical Director participated in local crisis intervention training for law enforcement officers by presenting information on EMS policies related to behavioral health patients and answered questions on interactions between EMS and law enforcement.
- Worked with NCTI-Bay Area to review their application to open a Paramedic Program satellite location in Monterey County. The EMS Agency approved NCTI's application in July of 2025. Shortly thereafter, the first cohort of students began the didactic component of their training. Students who successfully complete the Paramedic Program will be eligible to receive 30 college units.
- During 2025 the EMS Agency successfully brought the fourth and final of our four hospitals fully online with a bidirectional health data exchange program with all EMS provider agencies.
- Fulfilled the role of the Medical Health Operational Coordinator (MHOAC) and maintained all 17 public health functions through a 24-hour-per-day, 365-days-per-year single point of contact for the program. Debra Hoppood, Acting EMS Director/Bureau Chief, serves as the MHOAC designee. The County of Monterey EMS Agency complies with Health and Safety Code Sections 1797.152 and 1797.153. The EMS Agency and MHOAC cooperate in the creation of a Medical and Health Disaster Plan for the County of Monterey and assist in the coordination of medical and health disaster resources as outlined in Section 1797.153. The MHOAC coordinates with the Regional Disaster Medical Health Coordination program as well as local and state health officials and agencies.

We thank our EMS service providers, emergency dispatchers, hospital personnel, emergency management personnel, and community throughout the County of Monterey who have demonstrated their commitment to supporting the County of Monterey EMS System and helping to make these improvements possible in our ongoing effort to meet the needs of our community.

TABLE 1: MINIMUM STANDARDS / RECOMMENDED GUIDELINES

A - SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X	X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedure Manual		X			
1.15	Compliance w/ Policies		X			

A - SYSTEM ORGANIZATION AND MANAGEMENT (Continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level – Advanced Life Support:						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level – Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level – Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level – Exclusive Operating Areas:						
1.28	EOA Plan		X			

B - STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	N/A		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X	N/A		
Enhanced Level – Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C - COMMUNICATIONS

The County of Monterey EMS Agency's Communications Program complies with Health and Safety Code Sections 1797.223 and 1798.8; California Code of Regulations (CCR), Title 22, Chapter 3.3, Article 7, Sections 100096.03 (b) and (c)(2); and CCR, Title 22, Chapter 7, Article 4, Section 100169 (d).

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

D - RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	N/A		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	N/A		
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	N/A		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level – Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level – Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level – Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		N/A			
4.21	Compliance		X			
4.22	Evaluation		X			

E – FACILITIES / CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enhanced Level – Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level – Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level – Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	X		
5.12	Public Input		X			
Enhanced Level – Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F - DATA COLLECTION / SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X			
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level – Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level – Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

G - PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	N/A		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	N/A		

H - DISASTER MEDICAL RESPONSE

The EMS Agency fulfills the role of the Medical Health Operational Coordinator (MHOAC) and maintains all 17 public health functions through a 24-hour-per-day, 365-days-per-year single point of contact for the program. Debra Hopgood, Management Analyst III, serves as the MHOAC designee. The County of Monterey EMS Agency complies with Health and Safety Code Sections 1797.152 and 1797.153. The EMS Agency and MHOAC cooperate in the creation of a Medical and Health Disaster Plan for the County of Monterey and assist in the coordination of medical and health disaster resources as outlined in Section 1797.153. The MHOAC coordinates with the Regional Disaster Medical Health Coordination program as well as local and state health officials and agencies.

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	N/A		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	N/A		
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*	X				
8.12	Establishment of CCPs	X				
8.13	Disaster Medical Training		X	N/A		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	N/A		
Enhanced Level – Advanced Life Support:						
8.17	ALS Policies		X			

H - DISASTER MEDICAL RESPONSE (Continued)

Enhanced Level – Specialty Care Systems:					
8.18	Specialty Center Roles		X		
Enhanced Level – Exclusive Operating Areas/Ambulance Regulations:					
8.19	Waiving Exclusivity		X		

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: **2025**

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

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

County: Monterey

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

2. Type of agency

Health Department

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

Director of Health Services

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	N/A
Designation of other critical care centers	X
Development of transfer agreements	N/A
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	N/A
Continuing education	X
Personnel training	N/A
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	N/A
Administration of critical incident stress debriefing team (CISD)	N/A
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Reporting Year: **2025**

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>1,309,399</u>
Contract Services (e.g. medical director)	<u>348,229</u>
Operations (e.g. copying, postage, facilities)	<u>131,733</u>
Travel	<u>16,241</u>
Fixed assets	<u> </u>
Indirect expenses (overhead)	<u>325,872</u>
Ambulance subsidy	<u>108,000</u>
EMS Fund payments to physicians/hospital	<u>576,183</u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: CSA-74 Fund—EMS Training and Equipment Support	<u>474,690</u>
Other: County-wide Communications/Radio System	<u>62,415</u>
Other: _____	<u> </u>
TOTAL EXPENSES	\$ <u>3,352,762</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	<u> </u>
Office of Traffic Safety (OTS)	<u> </u>
State general fund	<u> </u>
County general fund	<u>233,571</u>
Other local tax funds (e.g., EMS district)	<u>2,061,206</u>
County contracts (e.g. multi-county agencies)	<u> </u>
Certification fees	<u> </u>
Training program approval fees	<u> </u>
Training program tuition/Average daily attendance funds (ADA)	<u> </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u> </u>
Base hospital application fees	<u> </u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	<u>178,204</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>770,751</u>
Other: Grant	_____
Other: <u>Air Ambulance License fees</u>	<u>100,000</u>
Other (specify): <u>Legal Services</u>	<u>30</u>
Other (specify): <u>Penalties to EOA Service Provider</u>	<u>9,000</u>
 TOTAL REVENUE	 \$ <u>3,352,762</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	_____
EMT-I recertification	_____
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	_____
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	<u>178,203.69</u>
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance Service License	_____
Ambulance Vehicle Permits	_____
Other: <u>Air ambulance service fee</u>	<u>\$25,000</u>
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director/Bureau Chief	1	\$155.12	32.60%	
Asst. Admin./Admin..Asst./Admin. Mgr.	Management Analyst III	1	\$63.30	32.60%	
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	EMS Analyst	4	\$57.79	32.60%	
Trauma Coordinator	Health Program Coordinator	1	\$63.80	32.60%	
Medical Director	Medical Director				Contracted position. No benefits
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Epidemiologist II	0.20	\$54.92	32.60%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other	Administrative Services Assistant	1	\$50.26	32.60%	
Other	Accountant I	1	\$42.02	32.60%	

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.

The organizational chart below represents the Monterey County EMS Agency's staffing as of January 1, 2026.

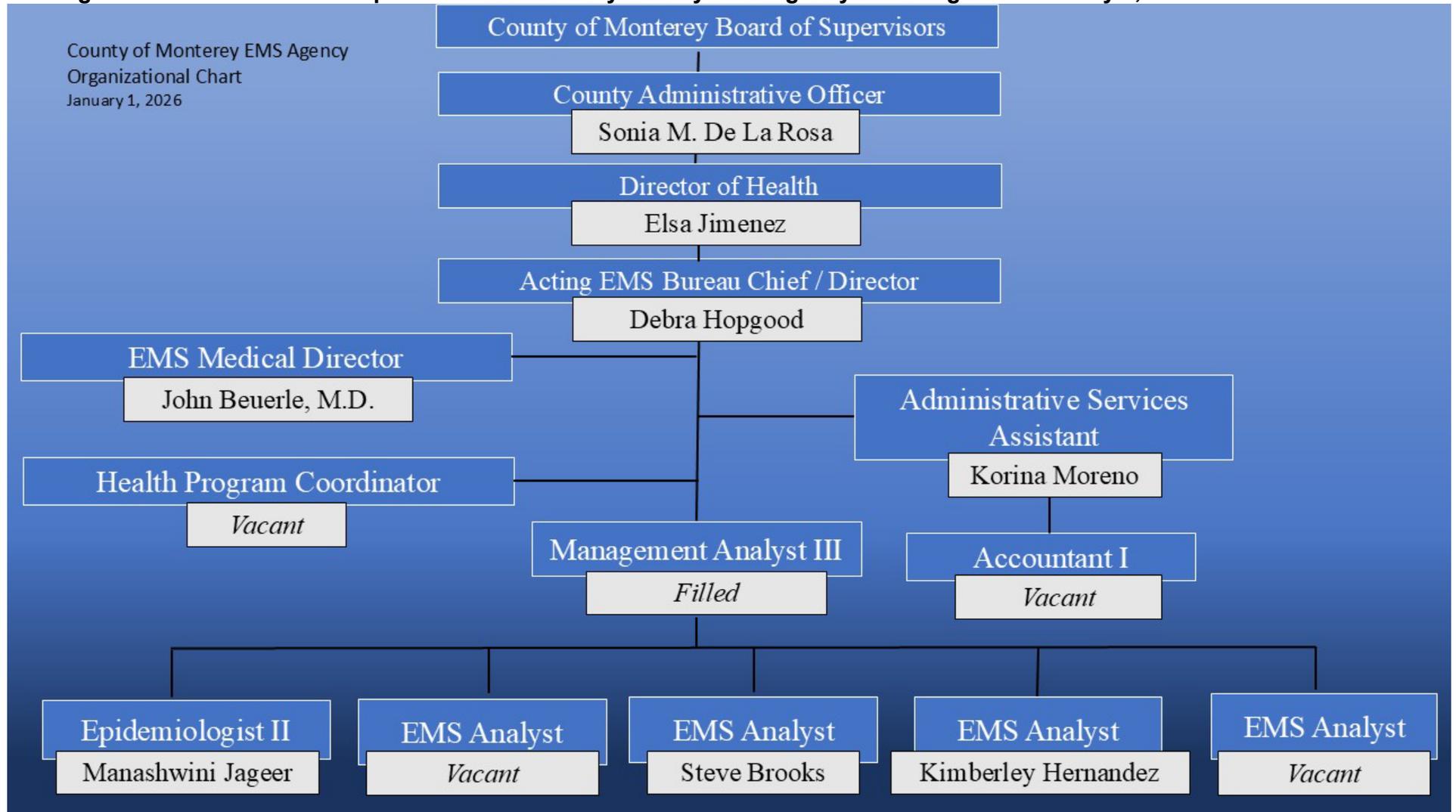


TABLE 3: STAFFING/TRAINING

Reporting Year: **2025**

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	691	N/A		N/A
Number newly certified this year	107	N/A		N/A
Number recertified this year	270	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	220	N/A
Number of certification reviews resulting in:				
a) formal investigations	5	N/A	0	N/A
b) probation	2	N/A	0	N/A
c) suspensions	0	N/A	0	N/A
d) revocations	0	N/A	0	N/A
e) denials	1	N/A	0	N/A
f) denials of renewal	0	N/A	0	N/A
g) no action taken	2	N/A	0	0N/A

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

Unknown
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: COMMUNICATIONS

County: **Monterey**

Reporting Year: **2025**

1. Number of primary Public Service Answering Points (PSAP)
 - **County of Monterey Emergency Communications Department**
 - **California Highway Patrol – Monterey**
 - **City of Carmel**
 - **Fort Hunter Liggett**
 - **Presidio of Monterey (POM)**

5

2. Number of secondary PSAPs
 - **American Medical Response**
 - **CalFire**

2

3. Number of dispatch centers directly dispatching ambulances **2**
4. Number of EMS dispatch agencies utilizing EMD guidelines **1**
5. Number of designated dispatch centers for EMS Aircraft **2**
6. Who is your primary dispatch agency for day-to-day emergencies?
 - **County of Monterey Emergency Communications Department (9-1-1)**
7. Who is your primary dispatch agency for a disaster?
 - **County of Monterey Emergency Communications Department (9-1-1)**
8. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 458.4/453.4 467.950/462.950,467.975/462.975
 - b. Other methods – ReddiNet, TENS, EAS, CAHAN, Faxes, Internet, Text Messages, Cell, Commercial Satellite Phones, etc
 - c. Can all medical response units communicate on the same disaster communications system? Yes No
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? Yes No
 - 1) Within the operational area? Yes No
 - a. County of Monterey Operational Area Emergency Operations Plan is a ratified plan to utilize ARES/RACES as a communication

system. Per the County of Monterey Emergency Operations Plan (EOP), ARES/RACES is integrated into the Monterey County Operational Area (MCOA) Emergency Operations Center (EOC) Logistics Section, Communications Unit to provide:

- i. amateur radio emergency services under the direction of the EOC
- ii. emergency radio services in critical facilities; incident command centers (equipment & staff).
- b. MCDEM is currently discussing additional capacities with ARES/RACES as backup communication systems for Operational Area, Regional, and State communications.

2) Between operation area and the region and/or state?

Yes No

- a. MCDEM is currently working with Monterey County ARES/RACES and San Benito ARES/RACES to develop Cross Operational Area Trainings.
- b. MCDEM is currently discussing additional capacities with ARES/RACES as backup communication systems for Operational Area, Regional, and State communications.

TABLE 5: RESPONSE/TRANSPORTATION

County: **Monterey**

Reporting Year: **2025**

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **22**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	8 Minutes	12 / 16 Minutes	ASAP	N/A

TABLE 6: FACILITIES/CRITICAL CARE

County: **Monterey**

Reporting Year: **2025**

Trauma

Trauma patients:

	2025
1. Number of patients meeting trauma triage criteria.	1,754
2. Number of major trauma victims transported directly to a trauma center by ambulance.	1,339
3. Number of major trauma patients transferred to a trauma center.	57
4. Number of patients meeting trauma triage criteria who weren't treated at a trauma center.	358

Emergency Departments

Total number of emergency departments	4
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	4
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	4
2. Number of base hospitals with written agreements	3

TABLE 7: DISASTER MEDICAL

County: **Monterey**

Reporting Year: **2025**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? **N/A, see 8.11 and 8.12**
 - 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 No

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? **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 No
 - b. At what HazMat level are they trained? **Level A**
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **12 cities and 20 special districts**

3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
California Mutual Aid County and Intra-Medical Health Regional and Cooperative Agreement for Emergency Medical and Health Disaster Services; California Mutual Aid Region II Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? **County of Monterey Health Department**
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **N/A**

TABLE 8: RESOURCE DIRECTORY

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** American Medical Response West **Response Zone:** #1

Address: 2511 Garden Rd Ste A140 **Number of Ambulance Vehicles in Fleet:** 36
Monterey, CA 93940

Phone Number: 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 20

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

42,102 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

27,620 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Big Sur Volunteer Fire Brigade **Response Zone:** Big Sur Coast

Address: PO Box 520
Big Sur, CA 93920 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-667-2113 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Cachagua Fire Protection District **Response Zone:** Cachagua FPD

Address: PO Box 2090 **Number of Ambulance Vehicles in Fleet:** 0
Carmel Valley, CA 93924

Phone Number: 831-659-7700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** CAL FIRE (Carmel Highlands Fire Protection District) **Response Zone:** Carmel Highlands PFD

Address: 2221 Garden Rd **Number of Ambulance Vehicles in Fleet:** 0
Monterey, CA 93940

Phone Number: 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** CAL FIRE (Cypress Fire Protection District) **Response Zone:** Cypress FPD

Address: 2221 Garden Rd **Number of Ambulance Vehicles in Fleet:** 0
Monterey, CA 93940

Phone Number: 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** CAL FIRE (Pebble Beach Community Services District) **Response Zone:** Pebble Beach CSD

Address: 3101 Forrest Lake Rd **Number of Ambulance Vehicles in Fleet:** 0
Pebble Beach, CA 93953

Phone Number: 831-373-1274 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** CAL FIRE (Soledad) **Response Zone:** City of Soledad

Address: 2221 Garden Rd
Monterey, CA 93940 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** CAL FIRE (South Monterey County FPD) **Response Zone:** SOMOCO

Address: 2221 Garden Rd **Number of Ambulance Vehicles in Fleet:** 0
Monterey, Ca. 93940

Phone Number: 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** CAL FIRE (Aromas Tri-County Fire Protection District **Response Zone:** Tri-County FPD

Address: 2221 Garden Rd **Number of Ambulance Vehicles in Fleet:** 0
Monterey, Ca. 93940

Phone Number: 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** CALSTAR/Reach **Response Zone:** Monterey County

Address: 4922 Baily Loop
McClellan, CA 95652 **Number of Ambulance Vehicles in Fleet:** 8

Phone Number: 916-921-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Camp Roberts Emergency Services **Response Zone:** Camp Roberts

Address: HQ Camp Roberts Hwy 101, Bldg 4050 **Number of Ambulance Vehicles in Fleet:** 0
Camp Roberts, CA 93451

Phone Number: 831-238-8220 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of Carmel Ambulance **Response Zone:** Carmel-by-the-Sea

Address: PO Box CC **Number of Ambulance Vehicles in Fleet:** 2
Carmel, CA 93921

Phone Number: 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

1,302 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** California Correctional Training Facility **Response Zone:** State Prison

Address: Hwy 101 Soledad
Soledad, CA 93960 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-678-5922 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** California Highway Patrol **Response Zone:** Monterey County

Address: 5020 Wing Ave
Paso Robles, CA 93446 **Number of Ambulance Vehicles in Fleet:** 1

Phone Number: 805-239-3553 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of Marina Fire Department **Response Zone:** City of Marina

Address: 211 Hillcrest Ave
Marina, CA 93933 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Fort Hunter-Liggett Fire Department **Response Zone:** FHL US Army Garrison

Address: T-120 Infantry Rd
Jolon, CA 93928 **Number of Ambulance Vehicles in Fleet:** 2

Phone Number: 831-678-5922 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of Gonzales Fire Department **Response Zone:** Cities of Gonzalez & Gonzalez Rural Fire Protection District

Address: PO Box 647
Gonzalez, CA 93926 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-675-5000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of Greenfield Fire Department **Response Zone:** City of Greenfield and Greenfield FPD

Address: 380 Oak Ave
Greenfield, CA 93927 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-674-5484 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of King Fire Department **Response Zone:** City of King City

Address: PO Box 2550 **Number of Ambulance Vehicles in Fleet:** 0
King City, CA 93930

Phone Number: 831-385-3430 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Monterey County Regional Fire Protection District/CVFA **Response Zone:** #3

Address: 19900 Portola Dr
Salinas, CA 93908 **Number of Ambulance Vehicles in Fleet:** 5

Phone Number: 831-472-2311 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

2,100 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025 (Flight Ops ended Feb 28, 2025 at 18:00)**

Response/Transportation/Providers

County: Monterey **Provider:** Mercy Air Service **Response Zone:** Monterey County

Address: 1670 Miro Wy **Number of Ambulance Vehicles in Fleet:** 2
Rialto, CA 92376

Phone Number: 909-829-7030 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Mid Coast Fire Brigade **Response Zone:** Mid Coast

Address: 33841 Palo Colorado Canyon
Monterey, CA 93923 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-624-8287 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of Monterey Fire Department **Response Zone:** Cities of Monterey, Carmel, Sand City and Pacific Grove

Address: 610 Pacific St
Monterey, CA 93940 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-646-3900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Monterey County Parks **Response Zone:** Monterey County Parks

Address: 2610 San Antonio Rd
Bradley, CA 93426 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-472-2311 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** North County Fire Protection District **Response Zone:** North County FPD

Address: 11200 Speegle St
Castroville, CA 95012 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-633-2578 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** Presidio of Monterey Fire Department **Response Zone:** Presidio of Monterey

Address: Bldg #4400 General Jim Moore Blvd **Number of Ambulance Vehicles in Fleet:** 0
Seaside, Ca 93955

Phone Number: 831-242-7702 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of Salinas Fire Department **Response Zone:** City of Salinas

Address: 65 West Alisal St Ste 200 **Number of Ambulance Vehicles in Fleet:** 0
Salinas, CA 93901

Phone Number: 831-758-7261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: **2025**

Response/Transportation/Providers

County: Monterey **Provider:** City of Seaside Fire Department **Response Zone:** Cities of Seaside and Del Rey Oaks

Address: 1635 Broadway Ave
Seaside, CA 93955 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 831-899-6790 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

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: FACILITIES

County: Monterey

Reporting Year: 2025

Facility: Natividad
 Address: 1441 Constitution Blvd
Salinas, CA 93906

Telephone Number: 831-755-4185

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES (cont.)

County: Monterey

Reporting Year: **2025**

Facility: Community Hospital of the Monterey Peninsula
(CHOMP)
Address: 23625 Holman Highway
Monterey, CA 93940

Telephone Number: 831-642-5311

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES (cont.)

County: Monterey

Reporting Year: **2025**

Facility: Salinas Valley Health (SVH)
 Address: 450 E. Romie Ln
Salinas, CA 93901

Telephone Number: 831-757-4333

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

Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES (cont.)

County: Monterey

Reporting Year: **2025**

Facility: George L. Mee Memorial Hospital
Address: 300 Canal St
King City, CA 93930

Telephone Number: 831-385-6000

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

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

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: APPROVED TRAINING PROGRAMS

County: Monterey

Reporting Year: 2025

Training Institution:	Hartnell College		Telephone Number:	831-770-6146
Address:	411 Central Ave			
	Salinas Ca 93901			
Student Eligibility*:	Open	**Program Level	EMT	
	Cost of Program:	Number of students completing training per year:		
	Basic: \$1200	Initial training:	87	
	Refresher: \$400	Refresher:	0	
		Continuing Education:	0	
		Expiration Date:	4/30/27	
		Number of courses:		
		Initial training:	5	
		Refresher:	0	
		Continuing Education:	0	

Training Institution:	Monterey Peninsula College		Telephone Number:	831-770-6146
Address:	980 Fremont Street			
	Monterey, CA 93940			
Student Eligibility*:	Open	**Program Level	EMT	
	Cost of Program:	Number of students completing training per year:		
	Basic: \$933	Initial training:	89	
	Refresher: \$42	Refresher:	6	
Cost does not include fees such as Live Scan, vaccinations, uniform, etc.		Continuing Education:	0	
		Expiration Date:	5/31/27	
		Number of courses:		
		Initial training:	4	
		Refresher:	2	
		Continuing Education:	0	

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

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

TABLE 10: APPROVED TRAINING PROGRAMS (cont.)

County: Monterey

Reporting Year: 2025

Monterey Peninsula College		831-770-6146	
Training Institution:	_____		Telephone Number: _____
Address:	980 Fremont St.		
	Monterey, CA 93940		
Student Eligibility*:	Open	**Program Level	EMR
	Cost of Program:		
	Basic: \$650	Number of students completing training per year:	
	Refresher: \$N/A	Initial training:	17
		Refresher:	0
		Continuing Education:	0
		Expiration Date:	4/30/29
		Number of courses:	
		Initial training:	2
		Refresher:	0
		Continuing Education:	0

Big Sur Fire		831-667-2113	
Training Institution:	_____		Telephone Number: _____
Address:	P.O. Box 520		
	Big Sur, CA 93920		
Student Eligibility*:	Restricted	**Program Level	EMR
	Cost of Program:		
	Basic: \$0	Number of students completing training per year:	
	Refresher: \$0	Initial training:	9
		Refresher:	0
		Continuing Education:	9
		Expiration Date:	9/23/29
		Number of courses:	
		Initial training:	1
		Refresher:	0
		Continuing Education:	8

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

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

TABLE 10: APPROVED TRAINING PROGRAMS (cont.)

County: Monterey

Reporting Year: 2025

Training Institution:	Mid-Coast Fire Brigade	Telephone Number:	831-625-8175
Address:	38000 Palo Colorado Road Carmel, CA 93923		
Student Eligibility*:	Restricted	**Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic: \$0	Initial training:	5
	Refresher: \$0	Refresher:	0
		Continuing Education:	1
		Expiration Date:	2/29/28
		Number of courses:	
		Initial training:	1
		Refresher:	0
		Continuing Education:	1

Training Institution:		Telephone Number:	
Address:			
Student Eligibility*:		**Program Level	
	Cost of Program:	Number of students completing training per year:	
	Basic: _____	Initial training:	_____
	Refresher: _____	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

TABLE 10: APPROVED TRAINING PROGRAMS (cont.)

County: Monterey

Reporting Year: 2025

Training Institution:	South Bay Regional Public Safety Training Consortium/Monterey Peninsula College		Telephone Number:	831-646-1240
Address:	980 Fremont Street Monterey, CA 93940			
Student Eligibility*:	Open	**Program Level	Paramedic	
	Cost of Program:			
	Basic:	Number of students completing training per year:		
	Refresher:	Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:		
		Number of courses:		
		Initial training:		
		Refresher:		
		Continuing Education:		

Training Institution:	NCTI		Telephone Number:	916-960-6284
Address:	2511 Garden St. #A-140 Monterey, CA 93940			
Student Eligibility*:	Open	**Program Level	Paramedic	
	Cost of Program:			
	Basic:	Number of students completing training per year:		
	Refresher:	Initial training:		0
		Refresher:		0
		Continuing Education:		45
		Expiration Date:		2029
		Number of courses:		
		Initial training:		1
		Refresher:		0
		Continuing Education:		3

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

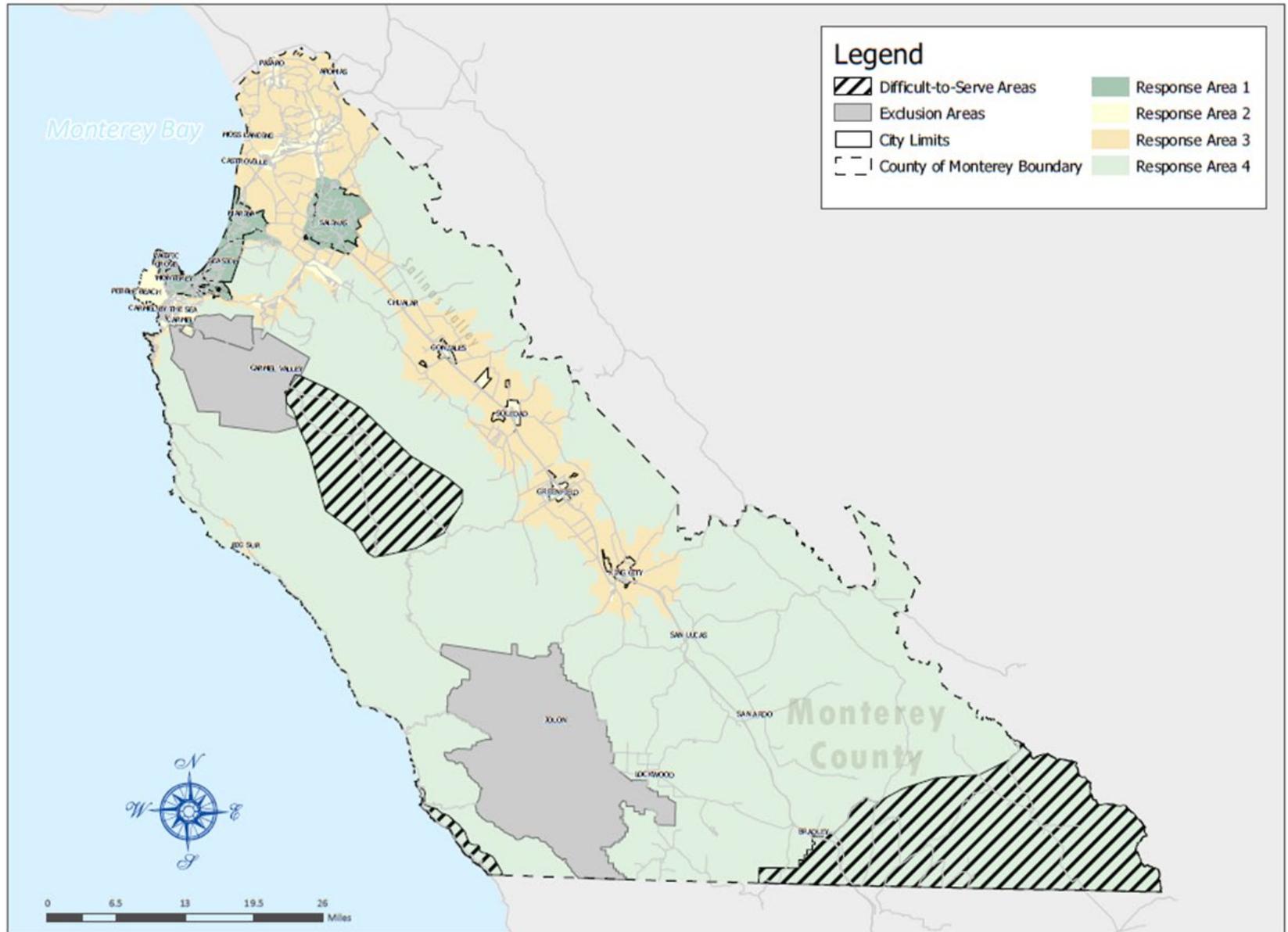
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

TABLE 12: AMBULANCE ZONE SUMMARY

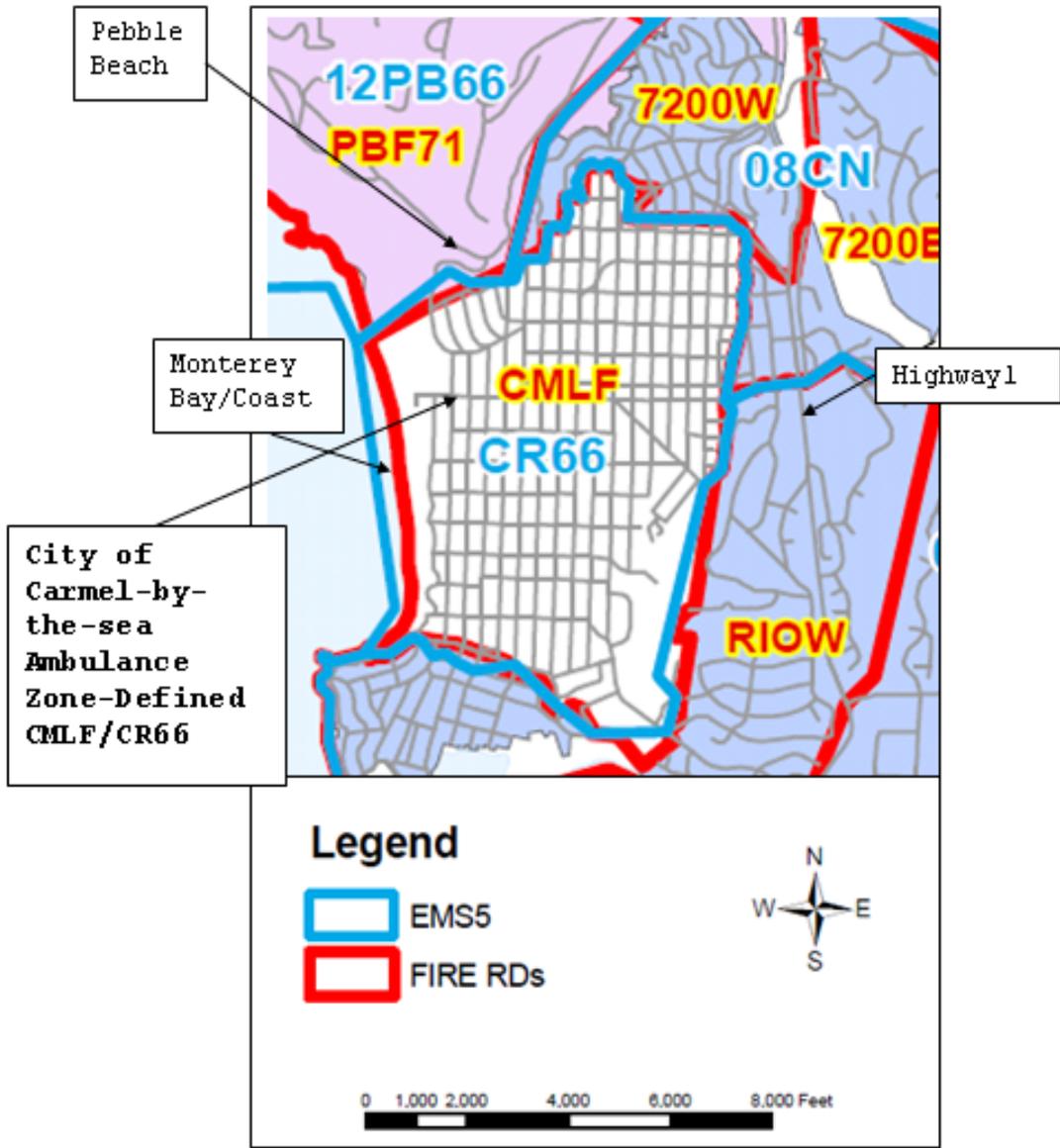
<p>Local EMS Agency or County Name: County of Monterey EMS Agency</p>
<p>Area or Subarea (Zone) Name or Title: #1 Monterey County Exclusive Operating Area</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response (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 approval by the Board of Supervisors.</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, BLS IFT, ALS IFT, CCT, non-emergency, standby transportation).</p>
<p>Method to achieve exclusivity, if applicable (HS 1797.224):</p> <p>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>The County of Monterey 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 a competitive bid process. The last competitive bid process was completed in 2025. The provision of services resulting from this bid process began on February 1, 2026.</p>



County of Monterey Exclusive Operating Area Overview Map



Local EMS Agency or County Name: County of Monterey 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



Local EMS Agency or County Name: County of Monterey EMS Agency
Area or Subarea (Zone) Name or Title: #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Monterey County Regional Fire Protection District (MCRFD)
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.
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

