
Emergency Medical Services Plan
2022 Annual Update



San Joaquin County Emergency Medical Services Agency
PO Box 220, French Camp, CA 95231
(209) 468-6818

Jared Bagwell, EMS Administrator
Dr. Katherine Shafer, M.D., EMS Medical Director
Natisha Plummer, EMS Analyst
Marissa Matta, EMS Analyst

Submitted January 4, 2023 (Rev. May 12, 2023)

Table of Contents

EXECUTIVE SUMMARY	1
MAJOR NEEDS AND PROGRAM SOLUTIONS.....	2
SUMMARY OF CHANGES.....	4
SYSTEM ASSESSMENT FORMS.....	7
COMMUNICATIONS	
RESPONSE AND TRANSPORTATION	
FACILITIES AND CRITICAL CARE.....	
DATA COLLECTION AND SYSTEM EVALUATION.....	
PUBLIC INFORMATION AND EDUCATION	
DISASTER MEDICAL RESPONSE	
PROGRESS/OBJECTIVES	11
TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES.....	13
TABLE 2: SYSTEM RESOURCES AND OPERATIONS	24
TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING.....	28
TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS	29
TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION	30
TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE	31
TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL.....	32
TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS	34
TABLE 9: RESOURCE DIRECTORY – FACILITIES	65
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	72
TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY	79

This page intentionally left blank.

EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency (SJCEMSA) was created by the San Joaquin County Board of Supervisors as a department within the Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. As assigned by the Legislature with the passage of the EMS Act, the primary responsibility of a local EMS agency is to plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the California EMS Authority (EMSA). The EMS system plan and subject specific plans such as trauma and transportation must be consistent with the regulations and guidelines established by the EMSA.

This EMS plan update provides information relevant to the period from July 1, 2021 through June 30, 2022. This document includes information that meets the requirement to provide annual plans for the San Joaquin County CQI Plan, the Stroke Critical Care System Plan, the STEMI Critical Care System Plan, and the San Joaquin County 2020 Trauma System Plan. As demonstrated in the San Joaquin County 2020 EMS 5 Year Plan, the San Joaquin EMS System generally meets or exceeds EMSA's minimum standards and recommended guidelines. This document meets the EMSA requirement for the submission of an annual EMS Plan update.

The SJCEMSA Administrator or their designees serve as the Medical Health Operational Area Coordinator (MHOAC) for San Joaquin County. The Local Health Officer has relinquished these duties to the EMS Agency Administrator. SJCEMSA serves as the MHOAC, pursuant to California Health and Safety Code §1797.153, and coordinates the 17 functions of the MHOAC program with local agencies, organizations and stakeholders, as documented in the San Joaquin County Emergency Operations Plan and Functional Annexes. Moreover, the MHOAC program coordinates all local medical and health mutual aid resources requests and information sharing, in accordance with the National Incident Management System (NIMS), the California Standardized Emergency Management System (SEMS), and the California Public Health and Medical Emergency Operations Manual (EOM). The San Joaquin County MHOAC coordinates with local OES, Public Health, Behavioral Health, and Environmental Health departments, Fire departments, and through/with the Regional Disaster and Medical Health Coordinator (RDMHC) in times of local and regional disaster events when medical health mutual aid is requested by other Operational Areas (OA) or needed within the local OA.

The SJCEMSA system utilizes Stockton Fire Department Emergency Communications Division (SFD ECD) and Valley Regional Emergency Communications Center (VRECC) as the two authorized emergency medical dispatch (EMD) centers for all fire department first response and emergency ambulance responses countywide. VRECC and SFD ECD provides EMD services through utilization of the Medical Priority Dispatch System, approved by SJCEMSA, in compliance with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations (CCR) 100170, and SJCEMSA EMS Policy No. 3202, MPDS Use and Assignments.

Additionally, VRECC dispatches all emergency ambulances and our county-based EMS aircraft, who utilize countywide frequencies and standard hospital communication capabilities, in compliance with SJCEMSA policies and procedures and CCR 100306.

MAJOR NEEDS AND PROGRAM SOLUTIONS

1. Need: Improve ability to measure the performance and effectiveness of fire department responders and other non-transport resources.

Program Solution: Continue to enhance agreements and adopt policies and measures to ensure complete and ready access to EMS communications and all EMS provider data sources to allow for the evaluation of the efficiency and effectiveness of all aspects of the EMS system. Obtain access to the Stockton Fire Department Emergency Communications CAD and to receive EMS data flow into our EMS data repository through Firstwatch. Work with stakeholders including the cities and fire districts to ensure access to data. Continue to work with FirstWatch program for system assessment reports and monitoring Response time compliance.

2. Need: Continue to develop and implement strategies to reduce off-load delays of patients transported by EMS system ambulances at hospital emergency departments in San Joaquin County

Program Solution: SMART goals have been adopted by SJCEMSA to reduce the APOT/APOD times in San Joaquin County by 10 percent over the next year. Convene an APOT/APOD subcommittee through our EMS Advisory Committee to work on solutions. Continue to measure and report APOT/APOD quarterly showing performance of each hospital. Engage stakeholders on developing, implementing, and evaluating measures to reduce APOT/APOD and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times.

3. Need: Revise, update, and evaluate the exclusive operating area ambulance agreements with Escalon Community Ambulance, and the Ripon Consolidated Fire Protection District. In addition, revise, update, evaluate, and negotiate service agreements as needed with ALS first response providers, BLS first response providers and air ambulance service providers.

Program Solution: Assign appropriate staff to meet need. Continue to revise, update, and evaluate the BLS and advanced life support (ALS) agreements with non-transport fire departments.

4. Need: Incentivize hospitals and other public and private EMS-related agencies to meet program requirements through written agreements that include methods other than termination.

Program Solution: Modify pertinent written agreements.

5. Need: Adopt policies to improve and enhance the efficiency of EMS system response to

multi-casualty incidents (MCIs).

Program Solution: Engage stakeholders, draft and vet policies, adopt policies, measure response, revise policies as needed to ensure performance.

6. Need: The SJCEMSA's EMS data management system should be integrated to include EMS dispatch, prehospital; including air and ground ambulance and first response, base hospital, receiving hospital, and specialty care data. Current integration of these data sources is fragmented, incomplete and requires manual compilation or limited integration provided by third party data platforms (e.g. stroke, STEMI, Trauma Registry).

Program Solution: Continue to expand on opportunities for data consolidation and management through Firstwatch. Collaborate with prehospital providers and hospitals to incorporate data into the San Joaquin County EMS data repository.

7. Need: Develop or update EMD related policies and response including EMS Policy No. 3202, to realign ALS and BLS resource assignments and call triage with IAED recommendations. In addition, expansion of BLS emergency ambulance response when indicated.

Program Solution: Ensure that revised policies provide the direction necessary for the designated EMS call processing and dispatch center(s) to meet the EMS resource needs of the patients of San Joaquin County during every EMS system demand level including extraordinary levels of high demand. Expand the use of BLS response to low acuity calls determined by EMD.

8. Need: Manage and mitigate effects of the fragmentation of EMS call processing procedures as a result of the passage of SB 438, which was passed into law and became effective January 1, 2020. Collaborate with EMS stakeholders on best practices to prevent negative outcomes as a result of the fragmentation of the EMS system and revise/develop the necessary policies.

Program Solution: Ensure EMS policies provide the direction to ensure efficient communication by and between public safety answering points and EMS dispatch centers.

9. Need: Improve recruitment of local emergency responder staff by increasing access to local paramedic and EMT training programs.

Program Solution: SJCEMSA partnering with NCTI to establish a bridge paramedic training program for 2023-2024. SJCEMSA sought and obtained grant funding to procure paramedic training supplies and equipment in 2023. SJCESMA seeking two (2) FTE positions for 2024-2025 to run LEMSA / County based paramedic training.

SUMMARY OF CHANGES

System Organization and Management:

SJCEMSA has successfully promoted within the organization to fill vacancies including EMS Specialist and EMS Analyst.

Manpower and Training

SJCEMSA developed and implemented EMS Policy No. 2580, Paramedic Accreditation Officer Authorization to allow for more qualified San Joaquin County accredited paramedics to help facilitate the required paramedic field evaluation process for new applicants.

Further, EMS Policy No. 2910, SJCEMSA Course Instruction Authorization was developed to establish a process for San Joaquin County EMS Continuing Education (CE) Providers to conduct training courses specific to San Joaquin County.

Communications:

EMS call processing continued to migrate from VRECC, once a single SJCEMSA designated EMS call processing and dispatch center, to the Stockton Fire Department Emergency Communications Department (SFD ECD). These actions were a result of the passage of SB438. Current EMS call processing has shifted approximately 80 percent of the volume to SFD ECD and leaving the remainder with VRECC.

Implemented on March 1, 2022, EMS Policy No. 3400, Med Net Radio Communications Plan outlines the channels that prehospital personnel shall communicate to hospitals with, following the county-wide Med-Net radio system upgrade. This two-channel trunk system upgrade (one channel specifically for MCIs and one channel specifically for base hospital) will prevent interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins.

Response and Transportation:

On May 1, 2022, SJCEMSA aligned all the maximum allowable patient transport rates among all emergency ambulance providers.

On June 1, 2022, SJCEMSA revised EMS Policy No. 2360, EMT Scope of Practice requiring all EMS service providers to provide EMT at the enhanced skills level.

On July 1, 2021, SJCEMSA authorized non transport ALS response to the Lathrop Manteca Fire Department. Lathrop Manteca Fire Department does not currently provide non-transport ALS first response as they continue to train and hire but they expect to commence the ALS response service in 2023.

On November 16, 2021, the San Joaquin County Board of Supervisors approved the agreement with Manteca District Ambulance (MDA) for exclusive emergency and advanced life support (ALS) service in ambulance zone D for the period December 1, 2021, to November 30, 2026.

Facilities and Critical Care:

On October 1, 2021, STEMI and Stroke QI Committee policies were implemented and regular meetings commenced. The purpose of the QI meetings is to monitor, review, and evaluate the provision of care to STEMI and Stroke patients in the EMS system.

For the second year in a row, San Joaquin County EMS Agency received the American Heart Association's Mission: Lifeline® EMS Gold Plus Achievement Award for implementing specific quality improvement measures to treat patients who suffer severe heart attacks.

Data Collection and System Evaluation:

On January 1, 2022, SJCEMSA began collecting Key Performance Indicators (KPIs) from Manteca District Ambulance (MDA) specifically as it relates to clinical performance and penalty assessments.

Public Information and Education:

On June 1, 2022, SJCEMSA migrated to a new website content management system for a more streamlined and efficient user experience. Public and stakeholder comments on draft SJCEMSA policies became available to submit online through the updated website.

Disaster Medical Response:

In response to the pandemic COVID-19, SJCEMSA acts as the Medical Health Operational Area Coordinator (MHOAC) program lead and coordinates all medical and health mutual aid resource requests for within San Joaquin County. SJCEMSA has implemented emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice and emergency responders in an aggressive public health response to protect and care for the residents and visitors of San Joaquin County in the face of the global health risk.

San Joaquin County EMS Agency was awarded a \$151,713 Hospital Preparedness Program (HPP) COVID Supplemental Grant, to support the COVID response. The MHOAC and hospital executives unanimously agreed that the best use the funds would be for expanding Intensive Care Unit bed capacity, by purchasing a cache of Philips MP5 portable patient monitors. The EMS Agency purchased and deployed the monitors to the hospitals, and on September 22, 2021, the average hospital ICU bed capacity in San Joaquin County was 153%. During this same month, San Joaquin General Hospital reached an ICU capacity of 231% and St. Joseph's Medical Center 181%. According to the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (HHS ASPR) Region IX Project Officer, San Joaquin County hospitals had the highest ICU surge capacity in the United State at this time during the pandemic.

SJCEMSA coordinated the collection and submission of hospital COVID-19 related information received from each of the seven (7) Acute Care Facilities in San Joaquin County and compiled that information and issued daily press release that provided public with situational awareness of COVID-19 laboratory positive patient hospitalizations, Intensive Care Unit hospitalizations and current bed capacity.

SYSTEM ASSESSMENT FORMS

1.04 EMS AGENCY MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Clinical advisory group to be established.

OBJECTIVE:

Establish subcommittee or standalone clinical advisory group.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical response. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses;

a. the response time for a basic life support and CPR capable first responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--15 minutes Wilderness--as quickly as possible

b. the response time for an early defibrillation-capable responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--as quickly as possible Wilderness--as quickly as possible

c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:

Metro/urban--8 minutes

Suburban/rural--20 minutes Wilderness--as quickly as possible

d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban--8 minutes

Suburban/rural--20 minutes Wilderness--as quickly as possible.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

EMS CAD call processing data flow from Stockton Fire Department Emergency Communication's Department.

OBJECTIVE:

Establish data flow from all EMS call processing and EMS dispatch centers to collate and evaluate EMS data from a single repository.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEEDS:

EMS with Stockton Fire Department Emergency Communication's Division and development of

county wide HIE.

OBJECTIVE:

Develop and revise existing integrated data management system to include in addition to specialty care patient data but also additional hospital patient care data to evaluate patients throughout all stages of continuum of care.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

6.09 DATA COLLECTION/SYSTEM EVALUATION

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Develop mechanism for flow and management of data from the receiving and base hospitals.

OBJECTIVE:

Develop and revise existing integrated data management system to include in addition to specialty care patient data but also additional hospital patient care data to evaluate patients throughout all stages of continuum of care.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

7.04 PUBLIC INFORMATION AND EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Local demographics on high risk population who will benefit from CPR training outreach.

OBJECTIVE:

Develop goal to identify high risk groups in the general public to focus CPR training outreach activities.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

PROGRESS/OBJECTIVES

1.14 POLICY & PROCEDURES MANUAL

2020/2021 Objective: Continue to finish updating of treatment protocols as per the SJCEMSA policies.

Progress: Treatment protocol book were updated and released after for 45-day public comment.

2020/2021 Objective: Add the BLS Treatment Protocols to the mobile application, SJCEMSA ALS Treatment Protocols Application to provide mobile and convenient access to the Treatment Protocols for San Joaquin County accredited paramedics and emergency medical technicians

Progress: Added the BLS Treatment Protocols to the mobile application, SJCEMSA ALS Treatment Protocols Application, which includes EMS Policy No. 5700, Advanced Life Support Treatment Protocols and EMS Policy No. 5500, Basic Life Support Treatment Protocols. The mobile application deployed to provide mobile and convenient access to the Treatment Protocols for San Joaquin County accredited paramedics and emergency medical technicians in September, 2020.

3.02 COMMUNICATIONS EQUIPMENT

2020/2021 Objective: The Med-Net radio system in San Joaquin County needs key upgrades to prevent the interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins.

Progress: Implemented on March 1, 2022, EMS Policy No. 3400, Med Net Radio Communications Plan outlines the channels that prehospital personnel shall communicate to hospitals with, following the county-wide Med-Net radio system upgrade. This two channel trunk system upgrade (one channel specifically for MCIs and one channel specifically for base hospital) will prevent interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins.

4.05 RESPONSE TIME STANDARDS

2020/2021 Objective: Develop reports using CAD data to measure response time for all EMR service providers in San Joaquin County.

Progress: Objective partially met. Response time reports for EMRs produced for those EMS providers dispatched by the San Joaquin County Designated EMS Dispatch Center. Delays in the access to CAD and EMS data flow at Stockton Fire Department's Dispatch Center continue to prevent the successful completion of this objective. Firstwatch has been engaged to provide quote and functionality to accomplish in 2023.

Additionally, SJCEMSA will be exploring the expansion of appropriate BLS response and ALS Quick Response Vehicles as a way to augment and reduce ALS response times in certain

communities.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	NA		
1.02	LEMSA Mission		X	NA		
1.03	Public Input		X	NA		
1.04	Medical Director		X	UNMET		
Planning Activities:						
1.05	System Plan		X	NA		
1.06	Annual Plan Update		X	NA		
1.07	Trauma Planning		X	NA		
1.08	ALS Planning		X	NA		
1.09	Inventory of Resources		X	NA		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	NA		
1.13	Coordination		X	NA		
1.14	Policy & Procedures Manual		X	NA		
1.15	Compliance w/Policies		X	NA		
System Finances:						
1.16	Funding Mechanism		X	NA		
Medical Direction:						
1.17	Medical Direction		X	NA		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

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	NA		
1.21	Determination of Death		X	NA		
1.22	Reporting of Abuse		X	NA		
1.23	Interfacility Transfer		X	NA		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	NA		
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	NA		

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	NA		
4.04	Prescheduled Responses		X	NA		
4.05	Response Time		X	UNMET	X	
4.06	Staffing		X	NA		
4.07	First Responder Agencies		X	NA		
4.08	Medical & Rescue Aircraft		X	NA		
4.09	Air Dispatch Center		X	NA		
4.10	Aircraft Availability		X	NA		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	NA		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	NA		
4.15	MCI Plans		X	NA		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	NA		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	NA		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	NA		
4.20	“Grandfathering”		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X	NA		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	NA		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	NA		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements		X	NA		
8.11	CCP Designation		X	NA		
8.12	Establishment of CCPs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	NA		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	NA		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	NA		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	NA		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2021-2022

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

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

County: San Joaquin County EMS Agency

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

2. Type of agency B

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

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

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

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

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

Table 2 - System Organization & Management (cont.)

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

5. EXPENSES

Salaries and Benefits	\$2,070,353
Services and Supplies	\$1,476,517
Centrally Budgeted	(\$160,069)
Total Expenses	\$3,386,801

6. SOURCES OF REVENUE

Licenses, Permits, Franchises	\$1,171,885
Intergovernmental Revenue (grants)	\$297,554
Charges for Services	\$537,087
Penalties and Fines	\$201,000
Fund Transfers	\$24,000
Net County Cost (General Fund)	\$1,155,275
Total Revenue	\$3,386,801

Table 2 - System Organization & Management (cont.)

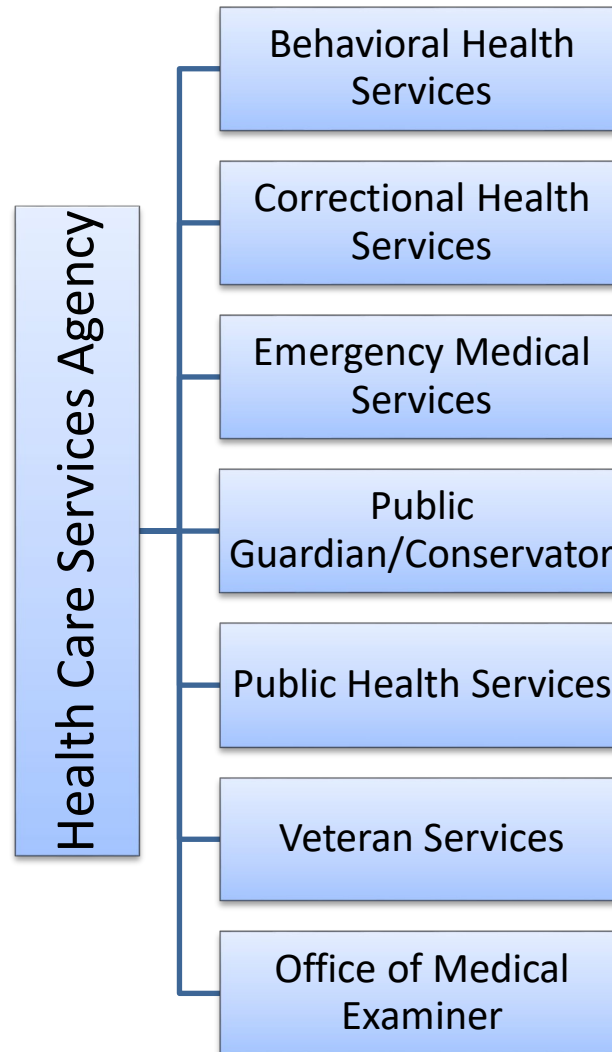
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$67	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1FTE	\$54	36%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$42	36%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2FTE	\$38	36%	
Trauma Coordinator	Trauma Coordinator	1FTE	\$67	36%	
	EMS Critical Care Coordinator	1FTE	\$67	36%	
Medical Director	Medical Director	.25FTE	\$150	0%	Contract
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	1FTE	\$38	36%	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Analyst	2FTE	\$42	36%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator	See Prehospital Care Coordinator and EMS Specialist				
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$24	36%	
Other Clerical	Accounting Technician I	1FTE	\$26	36%	
Other					

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

San Joaquin County Organizational Charts



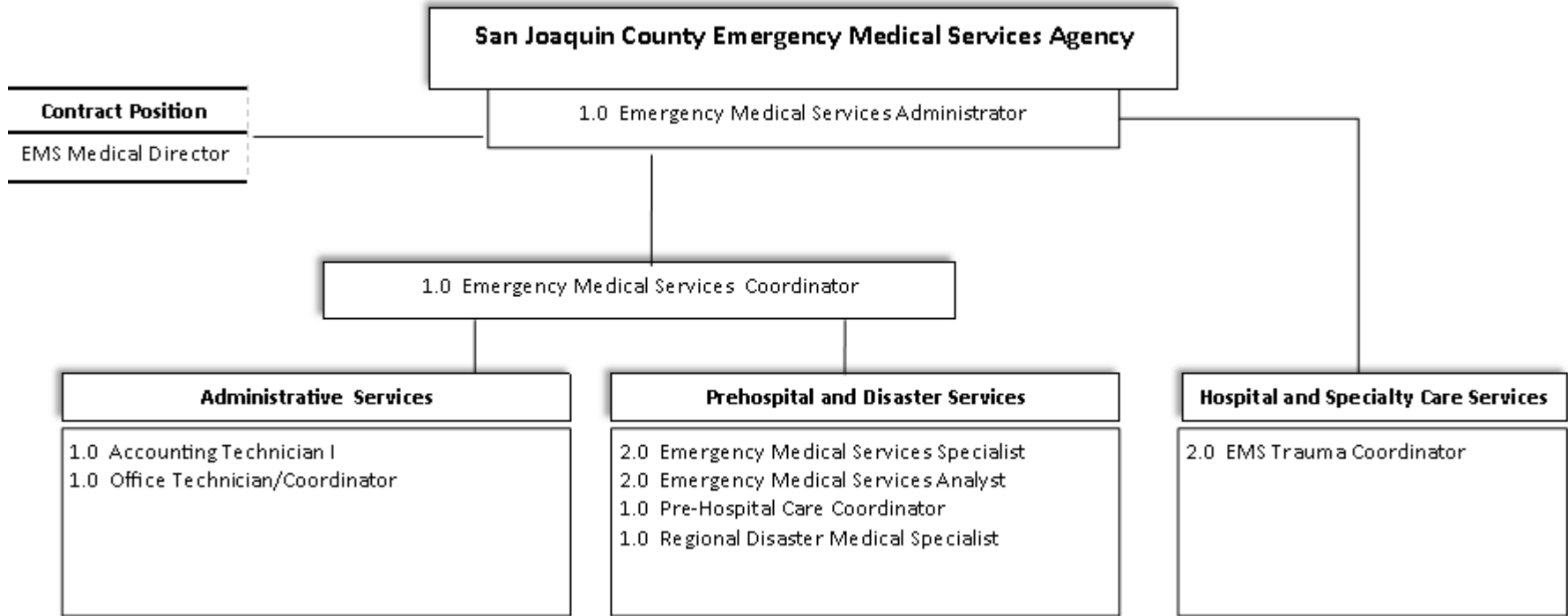


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING

Reporting Year: 2021-2022

NOTE: Table 3 is to be reported by agency.

	EMTs	EMDs	EMT - Ps	MICN
Total Certified	674	92		27
Number newly certified this year	85	7		7
Number recertified this year	352	36		20
Total number of accredited personnel on July 1 of the reporting year			356	
Number of certification reviews resulting in:				
a) formal investigations	9	4		2
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	2	0		0
e) denials	2	0		0
f) denials of renewal	0	0		0
g) no action taken	5	4		2

1. Early defibrillation:

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

674

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

22

2. Do you have an EMR training program

yes

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS

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

County: San Joaquin County EMS Agency

Reporting Year: 2021-2022 (fiscal year)

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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION

Reporting Year: 2021-2022 (fiscal year)

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	7:29 min (AMR and MDA) 8:00 (ECA and RCFD)	9:29 min/17:29 min(AMR) 10:59 min/17:29 min(MDA) 20:00 (ECA and RCFD)	29:29 min (AMR and MDA) 40:00 (ECA and RCFD)	N/A

TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE

Reporting Year: 2021-2022

NOTE: Table 6 is to be reported by agency.

Trauma

- a) Number of patients meeting trauma triage criteria: 2021/22: 3,764
- b) Number of major trauma victims transported directly to a trauma center by ambulance: 2021/22: 3,475
- c) Number of major trauma patient transferred to a trauma center: 139
- d) Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown (not collected as an aggregate)

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	7
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL

Reporting Year: 2021-2022 (fiscal year)

County: San Joaquin County

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

SYSTEM RESOURCES

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

OPERATIONS

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

TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** American Medical Response **Response Zone:** X

Address: 3755 West Lane **Number of Ambulance Vehicles in Fleet:** 52
Stockton, CA 95204

Phone Number: 209-948-5136 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 40

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

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

Transporting Agencies

<u>101,362</u> Total number of responses	<u>66,380</u> Total number of transports
<u>88,220</u> Number of emergency responses	<u>3,283</u> Number of emergency transports
<u>18,142</u> Number of non-emergency responses	<u>63,097</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: P.O. Box 2 **Number of Ambulance Vehicles in Fleet:** 11
Manteca, CA 95336

Phone Number: 209-823-1032 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

Transporting Agencies

10,916 Total number of responses
8,048 Number of emergency responses
2,868 Number of non-emergency responses

8,549 Total number of transports
6,121 Number of emergency transports
2,428 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

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

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

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

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

1,380 Total number of responses
950 Number of emergency responses
430 Number of non-emergency responses

_____ Total number of responses
 _____ Number of emergency responses

Transporting Agencies

905 Total number of transports
632 Number of emergency transports
273 Number of non-emergency transports

Air Ambulance Services

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: PO Box 212 **Number of Ambulance Vehicles in Fleet:** 3
Escalon, CA 95320

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

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

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

Transporting Agencies

1,061 Total number of responses
737 Number of emergency responses
324 Number of non-emergency responses

926 Total number of transports
645 Number of emergency transports
271 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Active Transport Medical Services, LLC **Response Zone:** County-wide

Address: 2626 W Lane, Ste. H **Number of Ambulance Vehicles in Fleet:** 1
Stockton, CA 95205

Phone Number: 209-888-1988 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

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

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

Air Ambulance Services

 Total number of responses
 Number of emergency responses

 Total number of transports
 Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 5551 Ciccarelli Rd **Number of Ambulance Vehicles in Fleet:** 4
Salida, CA 95368

Phone Number: 818-859-7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

Transporting Agencies

1,885 Total number of responses
0 Number of emergency responses
1,885 Number of non-emergency responses

1,885 Total number of transports
0 Number of emergency transports
1,885 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2021

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Bay Medic Transportation **Response Zone:** County-wide

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 5
Concord, CA 94518

Phone Number: 916-381-9000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

Transporting Agencies

1,307 Total number of responses
0 Number of emergency responses
1,307 Number of non-emergency responses

1,307 Total number of transports
0 Number of emergency transports
1,307 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Citizens Medical Response **Response Zone:** County-wide

Address: 8030 Lorraine Avenue, Ste. 336 **Number of Ambulance Vehicles in Fleet:** 6
Stockton, CA 95210

Phone Number: 209-227-5133 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

Transporting Agencies

1,450 Total number of responses
0 Number of emergency responses
1,450 Number of non-emergency responses

1,450 Total number of transports
0 Number of emergency transports
1,450 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 1525 Leonard Ave **Number of Ambulance Vehicles in Fleet:** 22
Modesto, CA 95350

Phone Number: 800-650-4003 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

2,310 Total number of responses
0 Number of emergency responses
2,310 Number of non-emergency responses

2,305 Total number of transports
0 Number of emergency transports
2,305 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 2363 Maggio Cir **Number of Ambulance Vehicles in Fleet:** 20
Lodi, CA 95240

Phone Number: 866-753-3400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

Transporting Agencies

10,046 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

10,046 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Sacramento Valley Ambulance **Response Zone:** County-wide

Address: 6220 Belleau Wood Lane, Suite 4 **Number of Ambulance Vehicles in Fleet:** 5
Sacramento, CA 95822

Phone Number: 916-736-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 400 E. Main Street **Number of Ambulance Vehicles in Fleet:** 0
Stockton, CA 95202

Phone Number: (209)-937-8801 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

33,223 Total number of responses 0 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

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** South San Joaquin County Fire Authority (ALS) **Response Zone:** _____

Address: 835 Central Ave **Number of Ambulance Vehicles in Fleet:** 0
Tracy, CA 95376

Phone Number: (209) 831-6700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

10,644 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

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

Phone Number: (209) 759-3371 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 13225 E. Mariposa Road **Number of Ambulance Vehicles in Fleet:** _____
Stockton, CA 95215

Phone Number: (209) 462-3838 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

_____ 98 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 1749 Coley Avenue Number of Ambulance Vehicles in Fleet: _____
Escalon, CA 95320

Phone Number: (209) 838-7500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: P.O. Box 25 **Number of Ambulance Vehicles in Fleet:** _____
Farmington, CA 95230

Phone Number: (209) 886-5321 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: P.O. Box 790 Number of Ambulance Vehicles in Fleet: _____
French Camp, CA 95231

Phone Number: (209) 982-0592 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

*1,368 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

*Combined totals for French Camp-McKinley Fire District and Mountain House Fire Department

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 19001 Somerston Parkway **Number of Ambulance Vehicles in Fleet:** _____
Lathrop, CA 95330

Phone Number: (209) 941-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

2,389 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

*** Authorized ALS but not yet providing service**

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 210 W Elm Street **Number of Ambulance Vehicles in Fleet:** _____
Lodi, CA 95240

Phone Number: (209) 333-6735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

5,389 Total number of responses*
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin Provider: Manteca Fire Department Response Zone: _____

Address: 1154 S. Union Road Number of Ambulance Vehicles in Fleet: _____
Manteca, CA 95337

Phone Number: (209) 456-8300 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

7,384 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 13157 E. Brandt Road Number of Ambulance Vehicles in Fleet: _____
Lockeford, CA 95237

Phone Number: (209) 727-0564 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 2405 S. B Street **Number of Ambulance Vehicles in Fleet:** _____
Stockton, CA 95206

Phone Number: (209) 464-5234 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Mountain House Fire Department **Response Zone:** _____

Address: 911 Traditions St **Number of Ambulance Vehicles in Fleet:** _____
Mountain House, CA 95391

Phone Number: (209) 464-5234 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

*1,368 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

*Combined totals for French Camp-McKinley Fire District and Mountain House Fire Department

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 25999 N. Thornton Road **Number of Ambulance Vehicles in Fleet:** _____
Thornton, CA 95686

Phone Number: (209) 794-2460 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

1,678 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

1,427 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 8880 Cal Center Drive **Number of Ambulance Vehicles in Fleet:** 1 in county; 1 near county
Sacramento, CA 95826

Phone Number: (707) 324-2400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Transporting Agencies

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

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

Air Ambulance Services

407 Number of Responses(Scene and IFT)
 _____ Number of emergency responses (Scene)

22 Total number of transports (Scene and IFT)
 _____ Number of emergency transports (Scene)

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

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

Address: 8880 Cal Center Drive
Sacramento, CA 95826 **Number of Ambulance Vehicles in Fleet:** 2 based near county

Phone Number: (925) 798-7670 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Transporting Agencies

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

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

Air Ambulance Services

29 Total number of responses (Scene & IFT)
 _____ Number of emergency responses (Scene)

2 Total number of transports (Scene & IFT)
 _____ Number of emergency transports (Scene)

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Stanford Life Flight **Response Zone:** County-wide

Address: 300 Pasteur Drive, HG-021 **Number of Ambulance Vehicles in Fleet:** 1 based near county
Stanford, CA 94305-5246

Phone Number: 650-723-5578 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 based near county

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

Transporting Agencies

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

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

Air Ambulance Services

17 _____ Total number of responses (IFT and Scene)
 _____ Number of emergency responses (Scene)

17 _____ Total number of transports (IFT and Scene)
 _____ Number of emergency transports (Scene)

TABLE 9: RESOURCE DIRECTORY – FACILITIES

Facilities

County: San Joaquin County

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

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

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

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

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

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

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

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Adventist Lodi Memorial Hospital Telephone Number: Phone: (209) 334-3411
Address: 975 S Fairmont Ave,
Lodi, CA 95240

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

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

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

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Saint Joseph's Medical Center Telephone Number: (209) 467-6400
Address: 1800 N California St,
Stockton, CA 95204

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

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

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

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

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

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

Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

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

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

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

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

Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

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

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: San Joaquin General Hospital Telephone Number: 209-468-6000
Address: 500 W Hospital Rd
French Camp, CA 95231

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

Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	---

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

¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:	<u>American Medical Response</u>			Telephone Number:	<u>209-948-5136</u>
Address:	<u>3755 West Lane</u>				
	<u>Stockton, CA 95204</u>				
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic: <u>N/A</u>	Number of students completing training per year:		
		Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	
			Expiration Date:	<u>04/30/2024</u>	
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</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: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		<u>Farmington Rural Protection District</u>		Telephone Number:	<u>209-886-5321</u>
Address:		<u>25474 E. Hwy 4</u>			
		<u>Farmington, CA 95230</u>			
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>05/31/2024</u>
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:		<u>Lathrop-Manteca Fire District</u>		Telephone Number:	<u>209-941-5100</u>
Address:		<u>19001 Somerston Parkway</u>			
		<u>Lathrop, CA 95330</u>			
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>02/29/2024</u>
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</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: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:	<u>Lodi Fire Department</u>			Telephone Number:	<u>209-333-6735</u>
Address:	<u>210 W. Elm Street</u>				
	<u>Lodi, CA 95240</u>				
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>10/31/2022</u>
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:	<u>Manteca District Ambulance</u>			Telephone Number:	<u>209-823-1032</u>
Address:	<u>245 E. Center Street</u>				
	<u>Manteca, CA 95336</u>				
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>12/31/2022</u>
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</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: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:	<u>Manteca Fire Department</u>			Telephone Number:	<u>209-239-8435</u>
Address:	<u>1154S. Union Road</u>				
	<u>Manteca, CA 95337</u>				
Student Eligibility:	<u>Open</u>	Cost of Program:	<u>**Program Level</u>	<u>CE Provider</u>	
		Basic: <u>N/A</u>	Number of students completing training per year:		
		Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	
			Expiration Date:	<u>05/31/2023</u>	
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:	<u>Montezuma Fire District</u>			Telephone Number:	<u>209-464-5234</u>
Address:	<u>2405 S. B Street</u>				
	<u>Stockton, CA 95206</u>				
Student Eligibility*:	<u>Open</u>	Cost of Program:	<u>**Program Level</u>	<u>CE Provider</u>	
		Basic: <u>N/A</u>	Number of students completing training per year:		
		Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	
			Expiration Date:	<u>04/30/2024</u>	
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</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: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:	<u>Stockton Fire Department</u>			Telephone Number:	<u>209-937-8657</u>
Address:	<u>400 E. Main Street, 4th Floor</u>				
	<u>Stockton, CA 95202</u>				
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic: <u>N/A</u>	Number of students completing training per year:		
		Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:		
			Expiration Date:	<u>12/31/2022</u>	
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:	<u>San Joaquin County EMS Agency</u>			Telephone Number:	<u>209-468-6818</u>
Address:	<u>P.O Box 220</u>				
	<u>French Camp, CA 95231</u>				
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic: <u>N/A</u>	Number of students completing training per year:		
		Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	
			Expiration Date:	<u>12/31/2023</u>	
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</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: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:	<u>San Joaquin General Hospital</u>			Telephone Number:	<u>209-468-6800</u>
Address:	<u>500 W. Hospital Road</u> <u>French Camp, CA 95231</u>				
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>04/30/2023</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

Training Institution:	<u>South San Joaquin County Fire Authority</u>			Telephone Number:	<u>209-831-6700</u>
Address:	<u>835 Central Ave</u> <u>Tracy, CA 95376</u>				
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>08/31/2022</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</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: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:	<u>Bradford College of Nursing</u>			Telephone Number:	<u>209-475-9854</u>
Address:	<u>9 S. El Dorado Street</u>				
	<u>Stockton, CA 95202</u>				
Student Eligibility:	Open	Cost of Program:	**Program Level	EMT Training Provider	
		Basic: <u>125</u>	Number of students completing training per year:		
		Refresher: <u>N/A</u>	Initial training:	<u>125</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	
			Expiration Date:	<u>10/31/2023</u>	
			Number of courses:		
			Initial training:	<u>9</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:	<u>San Joaquin EMS Agency</u>			Telephone Number:	<u>209-468-6818</u>
Address:	<u>PO Box 220</u>				
	<u>French Camp, CA 95231</u>				
Student Eligibility*:	Open	Cost of Program:	**Program Level	EMT Training Provider	
		Basic: <u>N/A</u>	Number of students completing training per year:		
		Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	
			Expiration Date:	<u>12/31/2023</u>	
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

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

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

TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY

County: San Joaquin

Reporting Year: 2021-2022

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

Name:	American Medical Response, Valley Regional Emergency Communications Center (Secondary PSAP)	Primary Contact: Rich Silva, Communications Director
Address:	4701 Stoddard Road, Modesto, CA 95356	
Telephone Number:	(209) 236-8302	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster _____ 63 EMD _____ BLS _____ EMT-D _____ ALS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	City Of Stockton Emergency Medical Dispatch Center (Secondary PSAP)	Primary Contact: John Votaw, Communications Director
Address:	110 West Sonora Street, Stockton, CA 95203	
Telephone Number:	(209) 937-8801	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster _____ 20 EMD _____ BLS _____ EMT-D _____ ALS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone X</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p>American Medical Response. Exclusive effective May 1, 2006</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Greater Lodi area, Stockton area, and Tracy area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Type: Emergency Ambulance</p> <p>Level: Emergency Ambulance, 9-1-1, 7-Digit, All CCT ambulance services, ALS IFT, ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Competitive bid. A request for proposals was issued on June 30, 2014, leading to a contract, for emergency ambulance service effective May 1, 2016, for an initial five year period with a possible five year extension. On July 21, 2020, Board of Supervisors approved AMR for ALS services in X zones from May 1, 2021 to May 1, 2026.</p>

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone D</p>
<p>Name Of Current Provider(S): Include Company Name(s) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p>Manteca District Ambulance Services (71 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Greater Manteca and Lathrop areas</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Type: Emergency Ambulance</p> <p>Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. MDA provides advanced life support service in a 9-1-1 setting. MDA is a not for profit ambulance service with an independent board of directors.</p>

Ambulance Zone Summary Form

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone E</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p>Ripon Fire Protection District (48 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Greater Ripon area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p>Type: Emergency Ambulance</p> <p>Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service</p>

Ambulance Zone Summary Form

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

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or sub area (Zone) Name or Title: Zone F
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area. Escalon Community Ambulance (61 years)
Area or sub area (Zone) Geographic Description: Greater Escalon area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.