

# Monterey County Emergency Medical Services Agency



## EMERGENCY MEDICAL SERVICES PLAN (Revised March 2019)

## Board of Supervisors Board Order

### 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

## **TABLE OF CONTENTS**

<b>Board of Supervisors Resolution</b>	<b>2</b>
<b>Update Log</b>	<b>3</b>
<b>TABEL OF CONTENTS</b>	<b>5</b>
<b>EMS Plan (2018) Executive Summary</b>	<b>7</b>
<b>Section A – System Organization and Management</b>	<b>7</b>
<b>Section B – Staffing and Training</b>	<b>7</b>
<b>Section C – Communications</b>	<b>8</b>
<b>Section D – Response and Transport</b>	<b>9</b>
<b>Section E – Facilities and Critical Care</b>	<b>9</b>
<b>Section F – Data Collection and System Evaluation</b>	<b>10</b>
<b>Section G – Public Information and Education</b>	<b>10</b>
<b>Section H – Disaster Medical Response</b>	<b>10</b>
<b>TABLE 1: MINIMUM STANDARDS / RECOMMENDED GUIDELINES</b>	<b>11</b>
<b>A. System Organization and Management</b>	<b>11</b>
<b>B. Staffing and Training</b>	<b>15</b>
<b>C. Communications</b>	<b>16</b>
<b>D. Response and Transportation</b>	<b>17</b>
<b>E. Facilities and Critical Care</b>	<b>19</b>
<b>F. Data Collection and System Evaluation</b>	<b>20</b>
<b>G. Public Information and Education</b>	<b>21</b>
<b>H. Disaster Medical Response</b>	<b>22</b>
<b>Plan Progress Objectives</b>	<b>23</b>
<b>TABLE 2: SYSTEM ORGANIZATION AND MANGEMENT</b>	<b>24</b>
<b>TABLE 3: STAFFING AND TRAINING</b>	<b>31</b>
<b>TABLE 4: COMMUNICATIONS</b>	<b>32</b>
<b>TABLE 5: RESPONSE AND TRANSPORTATION</b>	<b>33</b>
<b>TABLE 6: FACILITIES AND CRITICAL CARE</b>	<b>34</b>

<b>TABLE 7: DISASTER MEDICAL</b>	<b>35</b>
<b>TABLE 8: RESPIONSE TRANSPORTATION PROVIDERS</b>	<b>37</b>
<b>TABLE 9: FACILITIES</b>	<b>65</b>
<b>TABLE 10: APPROVED TRAINING PROGRAMS</b>	<b>69</b>
<b>TABLE 11: DISPATCH AGENCY</b>	<b>73</b>
<b>TABLE 12: AMBULANCE ZONE SUMMARY</b>	<b>74</b>

## **EMS Plan (2018) Executive Summary**

This document is the 2018 revision of the Monterey County EMS Plan. Of the 122 standards identified by the California EMS Authority in the EMS System Planning Guidelines, there are two (2) areas where the Monterey County EMS Plan does not meet the state-specified, minimum standards. (See Table 1 – Standards Summary Matrix for additional information). These standards and their corresponding statuses are:

1. **Designation of Casualty Collection Points (8.11) and;**
2. **Establishment of Casualty Collection Points (8.12)**

During 2018, the Monterey County EMS Agency began a comprehensive revision of our multi-casualty incident (MCI) and disaster medical management plans and program. This program is modeled after the successful MCI program used in OES Region IV. The Monterey County EMS multi-casualty incident (MCI) and disaster medical management program includes designation and establishment of Casualty Collection Points (CCPs) and other government-sponsored designated treatment sites. The Monterey County MCI Plan is currently in policy review status and will be implemented once it has been finished that process.

The balance of this executive summary provides a brief overview of the changes and accomplishments within the Monterey County EMS Agency and the Monterey County EMS System including identified needs, and proposed program solutions.

### **Section A – System Organization and Management:**

The Monterey County EMS Agency Strategic Plan and the Monterey County Emergency Medical Services System Strategic Plan were both revised and remained focused on our goals for the next 3 years to include: (1) To transition to a quality improvement and data-based EMS System; (2) To implement electronic patient care reporting among all EMS communications centers, first responders, ambulance providers, and hospitals; (3) To assess and redesign the Monterey County EMS System, consistent with the Triple Aim; (4) To prepare and conduct a competitive process that will ensure the provision of 911 emergency ambulance services; (5) To develop robust multi-casualty incident and medical disaster capabilities; (6) To systematically and regularly review and revise the EMS System policies, procedures, and protocols; (7) To communicate the EMS Agency's programs, activities, and services to EMS stakeholders; (8) To strengthen the EMS Agency's staffing and infrastructure to fulfill state statutory and regulatory responsibilities and local legislative and policy-based responsibilities. Several of these goals are partially met or completed as mentioned herein.

### **Section B – Staffing and Training:**

The EMS Agency will be providing a comprehensive site visit to review the Monterey County EMT training programs in 2019. The EMS Agency has revised the review checklist to ensure all Title 22 EMT training program requirements and Monterey County EMS policies are being followed.

The NCTI satellite training program held in Monterey County will be discontinued after the current class is completed.

Monterey City FD has initiated their first responder paramedic program with 5 paramedics receiving accreditation in 2018.

CALSTAR has initiated paramedic staffing on their aircraft in 2018 with 7 paramedics receiving accreditation through employment with CALSTAR.

During 2018, the EMS Agency staffed all positions with one exception. The Epidemiologist position changed over personnel twice and subsequently remains open since September 2018. Some data analysis and reporting functions have been delayed however nothing critical to day to day business. The position has been posted and interviews scheduled for the end of January 2019.

The EMS Agency authorized the City of Monterey Fire Department to change their first response service level from EMT to paramedic effective October 29, 2018. The City of Monterey Fire Department is staffing paramedic service at a single station with the plan of adding paramedic service to additional stations over time.

After an EMS Agency audit of CE Providers, the EMS Agency suspended the approval of three (3) EMS CE providers for failure to comply with requirements found in California Code of Regulations, Title 22. Subsequently one (1) surrendered their program, one (1) program was revoked, and one (1) program was reinstated after appeal. All CE Providers have re-applied and are currently approved and in good standing.

The EMS Agency continues to allocate County Service Area 74 (CSA 74) funds to local cities and special districts for the provision of EMS training and equipment.

### **Section C – Communications:**

The Monterey County EMS System has used MPDS for emergency medical calls for years, however it was determined that some EMS calls get screened by the 911 call taker and do not receive MPDS. It was also determined that an insufficient Quality Improvement Program existed for MPDS. The Monterey County EMS Agency directed the EOA provider to establish and maintain a Quality Improvement Program, leading to the hiring of a Quality Improvement Supervisor in dispatch. An MPDS work group was established through the Medical Advisory Committee to implement procedures which would quickly identify all medical calls and properly route them to EMS Communications for proper MPDS. The full implementation of MPDS with new procedures is expected to begin July 1, 2019. A review of response and priority assignments and planning will be a priority in 2019.

The Monterey County EMS Communications System Plan continues to operate and meet the standards set in the California EMSA EMS System Planning Guidelines. The Monterey County EMS Agency continues working with our County Communications Department and County Radio Department to integrate the EMS Communications Systems into the Monterey County Next Generation (NGEN) network. This integration would transition the EMS Communications System from conventional VHF and UHF analog systems to a hybrid VHF and UHF analog and 700 MHz digital communication system. Most of the Monterey County Public Safety Agencies have migrated over to the NGEN network. Further integration was necessary to integrate the EMS system participants. The scope of work and responsibility was identified, and an invoice for the

work sent to the EOA provider. Work is expected to be initiated soon and EMS anticipated move over by mid-year 2019. The Monterey County Emergency Medical Services Communications Systems Plan was not updated in 2018 as planned. However, once the NGEN system is tested at full capacity, The EMS Agency will update as needed.

#### **Section D – Response and Transportation:**

Paramedic ambulance service within the Monterey County EOA continues to be provided through a contract with American Medical Response (AMR). This contract was effective February 1, 2010 and ran through January 31, 2015. Through a series of one year extensions, the contract now expires on January 31, 2020.

The EMS Agency has begun a competitive process to select a contractor to provide paramedic ambulance services within this exclusive operating area. This competitive process has three phases; Phase 1-EMS System Assessment, Phase 2-EMS System Strategic Planning and finally Phase 3-development, issuance and awarding of the RFP. Phase 1 was completed in January 2018, with the completion and release of the EMS System Assessment Report. Phase 2 was completed in March 2018, with the completion and release of the EMS Agency and EMS System Strategic Plans. Phase 3 is partially complete with the completion of the development and issuance of RFP #10671 on January 10, 2019. The EMS Agency expects to award the RFP by May 2019.

#### **Section E – Facilities and Critical Care:**

The EMS Agency designated Natividad Medical Center as the County's Level II Trauma Center in late 2014. The Natividad Trauma Center began operations on January 5, 2015. On November 6 and 7, 2018, the ACS-COT performed a verification site visit at Natividad Medical Center. On December 19, 2018, Natividad Medical Center and the Monterey County EMS Agency were notified that Natividad Medical Center received verification as a Level II Trauma Center for a 3-year period. The final report sent by the ACS-COT indicated that there were no deficiencies noted during the verification review.

The EMS Agency continues to maintain written agreements with all four acute-care hospitals in Monterey County, including Community Hospital of the Monterey Peninsula (CHOMP), Natividad Medical Center (NMC), and Salinas Valley Memorial Health Care System (SVMH), which are designated EMT-Paramedic base hospitals. Mee Memorial Hospital is a designated receiving hospital.

CHOMP and SVMH are both designated STEMI Receiving Centers and Stroke Centers in Monterey County. Transfer agreements and policies are in place to transfer patients from STEMI referral hospitals to STEMI receiving centers (CHOMP and SVMHS) and from non-Stroke hospitals to SVMH and CHOMP.

There are no pediatric emergency medical/critical care system plans being proposed or established.

#### **Section F – Data Collection and System Evaluation:**

On November 1, 2018, the Monterey County EMS system implemented a single county-wide electronic patient care reporting (ePCR) and data system. Most EMS provider agencies in the county joined the ESO-based system supplied by the County. Those agencies who chose not



to join that system must still provide their ePCRs and data into the county-wide system. For the first time, the EMS Agency will have access to ePCRs from every provider, at both the BLS and ALS levels, and will be able to aggregate system-wide data for analysis, quality improvement efforts and reporting purposes (CORE Measures). In 2019, the Agency will work with all four hospitals in the County to form a Health Data Exchange (HDE) to enable bi-directional flow of patient data between EMS field providers and hospitals. Providing outcome data to EMS providers will represent a significant step in the evolution of the EMS system in Monterey County. This system will provide electronic information integration using CEMSIS/NEMSIS standards and SAFR capabilities among dispatch centers (CADs), all first responders (including getting BLS data for the first time), ambulance providers, and hospitals.

The implementation of this system was the culmination of a three-year process which involved working with stakeholders to design the system, soliciting and choosing a vendor, the development of data sharing agreements between all parties, the development of appropriate policies and procedures, and the conduction of end-user training for all the agencies involved. More work remains to be done to evolve the system to its' full potential but the "go live" status of the system was a significant and important accomplishment.

Looking forward, the Monterey County EMS Agency will be able to utilize the new data system to pull data, look at specific issues with the EMS system in Monterey County, and to quantify our conclusions, which will drive improvement in the overall EMS system.

Taken together, the EMS Agency's initiatives in providing a single county-wide ePCR and data system, and a more robust quality improvement program will enhance the EMS system's ability to mature and evolve effectively.

## **Section G – Public Information and Education:**

The primary EMS provider (AMR) continued their public community outreach programs but at a reduced level due to staffing issues. AMR continues to provide EMT Skills Verification for EMT recertification for those EMT's who are not affiliated with an EMS service provider.

## **Section H – Disaster Medical Response:**

As with many agencies, Monterey County EMS still has much work to do in planning for disaster medical response, but significant progress was made this year. The MCI Plan is currently being revised as a part of the Agency's policy and protocol review process, and will be implemented once that revision process is complete. That revised plan will become official County policy on July 1, 2019. A significant change to the plan is the addition of the Control Facility concept, whereby the Communications Center will serve as the patient distribution coordinator during an MCI incident. This is a practice which has worked very well in other jurisdictions, including Region IV. Other important changes/additions included the incorporation of "system overload" – a scenario, such as a heat wave, where there may not be a specific MCI site, the inclusion of a "pre-alert" and number ranges (including numbers of critical trauma patients) for the various levels of MCI, and more information on the role of the MHOAC in larger MCIs. In this county, the EMS Director serves as the MHOAC; an EMS Analyst serves as the Alternate MHOAC. In addition to work on the MCI Plan, a draft Disaster Medical Operations Plan (DMOP) was completed and is currently being reviewed, both internally and by system stakeholders. The DMOP is designed to provide information on how the Agency and its' partners manage a

disaster, as opposed to an MCI. Much of the draft plan includes information on how situation status information and resource requesting information is communicated between the County/EMS Agency and system stakeholders such as EMS providers (both transport and non-transport), hospitals, clinics, and skilled nursing facilities. It also more closely aligns County response with concepts contained in the state Public Health and Medical Emergency Operations Manual (EOM) and delineates the basic structure of how the various levels of emergency operations centers fit together. Those operations centers (in the County) include the Medical/Health Branch at the County EOC, the Public Health Operations Center, and the Medical Coordination Center. The Medical Coordination Center is located at the EMS Agency. In 2018, wide screen TVs, additional phones, and radios were installed in the Center. In 2019, priorities will be to train staff on operation of the technology, and to design positions and roles for staffing and operating the Center. Effective operation of the Center will allow for real-time situational awareness and communications.

In 2018, Monterey County deployed an Ambulance Strike Team for the first time; the team responded to the mudslides in Santa Barbara County. Based on that experience, and the after-action report created, new language on strike team deployment was included in an operations policy currently going through the review process. Additional disaster related policies and procedures will be developed in 2019. EMS Agency staff also deployed to the emergency operations center in Lake County during the wildfires.

Also in 2018, the County changed from EMResource to ReddiNet to be compatible with the system used by the majority of counties in the Bay Area. The transition went smoothly. Daily testing of both the ReddiNet and 800 MHz radio systems continue. Both these systems will be an important part of communications during large events and disasters. In addition, ReddiNet provides a good “snapshot” of the EMS and hospital system during daily operations. Compliance with that daily testing has been inconsistent; the EMS Agency expects 95% compliance.

EMS Agency staff continued working on planning and response efforts with Public Health Emergency Preparedness staff. Work included participation in regularly scheduled Healthcare Coalition meetings, assisting with staffing of the Medical/Health Branch at the County EOC on several occasions, and participation in several exercises, including the Statewide Medical/Health exercise and several hospital related evacuation exercises.

In Table 1 – System Organization and Management, Section H, 8.11 and 8.12, the EMS Agency has self-reported “Does not meet Standard” for the designation and establishment of Casualty Collection Points (CCPs). The concept of CCPs will be considered in 2019. However, there is some difference of opinion in the emergency planning community about exactly what is meant by casualty collection point – as opposed to a field treatment site – and what kind of planning is truly beneficial.

**TABLE 1 – A - SYSTEM ORGANIZATION AND MANAGEMENT**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
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	N/A		
1.11 System Participants		X	X		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
<b>System Finances:</b>					
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		

**TABLE 1 – A - SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28 EOA Plan		X			

**TABLE 1 – B - STAFFING/TRAINING**

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

**TABLE 1 – C - COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Communications Equipment:</b>						
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	N/A		
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

**TABLE 1 – D - RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
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			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		XN/A			
4.21	Compliance		X			



4.22	Evaluation		<b>X</b>			
------	------------	--	----------	--	--	--

**TABLE 1 – E – FACILITIES / CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
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			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	X		
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			

**TABLE 1 – F - DATA COLLECTION / SYSTEM EVALUATION**

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

**TABLE 1 – G - PUBLIC INFORMATION AND EDUCATION**

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

**TABLE 1 – H - DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
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		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			

**Monterey County  
EMS Agency EMS  
Plans Progress  
Objectives Form**

**FY: 2018**

<b>Standard</b>	<b>EMSA Requirement</b>	<b>Meets Minimum Req.</b>	<b>Short Range (one year or less) OR Long Range (more than one year)</b>	<b>Progress</b>	<b>Objective</b>
8.11	The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).	No	Short range	The Monterey County MCI Plan is currently being revised. Consideration of CCP will be a part of that discussion. The goal is to have this completed by the end of 2019	To meet the EMSA Minimum Requirement for this standard.
8.12	The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.	No	Short range	The Monterey County MCI Plan is currently being revised. Consideration of CCP will be a part of that discussion. The goal is to have this completed by the end of 2019	To meet the EMSA Minimum Requirement for this standard.

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: **2018**

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 County**

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

2. Type of agency  
**Public Health Department**

3. The person responsible for day-to-day activities of the EMS agency reports to  
**Health Services Agency Director/Administrator**

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

Implementation of exclusive operating areas (ambulance franchising)	<b>X</b>
Designation of trauma centers/trauma care system planning	<b>X</b>
Designation/approval of pediatric facilities	N/A
Designation of other critical care centers	N/A
Development of transfer agreements	N/A
Enforcement of local ambulance ordinance	<b>X</b>
Enforcement of ambulance service contracts	<b>X</b>
Operation of ambulance service	N/A
Continuing education	N/A
Personnel training	N/A
Operation of oversight of EMS dispatch center	<b>X</b>
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]	N/A

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**Reporting Year: **2018**

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

## 5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 1,163,468
Contract Services (e.g. medical director)	234,913
Operations (e.g. copying, postage, facilities)	401,109
Travel	18,398
Fixed assets	
Indirect expenses (overhead)	81,678
Ambulance subsidy	
EMS Fund payments to physicians/hospital	429,303
Dispatch center operations (non-staff)	
Training program operations	
Other: CSA-74 Fund—EMS Training and Equipment Support	472,113
Other:	
Other:	
<b>TOTAL EXPENSES</b>	<b>\$ 2,800,981</b>

## 6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	<u>1,902,174</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	_____
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____



**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>625,677</u>
Other grants: _____	_____
Other fees: <u>Trauma Designation Center Fee</u>	<u>125,000</u>
Other (specify): <u>Penalties to EOA Service Provider</u>	<u>148.130</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>2,800,981</u></b>

*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>125,000</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: _____	_____
Other: _____	_____
Other: _____	_____

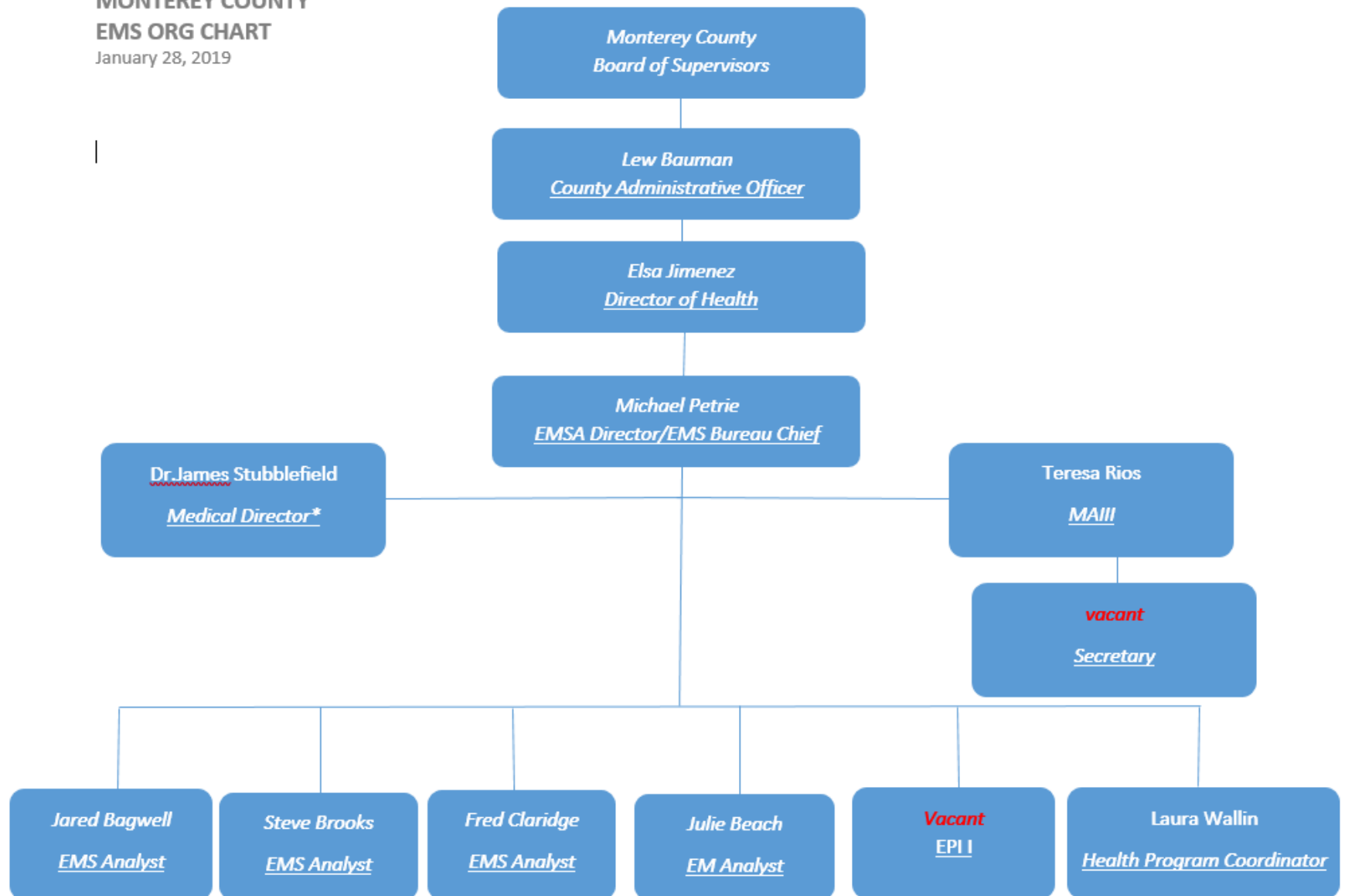
**TABLE 2:        SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director/EMS Bureau Chief	1	\$123.05	32.62%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Management Analyst III	1	\$49.66	32.62%	
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	EMS Analyst	4	\$46.08	32.62%	
Trauma Coordinator	Health Program Coordinator	1	\$52.39	32.62%	
Medical Director	Medical Director	0.2	\$191.86	32.62%	Contracted
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Epidemiologist II	1	\$45.11	32.62%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	1	\$24.86	32.62%	
Other Clerical					
Data Entry Clerk					

Other					
-------	--	--	--	--	--

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

**MONTEREY COUNTY**  
**EMS ORG CHART**  
January 28, 2019



\*EMS Medical Director is a contracted position

**TABLE 3: STAFFING/TRAINING**Reporting Year: **2018**

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	<b>355</b>	N/A		N/A
Number newly certified this year	<b>70</b>	N/A		N/A
Number recertified this year	<b>285</b>	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	<b>196</b>	N/A
Number of certification reviews resulting in:				
a) formal investigations	<b>8</b>	N/A		N/A
b) probation	<b>4</b>	N/A		N/A
c) suspensions	<b>1</b>	N/A		N/A
d) revocations	<b>1</b>	N/A		N/A
e) denials	<b>0</b>	N/A		N/A
f) denials of renewal	<b>0</b>	N/A		N/A
g) no action taken	<b>0</b>	N/A		N/A

## 1. Early defibrillation:

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

**unknown**

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

**unknown**

## 2. Do you have an EMR training program

☒ yes ☐ no

## TABLE 4: COMMUNICATIONS

County: **Monterey County**

Reporting Year: **2018**

1. Number of primary Public Service Answering Points (PSAP)
  - **Monterey County 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
 

1
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? **Monterey County Emergency Communications Department (9-1-1)**
7. Who is your primary dispatch agency for a disaster?  
**Monterey County 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
 

☒ Yes ☐ No
  - 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

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



## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: **2018**

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **17**

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
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	<b>8 Minutes</b>	<b>12 / 16 Minutes</b>	<b>ASAP</b>	N/A

## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: **2018**

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<b>2,868</b>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<b>987</b>
3. Number of major trauma patients transferred to a trauma center	<b>50</b>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<b>1,298</b>

### Emergency Departments

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

### Receiving Hospitals

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

## TABLE 7: DISASTER MEDICAL

Reporting Year: **2018**

County: **Monterey County**

### 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 Region II Intra-Region Cooperative Agreement for 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 a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? **Monterey County Health Dept.**
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: **2018**

**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:** 28  
Monterey, Ca. 93940

**Phone Number:** 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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	
--	--	---	--	--

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

**Transporting Agencies**

37,342 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

25,038 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: **2018**

**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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**County:** Monterey

**Provider:** CAL FIRE (Carmel Highlands Fire Protection District)

**Response Zone:** Carmel Highlands PFD

**Address:** 2221 Garden Rd  
Monterrey 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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**County:** Monterey

**Provider:** CAL FIRE (Cypress Fire Protection District)

**Response Zone:** Cypress FPD

**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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **2018****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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **2018****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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**County:** Monterey

**Provider:** CAL FIRE (Aromas Tri-County Fire Protection District)

**Response Zone:** Tri-County FPD

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** CALSTAR **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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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 type="checkbox"/> IFT
--	--	---	--

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

**202** \_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**113** \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

# Table 8: Resource Directory

Reporting Year: **2018**

## 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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

## Transporting Agencies

1,155 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

780 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: **2018**

**Response/Transportation/Providers**

**County:** Monterey

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

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Corrections	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

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

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

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

1 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

1 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: **2018**

**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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **2018****Response/Transportation/Providers**

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

**Address:** T-120 Infantry Rd **Number of Ambulance Vehicles in Fleet:** 2  
Jolon, Ca. 93928  
**Phone** 831-678-5922 **Average Number of Ambulances on Duty** 1  
**Number:** \_\_\_\_\_ **At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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	
--	--	---	---	--

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

**Transporting Agencies**

Did not provide	Total number of responses	<b>139</b>	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**Air Ambulance Services**

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

Table 8: Resource Directory

Reporting Year: **2018****Response/Transportation/Providers****County:** Monterey**Provider:** City of Gonzales Fire Department**Response Zone:** Cities of Gonzalez and  
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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Public Safety	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**County:** Monterey

**Provider:** City of Greenfield Fire Department

**Response Zone:** Cities 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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

# Table 8: Resource Directory

Reporting Year: **2018**

## 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:** 4

**Phone Number:** 831-472-2311

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## Transporting Agencies

1,895 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

944 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: **2018**

**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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ 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: **2018**

**Response/Transportation/Providers**

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

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

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** City of Seaside Fire Department **Response Zone:** Cities of Seaside and Del Ray Okas

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
--	--	---	---

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



## TABLE 9: FACILITIES

County: Monterey

Facility: Natividad Medical Center  
 Address: 1441 Constitution Blvd  
Salinas, Ca 93906

Telephone Number: 831-755-4185

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

<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<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	<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
---	---	---	--

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

<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES (cont.)**

**County:** Monterey

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

**Telephone Number:** 831-642-5311

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

<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<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	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

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

<sup>4</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES (cont.)**

**County:** Monterey

**Facility:** Salinas Valley Memorial Health Care System (SVMH)

**Telephone Number:** 831-757-4333

**Address:** 450 E. Romie Ln  
Salinas, Ca 93901

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

<b>Pediatric Critical Care Center<sup>7</sup></b> <b>EDAP<sup>8</sup></b> <b>PICU<sup>9</sup></b>	<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	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

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

<sup>7</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>8</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>9</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: FACILITIES (cont.)**

**County:** Monterey

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

**Telephone Number:** 831-385-6000

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

<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>	<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	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

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

<sup>10</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>11</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>12</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: **Monterey**

Reporting Year: **2018**

Training Institution:		<b>Hartnell College</b>		Telephone Number: <b>831-770-6146</b>	
Address:		<b>411 Central Ave</b>			
		<b>Salinas Ca 93901</b>			
Student Eligibility*:	<b>Open</b>	**Program Level		<b>EMT</b>	
		Cost of Program:			
		Basic:	<b>\$725</b>	Number of students completing training per year:	
		Refresher:	<b>N/A</b>	Initial training:	<b>72</b>
				Refresher:	
				Continuing Education:	
				Expiration Date:	
		Number of courses:			
				Initial training:	<b>3</b>
				Refresher:	
				Continuing Education:	

Training Institution:		<b>Monterey Peninsula Unified School District</b>		Telephone Number: <b>831-770-6146</b>	
Address:		<b>411 Central Ave</b>			
		<b>Salinas Ca 93901</b>			
Student Eligibility*:	<b>Open</b>	**Program Level		<b>EMT</b>	
		Cost of Program:			
		Basic:	<b>\$725</b>	Number of students completing training per year:	
		Refresher:	<b>N/A</b>	Initial training:	<b>72</b>
				Refresher:	
				Continuing Education:	
				Expiration Date:	
		Number of courses:			
				Initial training:	<b>3</b>
				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: 2018**

Training Institution:		<b>Monterey Peninsula College</b>		Telephone Number:		<b>831-646-1240</b>
Address:		<b>980 Fremont St</b>				
		<b>Monterey, Ca 93940</b>				
Student Eligibility*:	<b>Open</b>	**Program Level	<b>EMT</b>			
		Cost of Program:				
		Basic:	<b>\$759</b>	Number of students completing training per year:		
		Refresher:	<b>\$42</b>	Initial training:		
				<b>68</b>		
				Refresher:		
				<b>0</b>		
				Continuing Education:		
				<b>7</b>		
				Expiration Date:		
				Number of courses:		
				Initial training:		
				<b>4</b>		
				Refresher:		
				<b>1</b>		
				Continuing Education:		
				<b>1</b>		

\*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: 2018**

<b>Monterey County Regional Fire District</b>		<b>831-455-1828</b>
Training Institution:		Telephone Number: <u>                    </u>
Address:	<b>19900 Portola Dr.</b>	
	<b>Salinas, CA 93908</b>	
Student Eligibility*:	<b>Restricted</b>	<b>**Program Level <u>EMR</u></b>
	Cost of Program:	
	Basic: <u>N/A</u>	Number of students completing training per year:
	Refresher: <u>N/A</u>	Initial training: <u>0</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>5/31/20</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

<b>Medics For Life</b>		<b>831-601-2494</b>
Training Institution:		Telephone Number: <u>                    </u>
Address:	<b>8022 San Miguel Canyon Rd</b>	
	<b>Prunedale, CA 93907</b>	
Student Eligibility*:	<b>General Public</b>	<b>**Program Level <u>EMR</u></b>
	Cost of Program:	
	Basic: <u>\$0</u>	Number of students completing training per year:
	Refresher: <u>\$0</u>	Initial training: <u>0</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>12/30/2</u>
	Number of courses:	<u>0</u>
	Initial training:	<u>0</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS (cont.)**

County: **Monterey**

Reporting Year: **2018**

Training Institution:		<b>Mid-Coast Fire Brigade</b>		Telephone Number:	<b>831-625-8175</b>
Address:		<b>38000 Palo Colorado Rd.</b>			
		<b>Carmel, CA 93923</b>			
Student Eligibility*:	<b>Restricted</b>	**Program Level	<b>EMR</b>		
		Cost of Program:			
		Basic:	<b>N/A</b>	Number of students completing training per year:	
		Refresher:	<b>N/A</b>	Initial training	<b>0</b>
				Refresher:	
				Continuing Education:	<b>0</b>
				Expiration Date:	<b>2/29/20</b>
		Number of courses:			
		Initial training:	<b>0</b>		
		Refresher:	<b>1</b>		
		Continuing Education:	<b>0</b>		

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

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



**TABLE 11: DISPATCH AGENCY**

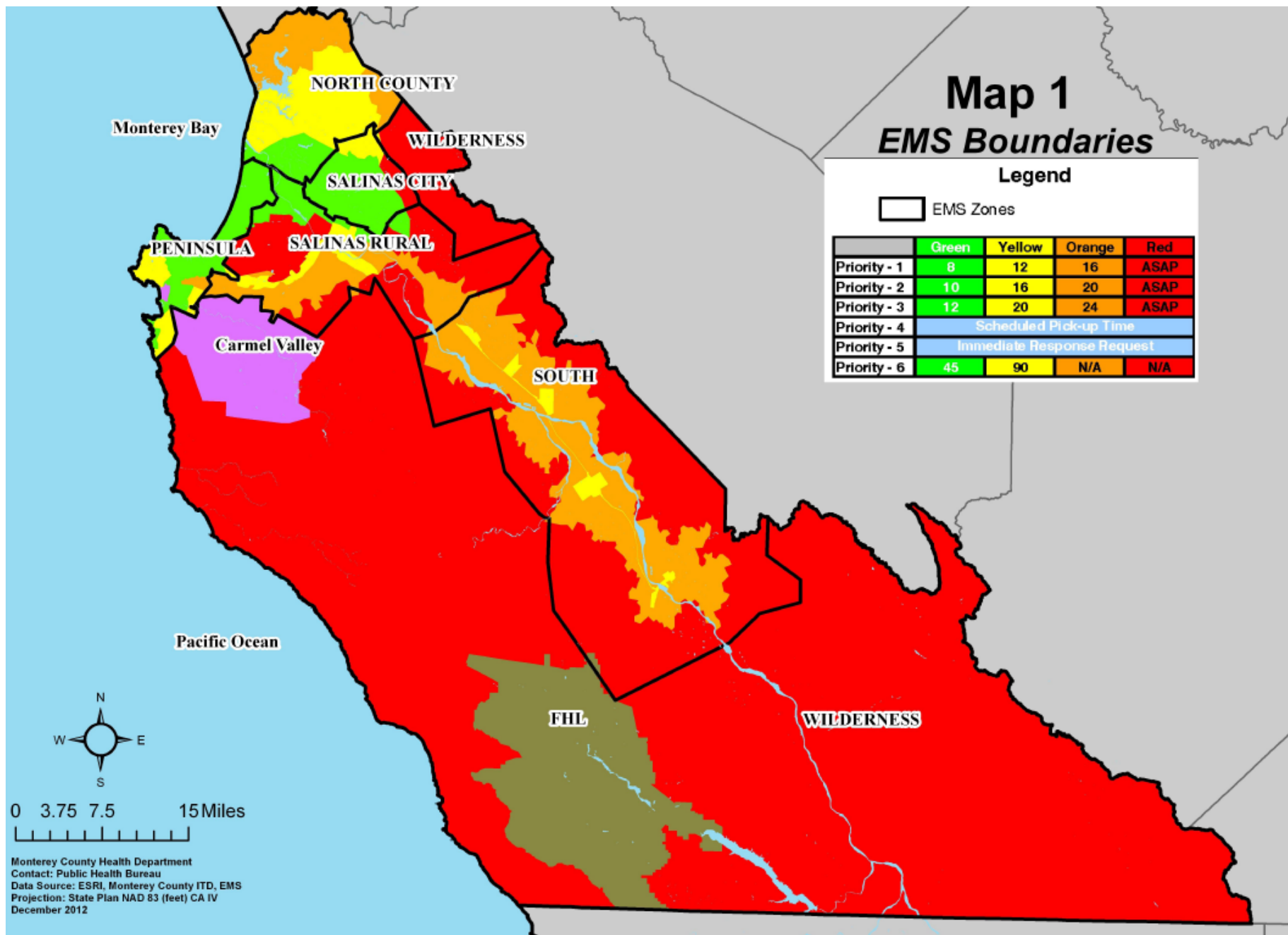
**County: Monterey**

**Reporting Year: 2018**

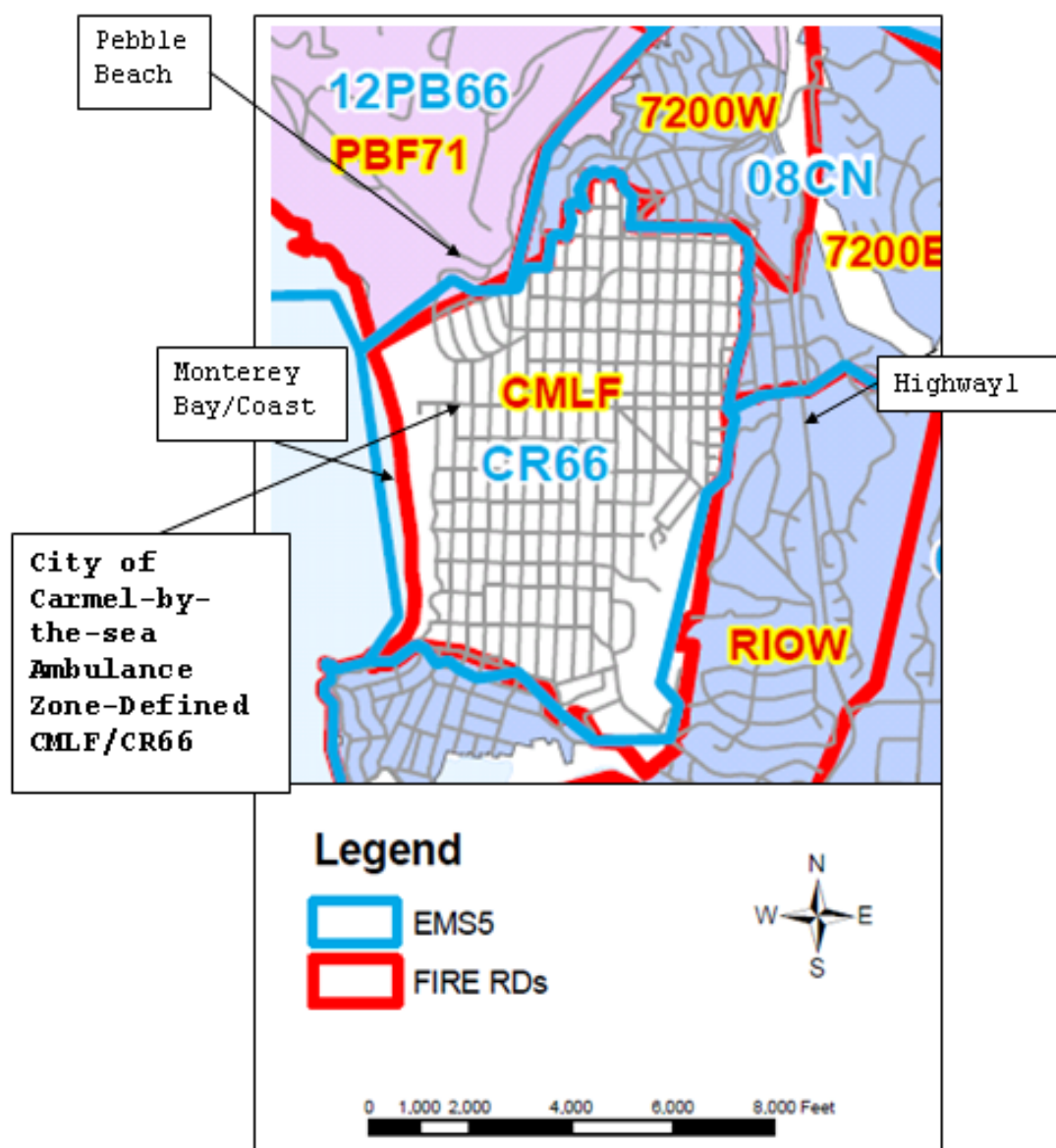
<b>American Medical Response</b>		<b>Fernando Larroude (AMR Communications Manager)</b>	
Name:		Primary Contact:	
Address:	1322 Natividad Rd		
	Salinas, Ca 93906		
Telephone Number:	831-796-6444		
Written Contract:	Medical Director:	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	
		___12___ EMD Training      ___ EMT-D      ___ ALS ___ BLS      ___ LALS      ___ Other	
Ownership:	If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		

**TABLE 12: AMBULANCE ZONE SUMMARY**

<b>Local EMS Agency or County Name:</b> Monterey County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #1 Monterey County Exclusive Operating Area
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  AMR-West
<b>Area or Subarea (Zone) Geographic Description:</b>  The geographic and legal boundaries of Monterey County
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Exclusive via competitive process with Board approval
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).  Emergency Ambulance, all emergency ambulance services (9-1-1, 7-digit, IFT, CCT, non-emergency, standby transportation).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.  Monterey County has established an Exclusive Operating Area (EOA) that encompasses the geographic area defined as Monterey County (border-to-border). Within the geographic limits of the County, certain federal property, the City of Carmel, and the Carmel Valley Fire Protection District (Carmel Regional Fire Ambulance) are exempted or carved from the EOA. The EOA provider is selected by competitive bid process. Last competitive bid was completed in 2009; implemented January 31, 2010. This contract expires January 31, 2020.



<b>Local EMS Agency or County Name:</b> Monterey County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #2 Carmel by the Sea
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Carmel Fire Ambulance (CFA)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Carmel by the Sea
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> N/A
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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



<b>Local EMS Agency or County Name:</b> Monterey County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Monterey County Regional Fire Protection District (MCRFD)
<b>Area or Subarea (Zone) Geographic Description:</b> East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> N/A
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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