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Emergency Medical Services Plan  
2020

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**San Joaquin County Emergency Medical Services Agency**  
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## Table of Contents

EXECUTIVE SUMMARY .....	1
MAJOR NEEDS AND PROGRAM SOLUTIONS .....	1
SUMMARY OF CHANGES.....	5
SYSTEM ASSESSMENT FORMS .....	8
SYSTEM ORGANIZATION AND MANAGEMENT .....	8
STAFFING/TRAINING.....	36
COMMUNICATIONS .....	49
RESPONSE AND TRANSPORTATION.....	59
FACILITIES AND CRITICAL CARE .....	81
DATA COLLECTION AND SYSTEM EVALUATION.....	95
PUBLIC INFORMATION AND EDUCATION.....	106
DISASTER MEDICAL RESPONSE.....	110
Progress/objectives .....	129
TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES.....	132
TABLE 2: SYSTEM RESOURCES AND OPERATIONS .....	141
TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING .....	147
TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS .....	148
TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION .....	149
TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE .....	150
TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL.....	151
TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS.....	153
TABLE 9: RESOURCE DIRECTORY – FACILITIES .....	180
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	187
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	188
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	189
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	190
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	191
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	192
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS.....	193
TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY .....	194

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## 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 provides information relevant to the period from July 1, 2015 through June 30, 2020. 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 2019 EMS Plan Update, 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 and adheres to the EMSA requirements for an EMS Plan at the five-year interval.

## 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 communication and provider data sources to allow for the evaluation of the efficiency and effectiveness of all aspects of the EMS system. Obtain access to the dispatch data from a fully functioning CAD for all non-transport resources that must include remote access to audio equipment and technology to provide SJCEMSA with unrestricted access to search, select, play and record digital audio recordings and features, plus provide monitoring features available using the FirstWatch program. 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: Adopt a method to calculate the true financial cost of APOD on the EMS system. Continue to measure and report APOT quarterly showing performance of

each hospital. Engage stakeholders on developing, implementing, and evaluating measures to reduce APOT and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times.

3. Need: Reduce unnecessary air ambulance utilization due to the negative impact air ambulance use has on patient outcomes. Continue to evaluate air ambulance utilization to ensure that such services do not delay, disrupt, or impede the services of emergency ambulance service providers and rapid transport of patients to SJCEMSA designated specialty care centers and receiving hospitals.

Program Solution: Revise policies and practices as needed and engage stakeholders on developing, implementing, and evaluating measures to prevent air ambulance use from delaying, disrupting, or impeding the transport of major trauma patients and other patients from the scene of a medical emergency.

4. Need: Ensure that ALS and BLS treatment protocols continue to reflect current standards of care in the prehospital environment.

Program Solution: ALS and BLS written treatment protocols were revised in June 2020 and April, 2020 respectively, with input of local emergency medicine community and stakeholders. Prehospital personnel were properly educated on revisions prior to implementation. Continue to routinely revise and update written treatment protocols as needed.

5. Need: Adopt a goal for training a percentage of the general public in first aid and CPR and place special emphasis on training a higher percentage of high risk groups.

Program Solution: Work with emergency ambulance providers and non-transport emergency responder organizations to plan and implement first aid and CPR training for the public in San Joaquin County.

6. Need: Revise, update, and evaluate the exclusive operating area ambulance agreements with Escalon Community Ambulance, and the Ripon Consolidated Fire Protection District. In addition, 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.

7. Need: Revise, update, and evaluate the BLS and advanced life support (ALS) agreements with non-transport fire departments. Negotiate service agreements as needed.

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

9. Need: Ensure that any modifications of requirements that might improve services specified in the Zone-X Emergency Ambulance Agreement are identified and adopted to

coincide with the end of the five-year term of the ten-year agreement with AMR.

Program Solution: Undertake an exhaustive review of Agreement language and the performance and methods used to measure compliance under the Agreement. Upon completion of this review, modifications to the methods used to measure compliance were approved by the San Joaquin County Board of Supervisors approved the agreement with American Medical Response – West (AMR) for exclusive emergency and advanced life support (ALS) service in ambulance zone X for the period May 1, 2021, to May 1, 2026. This agreement included modifications to the methods used to measure performance.

10. 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.

11. 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.

12. Need: 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.

Program Solution: Identified funding sources and mechanisms, developed a med-net radio communication infrastructure scope of work, coordinated a request for proposal (RFP) with County Purchasing and County Information Services, evaluated proposals and awarded contract to L3 Harris. Gained approval to proceed with Design presented. Continue with the implementation phase, installing/commission infrastructure, gain functioning test approval and system upgrade acceptance.

13. Need: The SJCEMSA's data management system should be integrated to include pre-hospital, base hospital, and receiving hospital data. Current integration of these data sources requires manual compilation or limited integration provided by third party data platforms (e.g. stroke, STEMI, Trauma Registry).

Program Solution: Continue to participate in the Manifest Medex (MX) Health Information Exchange (HIE) grant award from the EMS Authority. Collaborate with prehospital providers and hospitals to incorporate data into the San Joaquin County HIE.

14. Need: Develop a plan for response by and use of all-terrain vehicles and water rescue vehicles.

Program Solution: Work with San Joaquin County Sheriff's Department and other Emergency Responder organizations to identify the availability of all-terrain and water rescue vehicles by catchment area.

15. Need: Develop or update EMD related policies including EMS Policy No. 3202, to realign resource assignments and call triage with IAED recommendations.

Program Solution: Ensure that revised policies provide the direction necessary for the designated dispatch center 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.

16. Need: Implement the requirements of SB 438, which was passed into law in October 2019. Collaborate with EMS stakeholders on best practices to prevent 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; clarify the process for approving new advanced life support (ALS) programs.

17. Need: Complete and maintain 100% successful submission of ePCR from all non-transport EMS system provider agencies to the California EMSA data repository.

Program Solution: Completed 100% successful submission of ePCR from all non-transport EMS system provider agencies to the California EMSA data repository.

18. Need: Revise and update agreements with all BLS non-transport EMS providers that addresses the submission of NEMSIS and CEMSIS data pursuant to Health and Safety Code, Section 1797.227; and CQI processes necessary for the addition of the scope of practice to administer epinephrine and naloxone and other enhanced BLS skills.

Program Solution: Revise written agreements with all BLS non-transport EMS providers to address implementation of these requirements.

19. Need: Develop a mobile application, SJCEMSA ALS Treatment Protocols Application to provide mobile and convenient access to the Treatment Protocols for San Joaquin County accredited paramedics.

Program Solution: Developed and launched a mobile application, SJCEMSA ALS Treatment Protocols Application, which includes EMS Policy No. 5700, Advanced Life Support Treatment Protocols. The mobile application is intended to provide mobile and convenient access to the Treatment Protocols for San Joaquin County accredited paramedics in May, 2019.

## **SUMMARY OF CHANGES**

### **System Organization and Management:**

Hired Amanda Petroske, MSN in March, 2020, as a full-time EMS Trauma Coordinator to provide administrative oversight over the SJCEMSA Trauma system in San Joaquin County.

### **Manpower and Training**

Issued guidance on training for the administration of epinephrine, naloxone, and other enhanced BLS skills.

### **Communications:**

No changes.

### **Response and Transportation:**

Completed written agreements for the provision of enhanced BLS services (administration of epinephrine via auto injector, naloxone via mucosal atomizer, and glucose monitoring) with Colleagueville Fire District, Defense Logistics Agency, Farmington Fire District, French Camp McKinley Fire District, Lathrop- Manteca Fire District, REACH Air Medical Services and Stanford Life Flight Air Ambulance.

Completed an exhaustive review of Zone-X Emergency Ambulance Agreement to identify potential modifications of requirements to improve services. This review was performed to coincide with the end of the five-year term of the ten-year agreement with AMR. Upon completion of this review, modifications to the methods used to measure compliance were approved by the San Joaquin County Board of Supervisors approved the agreement with American Medical Response – West (AMR) for exclusive emergency and advanced life support (ALS) service in ambulance zone X for the period May 1, 2021, to May 1, 2026.

### **Facilities and Critical Care:**

In November 2020, Dameron Hospital Association was designated as a primary stroke center to complete the process of designating all seven acute care facilities as primary stroke centers in San Joaquin County.

Revised and update SJCEMSA policies to meet requirements in California Code of Regulations, Title 22, Division 9, Chapter 7.2 Stroke Critical Care System, and Chapter 7.1 STEMI Critical Care System. Examples of such updates completed in September 2019 include: SJCEMSA Policy Nos. 4801 STEMI Receiving Center Designation; 4811 Primary Stroke Center Designation; 6381 STEMI Receiving Center Data Requirements, and 6382 Primary Stroke Center Data Requirements.



### **Data Collection and System Evaluation:**

SJCEMSA participated in the +EMS health information exchange (HIE) grant program issued by the Emergency Medical Services Authority (EMSA) to implement and onboard interoperable health information exchange between participating emergency ambulance service providers and hospitals through use of electronic health records (EHR) using the SJCHIE and other HIOs. The goal of the +EMS HIE grant is to integrate prehospital EHRs into the HIE allowing for SEARCH, ALERT, FILE, and RECONCILE (SAFR) functionality.

Revised and updated agreements with those BLS non-transport EMS providers that expressed interest in adopting the enhanced scope of practice to administer epinephrine and naloxone and other enhanced BLS skills to include the addition of CQI processes necessary for system evaluation and ensure the proper submission of NEMSIS and CEMSIS data pursuant to Health and Safety Code, Section 1797.227. These revisions and updates will continue during 2020-2021 as more BLS non-transport EMS providers request to be approved to provide the enhanced scope of practice.

### **Public Information and Education:**

No changes.

### **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 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. SJCEMSA worked directly with the State of California EMS Authority, California Department of Public Health, and the Regional Disaster Medical Health Mutual Aid System to process resource requests to maintain the ability of the EMS system and our healthcare coalition partners to deliver needed care and treatment to patients. SJCEMSA is also working closely with the San Joaquin County Office of Emergency Services and the San Joaquin County Health Care Services Agency and other federal, state, and local partners to monitor and coordinate the local medical health response to the outbreak of the virus. SJCEMSA began forward deploying portable medical beds to all Acute Care Facilities in San Joaquin County in accordance to the Healthcare Surge Strategy. SJCEMSA is working with Hospital Command centers for all seven hospitals, skilled nursing and long term care facilities in San Joaquin County experiencing increased patient census and issues with staffing shortages. In addition, SJCEMSA is working with ambulance providers to ensure that ambulances are available to meet the current demand for service.

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**SYSTEM ASSESSMENT FORMS**  
**SYSTEM ORGANIZATION AND MANAGEMENT**

**1.01 LEMSA STRUCTURE**

**MINIMUM STANDARDS:**

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

**RECOMMENDED GUIDELINES:**

None.

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

The San Joaquin County EMS Agency is within the San Joaquin County Division of Health Care Services. The EMS agency is directly responsible to the Director of Health Care Services who in turn is responsible to both the County Administrator's Office and the Board of Supervisors. Agency staff is comprised of a Medical Director, EMS Administrator, one EMS coordinator, two EMS Analysts, two EMS Specialists, two Critical Care Coordinators, Regional Disaster Medical/Health Specialist, Disaster Medical/Health Specialist, Prehospital Care Coordinator, Office Technician and accounting technician. Support service is provided by independent contractors and other County departments including: County Counsel, and County Administration.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 1.02 LEMSA MISSION

### MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

### RECOMMENDED GUIDELINES:

None.

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

The San Joaquin County EMS Agency comprehensive emergency medical services system has been established under San Joaquin County Health Care Services. SJCEMSA coordinates with ALS and BLS prehospital transport and non-transport providers, hospitals, dispatch centers, and law enforcement. The system is continuously evaluated by San Joaquin County EMS Agency through real time access to prehospital ALS provider information, through monthly and quarterly QI reports submitted by ALS providers, and through monthly response compliance reports. Relevant SJCEMSA policies include: Nos. 6301 Ambulance Provider Data Requirements; 6302 Prehospital Emergency Medical Care Provider Patient Care Report Requirements; 6620 Continuous Quality Improvement Process; 6630 Continuous Quality Improvement Council; 6710 Trauma Center Quality Improvement; and 6720 Trauma Data Management.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **1.03 PUBLIC INPUT**

### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

### **RECOMMENDED GUIDELINES:**

None.

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

The Continuous Quality Improvement (CQI) program provides various committees as confidential forums for health care providers to discuss patient care and training related issues. The CQI program also allows members of the EMS system to comment on the development, utilization and evaluation of plans, policies and procedures. Representatives from prehospital care providers and acute care facilities also provide input through a quarterly meeting of the EMS Liaison Committee, and prehospital care providers attend a quarterly Transportation Committee meeting. Members of the general public are provided with the opportunity to comment on the EMS system by direct communication to the San Joaquin County EMS Agency and the San Joaquin County Board of Supervisors.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **1.04 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 pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

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

Dr. Katherine Shafer, M.D. serves as the EMS Agency Medical Director. A contract is in place that specifies the parameters of the EMS Agency Medical Director.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 1.05 SYSTEM PLAN

### MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in EMSA #101, EMS Standards and Guidelines, and,
- provide a methodology and time-line for meeting these needs.

### RECOMMENDED GUIDELINES:

None.

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

The EMS Plan provides an assessment of the level to which the SJCEMS Agency meets the guidelines enumerated herein. EMSA #101 recommends that LEMSAs engage in public education for the list of targeted clinical categories. The SJCEMS Agency does not direct public education efforts. Appropriate training and policy guidance is provided as described for each clinical category listed below.

**Acute Cardiopulmonary Emergencies:** EMS Policy Nos. 4801, 5201 Medical Patient Destination, 5700 Advanced Life Support Treatment Protocols, 2551 12 Lead ECG Performance Criteria.

**Multisystem Trauma:** EMS Policy Nos. 4701 Trauma System Management and General Provisions, 4709 Trauma Center Service Areas, 4710 Trauma Center Designation, 5210 Major Trauma Triage Criteria , 5215 Trauma Patient Destination.

**Burns:** EMS Policy Nos. 5700 series.

**Craniospinal Injuries:** EMS Policy Nos. 5700, 5115 Cervical Spine Stabilization.

**Poisonings:** EMS Policy No. 5700.

**Neonatal and Pediatric Emergencies:** EMS Policy Nos. 5700 series.

**Acute Psychiatric and Behavioral Emergencies:** 5107 Use of Patient Restraints, 5530 BLS Altered Mental Status.

### NEED(S):

Continue to ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources.

### OBJECTIVE

Monitor and amend the EMS system plan as needed.

### TIME FRAME FOR MEETING OBJECTIVE: **ONGOING**

## **1.06 ANNUAL PLAN UPDATE**

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

### **RECOMMENDED GUIDELINES:**

None.

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

### **NEED(S):**

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes

### **OBJECTIVE:**

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

### **TIME FRAME FOR MEETING OBJECTIVE:**

**Short-Range Plan (one year or less)**



## **1.07 TRAUMA PLANNING**

### **MINIMUM STANDARDS:**

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

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

SJCEMSA's trauma planning incorporates the designated trauma centers in Sacramento County and Stanislaus County including the assignment of service areas by triage criteria.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **1.08 ALS PLANNING**

### **MINIMUM STANDARDS:**

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

### **RECOMMENDED GUIDELINES:**

None.

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

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in San Joaquin County. This requirement is set forth in the ALS Agreements with each emergency ambulance provider authorized in San Joaquin County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **1.09 INVENTORY OF RESOURCES**

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency has access to all of the information required to meet the minimum standards in the form of licensed/certified personnel databases, on site provider files, real time access to provider data, and regional disaster information.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **1.10 SPECIAL POPULATIONS**

### **MINIMUM STANDARDS:**

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

### **RECOMMENDED GUIDELINES:**

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

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

EMS Agency policies provide direction for the care of pediatric and elderly patients, and those with special needs such as LVADs. Prehospital care providers are encouraged to hire bilingual personnel. As per written agreements with ambulance providers, ambulances are equipped to manage morbidly obese patients and one bariatric ambulance is available to transport patients in San Joaquin County.

SJCEMSA will continue to work with Behavioral Health, Public Health, Veterans Services, the Health Plan of San Joaquin and other allied organizations to identify opportunities for adopting strategies to serve special needs populations.

Relevant SJCEMSA Policies include:

EMS Policy Nos. 5700 series and Policy Memorandum 2011-02 LVAD Considerations.

### **NEED(S):**

N/A

### **OBJECTIVE:**

Ensure that EMS policies continue to consider the needs of special needs populations

### **TIME FRAME FOR MEETING OBJECTIVE:**

**X Long-Range Plan (more than one year) Ongoing**

## 1.11 SYSTEM PARTICIPANTS

### MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

### RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

The roles and responsibilities of all EMS system participants, including dispatch, have been established through policy, protocols, and training standards. Written contracts are in place for each ambulance provider, base/receiving hospital, and emergency medical responder (fire) agency. Such contracts include the provision of emergency ambulance services within exclusive operating areas. Policies that specifically address EMS system participants' roles and responsibilities include SJCEMSA Policy Nos. 5001 Authority for Medical Emergency Management and 5700.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **1.12 REVIEW AND MONITORING**

### **MINIMUM STANDARDS:**

Each local EMS agency shall provide for review and monitoring of EMS system operations.

### **RECOMMENDED GUIDELINES:**

None.

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

EMS system operations are reviewed in real time by utilizing access to prehospital provider CAD activities and monitoring base hospital radio and phone call-ins. Retrospective analysis is conducted using quarterly and monthly hospital and prehospital provider activity and compliance reports as required per written agreement. Other aspects of the system are routinely reviewed and monitored through on-site visits and the review of records, and patient care reports. Review and monitoring of EMS system operations is also described in detail in the SJCEMSA CQI Plan attached hereto.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **1.13 COORDINATION**

### **MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

### **RECOMMENDED GUIDELINES:**

None.

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

EMS system operations are coordinated through written agreements with providers and facilities; policies and procedures; training standards; quality improvement programs and other mechanisms including meetings between the EMS agency and prehospital provider agencies in San Joaquin County.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 1.14 POLICY & PROCEDURES MANUAL

### MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

### RECOMMENDED GUIDELINES:

None.

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

A policy and procedures manual has been developed and is available on the San Joaquin County website, [www.sjgov.org/ems/](http://www.sjgov.org/ems/).

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A



## **1.15 COMPLIANCE WITH POLICIES**

### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

### **RECOMMENDED GUIDELINES:**

None.

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

Written agreements, county ordinance, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **1.16 FUNDING MECHANISM**

### **MINIMUM STANDARDS:**

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

### **RECOMMENDED GUIDELINES:**

None.

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

SJCEMSA receives funding from the following sources: provider and personnel fees, the EMS Maddy Fund, various grants, and the San Joaquin County general fund.

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 1.17 MEDICAL DIRECTION

### MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

### RECOMMENDED GUIDELINES:

None.

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

Medical direction is provided by Medical Director Dr. Katherine Shafer as specified in a written agreement. Under the direction of Dr. Shafer, the EMS Agency has delineated the system's medical direction by identifying the role of hospitals and providers through agreements, treatment protocols and other medical policies.

### COORDINATION WITH OTHER EMS AGENCIES:

N/A

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 1.18 QA/QI

### MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

### RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

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

QA/QI is provided through providers' in-house review processes, EMS Agency review/investigations, and peer review meetings. These processes are also reviewed by the CQI Council comprised of CQI coordinators from each ALS prehospital provider, the Base Hospital, and the EMS agency medical director and staff. The specific policy that forms the basis for these requirements are Policy Nos. 6101 Sentinel Event Reporting Requirements, 6102 Sentinel Event Report, 6620, and 6630.

In early 2019, a "Report Card" to track and trend key procedure success metrics was developed for cardiac, stroke, trauma, and airway management.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 1.19 POLICIES, PROCEDURES, PROTOCOLS

### MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

### RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post-dispatch instructions.

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

Policies, protocols or policy statements have been issued regarding all of the minimum standards and can be found here: <http://sigov.org/ems/policies.htm>

San Joaquin County's authorized emergency medical dispatch center currently provides pre-arrival/post-dispatch instructions in accordance with national standards.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 1.20 DNR POLICY

### MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

### RECOMMENDED GUIDELINES:

None.

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

The local EMS Agency has established and implemented a policy regarding "Do Not Resuscitate (DNR)" situations (including POLST). This policy is to establish criteria for pre hospital emergency medical personnel to easily recognize and follow POLST and Do Not Resuscitate (DNR) Orders. EMS Policy Nos. 5103 Determination of Death in the Field and 5105 Do Not Resuscitate Orders.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 1.21 DETERMINATION OF DEATH

### MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

### RECOMMENDED GUIDELINES:

None.

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

The local EMS Agency has established and implemented a determination of death in the field policy. The policy is to provide pre hospital personnel with parameters to determine whether to withhold resuscitative efforts and provide guidelines for base hospital physicians to discontinue resuscitative efforts and render a determination of death. The specific policy for Determination of Death is EMS Policy No. 5103.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **1.22 REPORTING OF ABUSE**

### **MINIMUM STANDARDS:**

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

### **RECOMMENDED GUIDELINES:**

None.

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

EMS personnel are required by law to report suspected abuse and SIDS deaths. Employers are responsible for ensuring that their personnel are familiar with the reporting laws. Failure by an individual to report child abuse, elder abuse or a suspected SIDS death may result in disciplinary action by their employer and/or the local EMS Agency.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## 1.23 INTERFACILITY TRANSFER

### MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

### RECOMMENDED GUIDELINES:

None.

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

A policy delineating the scene and inter-facility transfer scope of practice of paramedics has been established and implemented. Specific EMS policies include Nos. 2560 Paramedic Scope of Practice, 5700 series.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **1.24 ALS SYSTEMS**

### **MINIMUM STANDARDS:**

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

### **RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

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

All providers of advanced life support services in San Joaquin County have written agreements with the EMS agency. These include: AMR in Zone X, Manteca District Ambulance in Zone D, Escalon Community Ambulance in Zone F, Ripon Consolidated Fire District in Zone E, Stockton Fire Department in the City of Stockton, and Tracy Fire Department in the City of Tracy. Exclusive operating area agreements are current for the ALS transport providers in Zones X, D, E, and F.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 1.25 ON-LINE MEDICAL DIRECTION

### MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

### RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

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

On-line medical control is provided by base hospital physicians and MICNs at San Joaquin County General Hospital, the base hospital for San Joaquin County. The specific policy established for base hospital configuration and designation is EMS Policy No. 4901 Base Hospital Standards.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 1.26 TRAUMA SYSTEM PLAN

### MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

### RECOMMENDED GUIDELINES:

None.

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

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 1.27 PEDIATRIC SYSTEM PLAN

### MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

### RECOMMENDED GUIDELINES:

None.

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

SJCEMSA has implemented evidence based prehospital triage, treatment, transfer protocols for the management of critical pediatric and neonatal patients. EMS Policy No. 5215 Trauma Patient Destination and EMS Policy No. 4709 Trauma Center Services Areas address destinations for pediatric major trauma patients. SJCEMSA has enacted EMS Policy No. 4411, Authorization to Conduct Neonatal Transport addressing specialty care interfacility transport for neonatal patients. SJCEMSA enacted EMS Policy No. 4101, EMS Response Vehicle Medication and Equipment setting minimum required equipment and par levels for pediatrics.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 1.28 EOA Plan

### **MINIMUM STANDARDS:**

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

### **RECOMMENDED GUIDELINES:**

None.

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

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on July 9, 2015, as an attachment the County's EMS Plan. Pursuant to a competitive process, a contract for exclusive emergency, ALS interfacility and CCT ground ambulance services was granted for Zone X effective May 1, 2016. (Zones D, E, and F were grandfathered rights to provide service in exclusive operating areas).

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **STAFFING/TRAINING**

### **2.01 ASSESSMENT OF NEEDS**

#### **MINIMUM STANDARDS:**

The local EMS agency shall routinely assess personnel and training needs.

#### **RECOMMENDED GUIDELINES:**

None.

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

Personnel and training needs are assessed through review of data, meetings, and provider input within the Continuous Quality Improvement Program.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.02 APPROVAL OF TRAINING**

### **MINIMUM STANDARDS:**

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

### **RECOMMENDED GUIDELINES:**

None.

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

Procedures are in place to approve, monitor and investigate EMS personnel training programs and continuing education providers to determine compliance. Failure to be in compliance with state regulation may result in action by the local EMS agency up to and including the revocation of the training program's approval to operate.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## 2.03 PERSONNEL

### MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

### RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has adopted policies for the certification/accreditation/authorizes of: EMDs, MICNs, Paramedics, EMTs, and first responder. Policies that address this requirement include Nos. 2101 EMS Dispatcher Accreditation, 2210 Emergency Medical Responder Certification, 2310 Emergency Medical Technician Certification, 2540 Paramedic Accreditation, and 2610 Mobile Intensive Care Nurse Authorization.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **2.04 DISPATCH TRAINING**

### **MINIMUM STANDARDS:**

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

### **RECOMMENDED GUIDELINES:**

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

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

The EMS Agency has established a policy (No. 2101) requiring emergency medical dispatch (EMD) personnel to be accredited in EMD by the International Academies of Emergency Medical Dispatchers (IAED). IAED standards meet or exceed those standards established by the EMS Authority's Medical Dispatch Guidelines.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.05 FIRST RESPONDER TRAINING**

### **MINIMUM STANDARDS:**

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

### **RECOMMENDED GUIDELINES:**

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

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

The San Joaquin County EMS Agency has adopted the forty hour national standard curriculum for first responders (emergency medical responders) as the minimum required level of training for all non-transporting EMS first responder organizations. Automatic external defibrillation is included in the national standard curriculum and is included in the EMS Agency's scope of practice for certified first responders. The EMS Agency Policy addressing this standard is No. 2210.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.06 RESPONSE**

### **MINIMUM STANDARDS:**

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency encourages everyone to participate in the EMS system commensurate with their assigned role.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.07 MEDICAL CONTROL**

### **MINIMUM STANDARDS:**

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency has established policies for medical control of the EMS system. Adherence to medical control standards is evaluated through the CQI process. EMS Policies are located at: <http://sjgov.org/ems/policies.htm>

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.08 EMT-I TRAINING**

### **MINIMUM STANDARDS:**

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

### **RECOMMENDED GUIDELINES:**

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

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

The EMS Agency has established the minimum staffing level on all emergency medical transport units as one EMT-I driver and one EMT-I attendant. The minimum staffing level for emergency ambulance service providers (e.g., 911 response) is one EMT-I driver and one paramedic attendant.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.09 CPR TRAINING**

### **MINIMUM STANDARDS:**

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency requires all certification/accreditation/authorization applicants to be currently certified in CPR per EMS policy Nos. 2101, 2210, 2310, 2450, and 2610.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.10 ADVANCED LIFE SUPPORT**

### **MINIMUM STANDARDS:**

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

### **RECOMMENDED GUIDELINES:**

All emergency department physicians should be certified by the American Board of Emergency Medicine.

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

Agency policy requires all emergency department MICNs to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be, but are not necessarily, Board certified in emergency medicine.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## **2.11 ACCREDITATION PROCESS**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency has established policies and procedures for the accreditation and orientation of pre-hospital care providers. In order to become accredited in San Joaquin County all ALS personnel are required to complete an initial training provided by EMS agency staff that includes training and testing in the local optional scope of practice. The relevant SJCEMS Agency policies include Nos. 5700 series. Training for expanded scope use of Magnesium Sulfate (Policy No. 5700) and Atrovent (Policy No. 5700) is provided in the accreditation class.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **2.12 EARLY DEFIBRILLATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency has established policies and procedures for the accreditation and orientation of pre-hospital care providers. Relevant policies include Nos. 2210 and 2210A Emergency Medical Responder Skills Competency Verification Form .

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 2.13 BASE HOSPITAL PERSONNEL

### MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

### RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has established policies and procedures for authorizing MICNs which includes testing and orientation on EMS policies, procedures and radio communication techniques.

Relevant policies include Nos. 2610, 2610A Mobile Intensive Care Nurse Orientation Verification Form, and 2610B MICN Continuing Education Form.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

#### MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

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

The EMS communications plan is comprised of the San Joaquin County Master Communications Plan, the list of UHF MED NET, CALCORD, ARES, and HEAR frequencies; a description of basic radio communication practices, a list of the locations of UHF Sites and is consistent with the following:

1. California Interoperability Field Operations Guide (Cal-IFOG), 2017  
<https://firescope.caloes.ca.gov/fog-manual>
2. National Interoperability Field Operations Guide (NIFOG), Version 1.6.1 June 2016  
<https://www.dhs.gov/sites/default/files/publications/National%20Interoperability%20Field%20Operations%20Guide%20v1%206%201.pdf>

Written agreements between the EMS agency and prehospital providers and hospitals set forth the requirements for communications capabilities and use of approved frequencies.

EMS Agency policy No. 3410 addresses the use of cellular telephones for field to hospital communications.

#### COORDINATION WITH OTHER EMS AGENCIES:

N/A

#### NEED(S):

N/A

#### OBJECTIVE:

N/A

#### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **3.02 RADIOS**

### **MINIMUM STANDARDS:**

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

### **RECOMMENDED GUIDELINES:**

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

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

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. This is accomplished through requirements set forth in written agreements with hospital and prehospital providers.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### 3.03 INTERFACILITY TRANSFER

#### MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

#### RECOMMENDED GUIDELINES:

None.

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

#### COORDINATION WITH OTHER EMS AGENCIES:

This is currently accomplished in San Joaquin County through the use of cellular telephones and Med-Net frequencies for radio communication. The relevant policy is No. 3410 ALS Field to Hospital Communication.

#### NEED(S):

N/A

#### OBJECTIVE:

N/A

#### TIME FRAME FOR MEETING OBJECTIVE:

N/A

### **3.04 DISPATCH CENTER**

#### **MINIMUM STANDARDS:**

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

#### **RECOMMENDED GUIDELINES:**

None.

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

All emergency medical transport ambulances meet the minimum standard based upon requirements set forth in written agreements between the EMS agency and all emergency medical transport ambulance providers.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **3.05 HOSPITALS**

#### **MINIMUM STANDARDS:**

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### **RECOMMENDED GUIDELINES:**

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

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

All general acute care hospitals in San Joaquin County regularly communicate utilizing BLAST phone and internet technology with auxiliary hospital to hospital communication conducted via amateur radio. Each general acute care hospital is capable of communicating with field personnel via UHF Med-Net radio. This is accomplished by requirements set forth in written agreements between the EMS agency and hospitals in San Joaquin County.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



### **3.06 MCI/DISASTERS**

#### **MINIMUM STANDARDS:**

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

#### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency's designated dispatch center has the capability to cross patch different radio frequencies to allow for inter-agency communications in the event of multi-casualty incidents and disasters. All emergency ambulance provider vehicles are required to have the capability to communicate with all first responder organizations in the County. This is accomplished by requirements set forth in written agreements between the EMS agency and emergency ambulance providers and hospitals in San Joaquin County.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **3.07 9-1-1 PLANNING/COORDINATION**

#### **MINIMUM STANDARDS:**

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of enhanced 9-1-1 systems.

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

The San Joaquin County EMS Agency works closely with the County's 9-1-1 coordinator on planning and coordination of the 9-1-1 telephone system. Enhanced 9-1-1 service is available on all land line services throughout San Joaquin County. The EMS Agency continues to actively promote implementation of enhanced 9-1-1 with cellular and internet service providers.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **3.08 9-1-1 PUBLIC EDUCATION**

#### **MINIMUM STANDARDS:**

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

#### **RECOMMENDED GUIDELINES:**

None.

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

SJCEMSA actively participates in the County's 9-1-1PSAP advisory committee and supports the committee's countywide education efforts.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **3.09 DISPATCH TRIAGE**

#### **MINIMUM STANDARDS:**

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

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

The local EMS Agency has established and implemented Policy Nos. 3202 Medical Priority Dispatch System Assignments and 3001 Guidelines for EMS Call Screening by Primary Public Safety Answering Points for proper dispatch triage and the appropriate medical response to emergency calls and the provision of emergency medical dispatch services (EMD). Written agreements and EMS policy Nos. 2101, 3101 Emergency Ambulance Service Provider Dispatch Requirements, and 3109 City of Stockton Emergency Medical Dispatch Center Requirements require EMD service providers to meet national and state guidelines, which include the use of a standardized medical priority dispatch system approved by the EMS Agency.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **3.10 INTEGRATED DISPATCH**

#### **MINIMUM STANDARDS:**

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

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

All emergency ambulance service providers operate from a common dispatch center utilizing an integrated, county wide system status management plan. Relevant EMS policies include Nos. 3202 and 3001.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **RESPONSE AND TRANSPORTATION**

### **4.01 SERVICE AREA BOUNDARIES**

#### **MINIMUM STANDARDS:**

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

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

The County's EMS Transportation Plan is attached and pending approval by the EMS Authority.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Transportation Plan was developed in coordination with all EMS system provider agencies in San Joaquin County through a 45-day public comment period.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.02 MONITORING**

### **MINIMUM STANDARDS:**

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

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

The County's ambulance ordinance, written exclusive operating ambulance provider agreements and the EMS Agency policies and procedures specify minimum standards and system operations. Compliance is monitored by the EMS Agency through monthly compliance reports and the CQI process.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **4.03 CLASSIFYING MEDICAL REQUESTS**

#### **MINIMUM STANDARDS:**

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

#### **RECOMMENDED GUIDELINES:**

None.

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

The San Joaquin County EMS Agency requires medical requests to be classified and resources assigned according to a standardized written medical dispatch card system approved by the EMS Agency as specified in EMS Policy No. 3202.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



#### **4.04 PRESCHEDULED RESPONSES**

**MINIMUM STANDARDS:**

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

**RECOMMENDED GUIDELINES:**

None.

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

Prescheduled responses by EMS transport vehicles are monitored through EMS agency staffs' review of monthly compliance reports.

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 4.05 RESPONSE TIME STANDARDS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

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

The SJCEMSA is working to develop a system to measure the response times for all Emergency Medical Responder (EMR) agencies in San Joaquin County that would meet the recommended guidelines.

### COORDINATION WITH OTHER EMS AGENCIES:

### NEED(S):

Develop reports using CAD data to measure response times for all EMR agencies in San Joaquin County.

### OBJECTIVE:

Measure response times for all EMR agencies in San Joaquin County.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## **4.06 STAFFING**

### **MINIMUM STANDARDS:**

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

### **RECOMMENDED GUIDELINES:**

None.

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

The San Joaquin County EMS Agency has adopted written agreements and policies ensuring that all emergency medical transport vehicles meet the current State and EMS agency policies regarding staffing and equipment in accordance with the level of service provided. The EMS Agency annually inspects ambulances to ensure compliance. Relevant EMS policies include Nos. 4101 EMS Response Vehicle Medication and Equipment.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.07 FIRST RESPONDER AGENCIES**

### **MINIMUM STANDARDS:**

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

### **RECOMMENDED GUIDELINES:**

None.

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

The local EMS Agency utilizes public safety agencies as non-transporting first responders to medical calls throughout the County as specified in written agreements.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 4.08 MEDICAL & RESCUE AIRCRAFT

### MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

### RECOMMENDED GUIDELINES:

None.

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

The SJCEMSA has established and implemented policies regarding EMS aircraft utilization including categorizing, authorizing, requesting, dispatching, complaint resolution and pilot and crew orientation in accordance with state regulations. Relevant EMS policies include Nos. 4441 EMS Aircraft Classification and Authorization, 4442 EMS Aircraft Medical Control, 4447 EMS Aircraft Landing Sites, and 4448 EMS Aircraft Utilization.

### COORDINATION WITH OTHER EMS AGENCIES:

N/A

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **4.09 AIR DISPATCH CENTER**

### **MINIMUM STANDARDS:**

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

### **RECOMMENDED GUIDELINES:**

None.

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

San Joaquin County's designated emergency dispatch center, Valley Regional Emergency Communications Center, is responsible for coordinating the use of EMS aircraft in San Joaquin County per EMS Policy No. 4448.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.10 AIRCRAFT AVAILABILITY**

### **MINIMUM STANDARDS:**

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

### **RECOMMENDED GUIDELINES:**

None.

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

San Joaquin County ordinance requires EMS Aircraft providers to possess a current air ambulance permit issued by the EMS Agency. The EMS Agency has issued permits for those air ambulance companies based outside San Joaquin County and a written agreement with the EMS Aircraft provider based within the County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Day-to-day operational availability of air ambulance resources is coordinated through the Authorized EMS Dispatch Center in San Joaquin County.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.11 SPECIALTY VEHICLES**

### **MINIMUM STANDARDS:**

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

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

All-terrain vehicles, boats and water rescue vehicles are maintained by San Joaquin County Sheriff's Office and many fire departments in the County. Appropriate specialty vehicles are available and respond as needed.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## **4.12 DISASTER RESPONSE**

### **MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

### **RECOMMENDED GUIDELINES:**

None.

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

San Joaquin County has adopted the OES Region IV multi-casualty incident (MCI) plan which includes procedures for mobilizing ambulance resources.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.13 INTERCOUNTY RESPONSE**

### **MINIMUM STANDARDS:**

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

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

The current OES Region IV MCI plan permits inter-county response of emergency medical transport vehicles without written agreements. Other than the ability of responding emergency transport vehicles to bill for transportation services, financial responsibilities have not been addressed.

### **COORDINATION WITH OTHER EMS AGENCIES:**

As stipulated in the OES Region IV MCI Plan.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.14 INCIDENT COMMAND SYSTEM**

### **MINIMUM STANDARDS:**

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

### **RECOMMENDED GUIDELINES:**

None.

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

San Joaquin County has adopted the OES Region IV MCI plan for addressing medical management as a component of the ICS System.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.15 MCI PLANS**

### **MINIMUM STANDARDS:**

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

### **RECOMMENDED GUIDELINES:**

None.

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

The local EMS Agency's disaster personnel and policies meet or exceed the requirements of the Standardized Emergency Management System (SEMS) regulations as set forth in OES Region IV MCI Manuals 1, 2, and 3.

### **NEED(S):**

OES Region IV MCI Manuals 1 – 3 need to be updated

### **OBJECTIVE:**

Update OES Region IV MCI Manuals 1 – 3.

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.16 ALS STAFFING**

### **MINIMUM STANDARDS:**

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

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

SJCEMSA has established universal county-wide ALS service through emergency ambulance exclusive operating area agreements. All BLS personnel serving on emergency ambulances are trained to provide automatic and semi-automatic defibrillation.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.17 ALS EQUIPMENT**

### **MINIMUM STANDARDS:**

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency has adopted policies specifying drug and equipment levels for ALS and BLS for ambulances and first responders found in Policy No. 4101.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.18 TRANSPORT COMPLIANCE**

### **MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

### **RECOMMENDED GUIDELINES:**

None.

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

San Joaquin County has adopted an ambulance ordinance governing ground and air ambulance transport providers. In addition, the Agency has formal written agreements with ALS ambulance transport providers.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.19 TRANSPORTATION PLAN**

### **MINIMUM STANDARDS:**

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

### **RECOMMENDED GUIDELINES:**

None.

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

Please see attached Transportation Plan

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## **4.20 "GRANDFATHERING"**

### **MINIMUM STANDARDS:**

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

### **RECOMMENDED GUIDELINES:**

None.

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

Providers in Zones D, E, and F were granted exclusive market rights under the Grandfather Clause, pursuant to §1797.224 of the H&SC in 1994.

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority in 2014 as an amendment to the County's EMS Plan. During the planning process, the EMS Agency conducted a review of the existing grandfathered zones and determined that the existing providers meet all requirements for non-competitive selection.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **4.21 EOA COMPLIANCE**

### **MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

### **RECOMMENDED GUIDELINES:**

None.

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

The County's ambulance ordinance, written EOA provider agreements and EMS Agency policies and procedures specify minimum standards and system operation. Compliance is monitored by the EMS Agency.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 4.22 EOA EVALUATION

### MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

### RECOMMENDED GUIDELINES:

None.

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

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority in 2014 as an amendment to the County's EMS Plan. EOAs in San Joaquin County were evaluated during the completion of the 2014 Transportation Plan.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **FACILITIES AND CRITICAL CARE**

### **5.01 ASSESSMENT of CAPABILITIES**

#### **MINIMUM STANDARDS:**

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have written agreements with acute care facilities in its service area.

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

The EMS Agency has written contracts in place with all acute care facilities within the County. Updating the EMS related capabilities of these facilities continues to be ongoing particularly as it relates to Level III Trauma Center designation, STEMI Receiving Center designation and Primary Stroke Center Accreditation.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **5.02 TRIAGE & TRANSFER PROTOCOLS**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

### **RECOMMENDED GUIDELINES:**

None.

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

Prehospital triage protocols, transfer protocols and agreements are in place for the management of critical pediatric patients, neurologically injured patients, and high risk pregnancy and neonatal patients. Out of county transfer and direct transport agreements (per EMS policy No. 5215) are in place with Memorial Medical Center and Doctor's Medical Center in Modesto, Kaiser South Sacramento and University of California Davis Medical Center (UCDMC).

### **COORDINATION WITH OTHER EMS AGENCIES:**

MOUs are in place with Mountain-Valley EMS Agency, Sacramento County EMS Agency

### **NEED(S):**

The County's designated level III trauma center does not have agreements with referring hospitals in its catchment area or a policy specific to accepting major trauma patient transfers.

### **OBJECTIVE:**

Ensure that the County's designated level III trauma center develops agreements with referring hospitals in its catchment area and adopts a policy specific to accepting major trauma patient transfers.

### **TIME FRAME FOR MEETING OBJECTIVE:**

X Short-range

### **5.03 TRANSFER GUIDELINES**

#### **MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

#### **RECOMMENDED GUIDELINES:**

None.

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

Formal transfer agreements are in place with UCDMC and CHO for the care of critically injured pediatric patients. Patients requiring specialized services not available in San Joaquin County are routinely transferred by ground or air designated and non-designated specialty care centers in the Central Valley, Sacramento Valley, and bay area.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **5.04 SPECIALTY CARE FACILITIES**

### **MINIMUM STANDARDS:**

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

### **RECOMMENDED GUIDELINES:**

None.

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

The SJCEMS Agency has designated and continues to monitor two STEMI Receiving Centers (per EMS Policy No. 4801 STEMI Receiving Center Designation) and one Level III Trauma Center (per EMS Policy No. 4710) and seven Primary Stroke Centers (per EMS Policy No. 4811 Primary Stroke Center Designation) within San Joaquin County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Two hospitals in Stanislaus County are recognized as STEMI Receiving Centers and Level II Trauma Centers.

### **NEED(S):**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 5.05 MASS CASUALTY MANAGEMENT

### MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

### RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

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

Hospitals in San Joaquin County have implemented and operate in accordance with the OES Region IV MCI Plan and EMS Policy Nos. 7010 Multi Casualty Incident Field Operations, 7020 Multi Casualty Incident Control Facility Operations, 7030 Medical Health Mutual Aid System, 7040 Hospital Inpatient Bed Polling, and 7210 EMS Active Threat Plan. The readiness of each hospital to respond to mass casualty incidents is evaluated annually.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A



## **5.06 HOSPITAL EVACUATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

### **RECOMMENDED GUIDELINES:**

None.

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

Each acute care hospital has developed an evacuation plan. The EMS component of a hospital evacuation would be managed in accordance with the OES Region Four MCI Plan. Additionally, the EMS Agency has developed a system wide Long Term Care Facility Evacuation Plan that is currently being implemented by skilled nursing facilities throughout the County which is found on the EMS Agency website at: <http://sigov.org/ems/emergencyPreparedness.htm#LTCF>

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **5.07 BASE HOSPITAL DESIGNATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:        *'MEETS MINIMUM STANDARD***

SJCEMS Agency Policy No. 4901 Base Hospital Standards describes the process to allow all eligible hospitals to apply to and be designated as a base hospital.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 5.08 TRAUMA SYSTEM DESIGN

### MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

### RECOMMENDED GUIDELINES:

None.

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

The SJCEMS Agency has developed a trauma care system as set forth in EMS Policy Nos. 4701, 4709, 4710, 4712, 4713 Level III Trauma Center Standards, 4720 Trauma Center Team Activation, 5700, 5210, and 5215, and a written agreement with San Joaquin General Hospital.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **5.09 PUBLIC INPUT**

### **MINIMUM STANDARDS:**

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

### **RECOMMENDED GUIDELINES:**

None.

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

The County Emergency Medical Services Liaison Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding the entire EMS system.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 5.10 PEDIATRIC SYSTEM DESIGN

### MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

SJCEMSA completed an EMS for Children special grant project in FY 96-97. SJCEMSA has continuously maintained pediatric requirements and standards for pre-hospital care personnel and services providers. SJCEMSA has incorporated and expanded direction on the care and treatment of pediatrics into transportation and specialty care plans.

### NEED(S):

N/A

### OBJECTIVE:

Re-evaluate the EMS for Children's project objectives.

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 5.11 EMERGENCY DEPARTMENTS

### MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

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

Re-evaluate the EMS for Children's project objectives.

### NEED(S):

TO BE DETERMINED

### OBJECTIVE:

Re-evaluate the EMS for Children's project objectives.

### TIME FRAME FOR MEETING OBJECTIVE:

- Long-Range Plan (more than one year)

## **5.12 PUBLIC INPUT**

### **MINIMUM STANDARDS:**

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

### **RECOMMENDED GUIDELINES:**

None.

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

SJCEMSA will solicit input when appropriate

### **NEED(S):**

### **OBJECTIVE:**

Re-evaluate the EMS for Children's project objectives.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Long-Range Plan (more than one year)

## 5.13 SPECIALTY SYSTEM DESIGN

### MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

### RECOMMENDED GUIDELINES:

None.

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

SJCEMSA has developed specialty care plans for:

- STEMI patients as demonstrated by written agreements between the EMS agency and Dameron Hospital and St. Joseph's Medical Center and EMS Policy Nos. 4801 and 4802.
- Trauma patients as demonstrated by a written agreement between the EMS agency and San Joaquin General Hospital and EMS Policies 5210, 5215, 6710, and 6720.
- Stroke patients as demonstrated by a written agreement between the EMS agency and San Joaquin General Hospital, St. Joseph's Medical Center, Sutter Tracy Community Hospital, Dameron Hospital, Adventist Health Lodi Memorial, Kaiser Manteca, Doctors Hospital Manteca and EMS Policy No. 4811 Primary Stroke Center Designation.

**NEED(S):** N/A

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:** N/A



## 5.14 PUBLIC INPUT

### MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

### RECOMMENDED GUIDELINES:

None.

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

The planning and development of the STEMI, Stroke and Trauma care systems in San Joaquin County included multiple opportunities for prehospital and hospital providers and consumers to provide input during the development of EMS policies and written agreements. These opportunities included regularly scheduled meetings such as the EMS Liaison Committee, the Transportation Committee, and written agreements for STEMI Receiving Centers, Primary Stroke Centers and the Trauma Center made available for public comment as part of the agenda of the San Joaquin County Board of Supervisors.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.01 QA/QI PROGRAM

#### MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

#### RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

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

A formal Continuous Quality Improvement (CQI) program exists in San Joaquin County. The EMS Agency has approved CQI plans for all advanced life support providers, the County's authorized dispatch center, and designated base hospital. The CQI Council meets regularly to address the total EMS system, providers, policies, procedures and protocols. Ongoing monitoring of system performance is conducted through prospective, concurrent, and retrospective quality improvement activities. Policies associated with ensuring listed QA/QI program activities include Policy Nos. 6620 and 6630 and described in greater detail in the San Joaquin County QI Plan.

Evaluation of response to, and the care provided to patients with STEMI, major trauma, and cardiac arrest is accomplished through targeted audits conducted by EMS agency staff in cooperation with pre-hospital and in-hospital staff. The CQI Plan was submitted on February 23, 2015.

#### NEED(S):

N/A

#### OBJECTIVE:

N/A

#### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## 6.02 PREHOSPITAL RECORDS

### MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

### RECOMMENDED GUIDELINES:

None.

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

Patient care records (PCRs) are completed for all patients, with copies of the report being submitted to the receiving hospital, provider and EMS Agency. This requirement is addressed in written ALS agreements with prehospital care providers and in EMS Policy Memorandum No. 2010-03 at <http://sjgov.org/ems/PDF/Policies/2010-03PCRDocumentationSigned.pdf>.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **6.03 PREHOSPITAL CARE AUDITS**

### **MINIMUM STANDARDS:**

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

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

Standardized clinical audits of prehospital care are currently being performed on select focus areas (e.g. STEMI, Trauma, Cardiac Resuscitation, MCIs, Spinal Stabilization). System response standards are monitored on a monthly basis with public reports provided through the County's web page.

Dispatch records, pre-hospital care records, and in-patient and discharge records are not linked in an aggregate. Such records can only be linked through data mining using discrete platforms.

### **NEEDS:**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **6.04 MEDICAL DISPATCH**

### **MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

### **RECOMMENDED GUIDELINES:**

None.

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

The EMS Agency has adopted a policy (No. 3202) regulating the provision of EMD Services a single authorized emergency medical dispatch center. The County's authorized emergency medical dispatch center is an active participant in the CQI process and performance reports including information on the level of medical response are submitted to the EMS Agency for review on a monthly and quarterly basis.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **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***

The current San Joaquin County data management system supports system-wide planning and evaluation through the reliance of data collected using ePCRs as well as specific audit tools (e.g. advanced airway, STEMI) that incorporates both prehospital and in-hospital data. Eighty-seven percent of EMS system data collection is NEMSIS 3 compliant, with the remainder of the system moving from current CEMSIS 2.2.1 ePCR platforms to NEMSIS 3 compliant platforms.

### **COORDINATION WITH OTHER EMS AGENCIES:**

### **NEEDS:**

San Joaquin County EMS Agency will continue to work with ALS providers to ensure migration from CEMSIS 2.2.1 to NEMSIS 3 compliant platforms based upon state standards.

Develop an integrated data management system which includes system response and pre-hospital and in-hospital clinical data.

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

X Short-Range Plan (one year or less)

## **6.06 SYSTEM DESIGN EVALUATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### **RECOMMENDED GUIDELINES:**

None.

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

San Joaquin County currently has a comprehensive, multi-function approach to EMS Quality Improvement. This process allows EMS agency to review local operations, policies, practices and the overall design and effectiveness of the EMS system. This approach is summarized in EMS Policy Nos. 6620 and 6630 and described in greater detail in the San Joaquin County CQI Plan.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **6.07 PROVIDER PARTICIPATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

### **RECOMMENDED GUIDELINES:**

None.

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

A mechanism for ensuring provider participation was established by the EMS Agency Policy No. 6620, Continuous Quality Improvement Process and EMS Policy No. 6630, Continuous Quality Improvement Council. Currently, all ALS providers based in San Joaquin County participate in the CQI program.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## **6.08 REPORTING**

### **MINIMUM STANDARDS:**

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

### **RECOMMENDED GUIDELINES:**

None.

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

Results and findings of EMS system design evaluations are shared with members of the EMS Liaison Committee and Transportation Committee. Reports on the zones with AMR as the exclusive operating ambulance are presented to the Board of Supervisors on a bi-monthly basis. The Board of Supervisors is kept abreast of overall system operations.

### **NEEDS:**

Include compliance reports for Zones D, E, and F

### **OBJECTIVE:**

Compile and post compliance reports for Zones D, E, and F.

### **TIME FRAME FOR MEETING OBJECTIVE:**

**Short-Range Plan (one year or less)**

## **6.09 ALS AUDIT**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

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

Prospective, concurrent and retrospective evaluation of ALS prehospital and base hospital performance is required of all system providers. Various performance indicators (selected by the CQI Council) are reported monthly and quarterly.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **6.10 TRAUMA SYSTEM EVALUATION**

### **MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

### **RECOMMENDED GUIDELINES:**

None.

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

The trauma system evaluation and data collection program includes all mechanisms necessary to identify potential improvements to the system design and operation as evidenced by EMS agency policy Nos. 6610 and 6620. See attached Trauma Plan.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **6.11 TRAUMA CENTER DATA**

### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

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

The EMS agency has enforced requirements set forth in a written agreement between the EMS agency and San Joaquin General Hospital and EMS Policy Nos. 6710 and 6720 to obtain data required to evaluate and improve the trauma program.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **PUBLIC INFORMATION AND EDUCATION**

### **7.01 PUBLIC INFORMATION MATERIALS**

#### **MINIMUM STANDARDS:**

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

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

Public education regarding the EMS system, access, self-help, consumer rights, prevention and emergency department utilization are provided by each hospital, prehospital providers, the San Joaquin County Health Department and local fire service agencies. EMS Agency regularly posts information for the public on the EMS Agency's website, [www.sjgov.org/ems](http://www.sjgov.org/ems).

Development of information materials: At the request of the EMS agency, CalTrans installed blue universal hospital signs (blue and white H) to each of the green highway information signs for the SJGH exits on Interstate 5 (due to high volume of non-English reading travelers), directing the public to the Level III Trauma Center.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **7.02 INJURY CONTROL**

### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

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

EMS educational programs are provided by prehospital providers, AMR Lifecom dispatch center, and other public safety agencies. San Joaquin County EMS Agency requires and monitors such educational programs.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **7.03 DISASTER PREPAREDNESS**

#### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

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

San Joaquin County Office of Emergency Services works actively with community organizations to ensure public preparedness for disasters and other emergencies. San Joaquin County EMS Agency oversees the registry for Disaster Healthcare Volunteers, Disaster Services Workers, and provides administrative support for the Emergency Preparedness Committee.

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **7.04 FIRST AID & CPR TRAINING**

### **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***

CPR and first-aid training is readily available through the American Red Cross and other providers.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## **DISASTER MEDICAL RESPONSE**

### **8.01 DISASTER MEDICAL PLANNING**

#### **MINIMUM STANDARDS:**

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

#### **RECOMMENDED GUIDELINES:**

None.

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

San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi-Function Hazard Plan. The EMS Agency has developed Policy No. 7101 EMS CHEMPACK Request Prehospital to ensure the appropriate use of the CHEMPACK in response to an organophosphate MCI.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.02 RESPONSE PLANS**

### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### **RECOMMENDED GUIDELINES:**

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

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

San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi-Function Hazard Plan.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

### **8.03 HAZMAT TRAINING**

**MINIMUM STANDARDS:**

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

**RECOMMENDED GUIDELINES:**

None.

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

All first response and ambulance personnel are currently trained to Haz-Mat Responder Awareness Level or higher.

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.04 INCIDENT COMMAND SYSTEM**

### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure that ICS training is provided for all medical providers.

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

All of San Joaquin County's EMS plans, policies and procedures conform to SEMS and NIMS. Additionally, all emergency ambulance personnel are required to complete eight hours of MCI training.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.05 DISTRIBUTION OF CASUALTIES**

### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

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

Distribution of patients is addressed in Manual II of the OES Region IV MCI Plan and used by the Patient Transportation Group Supervisor and Disaster Control Facility (DCF) to disperse patients during an MCI. Maps developed for OES Region IV and the EMresource software list each hospital's special capabilities.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.06 NEEDS ASSESSMENT**

### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

### **RECOMMENDED GUIDELINES:**

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

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

EMS Agency duty officer is available 24 hours a day, seven days a week by cellphone or 24 hour contact point and serves as the medical health operation area coordinator designee capable of fulfilling requests for medical mutual aid. Medical mutual aid exercises are conducted annually.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.07 DISASTER COMMUNICATIONS**

### **MINIMUM STANDARDS:**

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

### **RECOMMENDED GUIDELINES:**

None.

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

All transporting and non-transporting emergency medical response vehicles in the EMS system have CALCORD capabilities as noted the EMS Agency's Communication's Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.08 INVENTORY OF RESOURCES**

### **MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

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

Providers and hospitals have increased resources and capabilities for responding to MCIs and disasters through the federally funded hospital preparedness program grants. San Joaquin County hosts an EMS Authority Disaster Medical Support unit which is available to respond 24 hour a day seven days a week as needed.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



## **8.09 DMAT TEAMS**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should support the development and maintenance of DMAT teams in its area.

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

The local EMS Agency has established and maintains a relationship with DMATCA-11 at the State EMS Authority.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.10 MUTUAL AID AGREEMENTS**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

### **RECOMMENDED GUIDELINES:**

None.

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

County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel. Day-to-day mutual-aid from neighboring providers is available as needed in accordance with OES Region IV MCI Plan, Manual III.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.11 CCP DESIGNATION**

### **MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

### **RECOMMENDED GUIDELINES:**

None.

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

The current designated Field Treatment Site is the Stockton Metropolitan Airport. The San Joaquin County EMS agency developed a written plan that describes the operations necessary to implement a FTS.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.12 ESTABLISHMENT OF CCP**

### **MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

### **RECOMMENDED GUIDELINES:**

None.

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

Refer to 8.11

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.13 DISASTER MEDICAL TRAINING**

### **MINIMUM STANDARDS:**

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

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

All EMS personnel are required by SJCEMSA policy to complete NIMS 700 and ICS 100.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.14 HOSPITAL PLANS**

### **MINIMUM STANDARDS:**

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### **RECOMMENDED GUIDELINES:**

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

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

An MCI exercise is conducted annually and involves all hospitals and providers in San Joaquin County. Each hospital is encouraged to draft plans consistent with the hospital incident command system.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.15 INTERHOSPITAL COMMUNICATIONS**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

### **RECOMMENDED GUIDELINES:**

None.

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

The County's acute care facilities have a variety of communications systems available during emergencies, including; telephone, blast phone, mednet radio, email, EMResource software and amateur radio.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 8.16 PREHOSPITAL AGENCY PLANS

### MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

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

SJCEMSA serves as the MHOAC and HPP Grant Administrator. A summary of training provided to prehospital medical response agencies and acute care hospitals is listed on the SJCEMS Agency website at <http://sjgov.org/ems/emergencyPreparedness.htm> which includes links to:

San Joaquin Operational Area Healthcare Coalition

Communications

Disaster Healthcare Volunteers

Disaster Services Workers

Emergency Preparedness Committee (EPC)

Emergency Preparedness Exercises

Emergency Preparedness Links

Emergency Preparedness Training with Incident Planning Process for Extended Operations

Course Materials Including: Participant handbook; Course schedules; Classroom layout, supplies

and materials list; Instructional video playlist; Course preparation checklist; Master Scenario

Events List (MSEL) Template; FEMA All-Hazards NIMS/ICS Forms; Wall size ICS-215 and 215A

Order Form; ICS Field Operations Guide; and Course materials binder tabs.

Health Care Facility Status Reports

Healthcare Coalition Memorandum of Understanding

Hospital Evacuation Plan

Long Term Care Facility Evacuation Plan

San Joaquin Operational Area Medical/Health Multi-Agency Coordination (MedMAC)

California Emergency Functions

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A



## **8.17 ALS POLICIES**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

### **RECOMMENDED GUIDELINES:**

None.

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

When medical mutual aid requests processed through the Medical Health Operational Area Coordinator then responding ALS personnel are authorized to function in San Joaquin County based upon the ALS basic scope of practice for the State of California.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## 8.18 SPECIALTY CENTER ROLES

### MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### RECOMMENDED GUIDELINES:

None.

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

EMS Agency Policy No. 5215 specifies the role of the Level III Trauma Center during significant incidents (e.g. MCIs, patients with unmanageable airways, isolated burn and isolated spinal cord injuries and pediatric patients). EMS Agency Policy No. 4980 Receiving Hospital Diversion specifies the role of the two STEMI Receiving Centers, and EMS Agency Policy No. 5215 Trauma Patient Destination which addresses MCIs, pediatric patients, and other specialty care situations related to major trauma patients.

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

N/A

## **8.19 WAIVING EXCLUSIVITY**

### **MINIMUM STANDARDS:**

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

### **RECOMMENDED GUIDELINES:**

None.

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

Medical Health Operational Area Coordinator has the authority waive exclusivity when obtaining medical mutual aid resources.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **PROGRESS/OBJECTIVES**

### **1.14 POLICY & PROCEDURES MANUAL**

2019/2020 Objective: Complete update of treatment protocol book by end of 2019.

Progress: Protocol book is completed and released after for 45-day public comment in June 2020.

### **1.15 COMPLIANCE WITH POLICIES**

2019/2020 Objective: Ensure ALS personnel receive training on new EMS protocols by end of 2019.

Progress: As pertains to the updated treatment protocol book, this objective will be an ongoing task of SJCEMSA personnel using QI methods in collaboration with EMS system participants upon the release of the new treatment protocols in June 2020.

### **1.19 POLICIES, PROCEDURES, PROTOCOLS**

2019/2020 Objective: Complete rewrite and update the ALS treatment protocols by end of 2018

Progress: Protocol book is completed and released after for 45-day public comment in June 2020.

### **1.27 PEDIATRIC SYSTEM PLAN**

2019/2020 Objective: Create an EMS-C system within the San Joaquin County EMS System based on the standards and guidelines of the State of California.

Progress: None

### **4.05 RESPONSE TIME STANDARDS**

2019/2020 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 completion of new CAD project at Stockton Fire Department's Dispatch Center continue to prevent the successful completion of this objective.

## **5.04 SPECIALTY CARE FACILITIES**

2019/2020 Objective: Complete the Stroke Center designation process for Dameron Hospital.

Progress: Complete. The seventh and final hospital has been designated as a primary stroke center in San Joaquin County.

## **5.11 EMERGENCY DEPARTMENTS**

2019/2020 Objective: identify minimum standards for pediatric capability of emergency departments.

Progress: None.

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**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
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X	NA		
1.02	LEMSA Mission		X	NA		
1.03	Public Input		X	NA		
1.04	Medical Director		X	UNMET		
<b>Planning Activities:</b>						
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		
<b>Regulatory Activities:</b>						
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		
<b>System Finances:</b>						
1.16	Funding Mechanism		X	NA		
<b>Medical Direction:</b>						
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		
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		X	NA		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan		X	NA		
<b>Enhanced Level: Exclusive Operating Areas:</b>					
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
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X	NA		
2.02	Approval of Training		X	NA		
2.03	Personnel		X	NA		
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X	NA		
2.07	Medical Control		X	NA		
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X	NA		
2.10	Advanced Life Support		X	NA		
<b>Enhanced Level: Advanced Life Support:</b>						
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
<b>Communications Equipment:</b>						
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		
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	NA		
<b>Resource Management:</b>						
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
<b>Universal Level:</b>						
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	UMMET	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	UNMET		
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		
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	NA		
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X	NA		
<b>Enhanced Level: Exclusive Operating Permits:</b>						
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
<b>Universal Level:</b>						
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		
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X	NA		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X	NA		
5.09	Public Input		X	NA		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X	NA		
5.11	Emergency Departments		X	UNMET		X
5.12	Public Input		X	NA		X
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X	NA		X
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
<b>Universal Level:</b>					
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	X	
6.06	System Design Evaluation		X	NA	
6.07	Provider Participation		X	NA	
6.08	Reporting		X	NA	
<b>Enhanced Level: Advanced Life Support:</b>					
6.09	ALS Audit		X	UNMET	
<b>Enhanced Level: Trauma Care System:</b>					
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
<b>Universal Level:</b>						
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
<b>Universal Level:</b>						
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		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X	NA		
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X	NA		
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X	NA		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

**System Organization and Management**

Reporting Year: 2019-2020

**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	\$1,942,404
Services and Supplies	\$1,130,331
Centrally Budgeted	<u>(\$36,006)</u>
<b>Total Expenses</b>	<b>\$3,036,728</b>

**6. SOURCES OF REVENUE**

Licenses, Permits, Franchises	\$1,057,276
Intergovernmental Revenue (grants)	\$373,124
Charges for Services	\$504,147
Penalties and Fines	\$551,000
Fund Transfers	\$0
Net County Cost (General Fund)	\$541,181
<b>Total Revenue</b>	<b>\$3,036,728</b>

**Table 2 - System Organization & Management (cont.)**

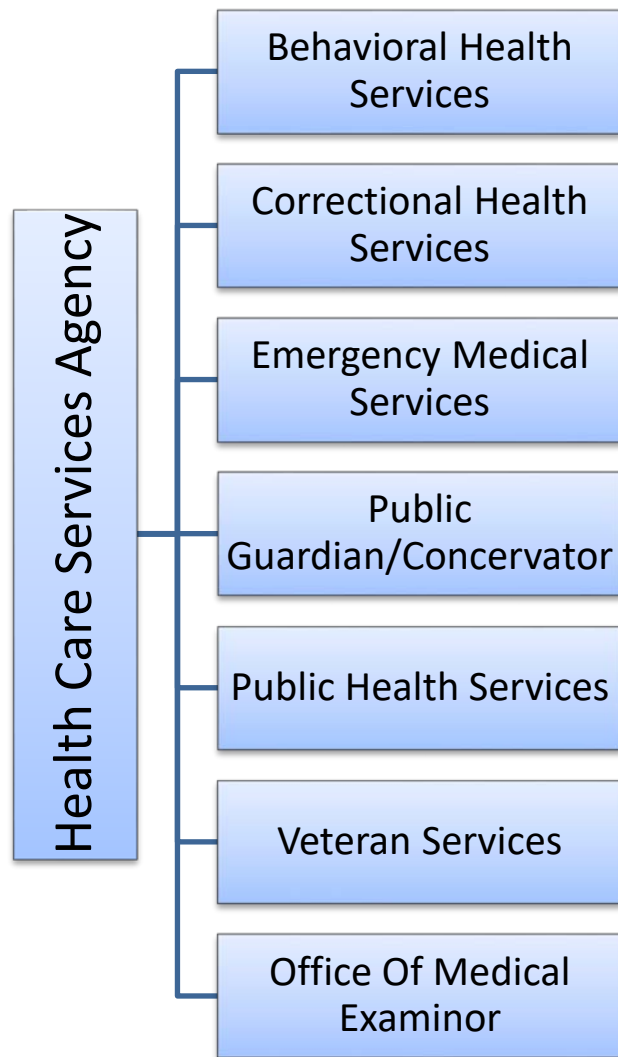
<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$62	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1FTE	\$52	36%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$41	36%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1FTE	\$37	36%	
Trauma Coordinator	Trauma Coordinator	1FTE	\$62	36%	
	EMS Critical Care Coordinator	1FTE	\$62	36%	
Medical Director	Medical Director	.25FTE	\$150	0%	Contract
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	1FTE		36%	

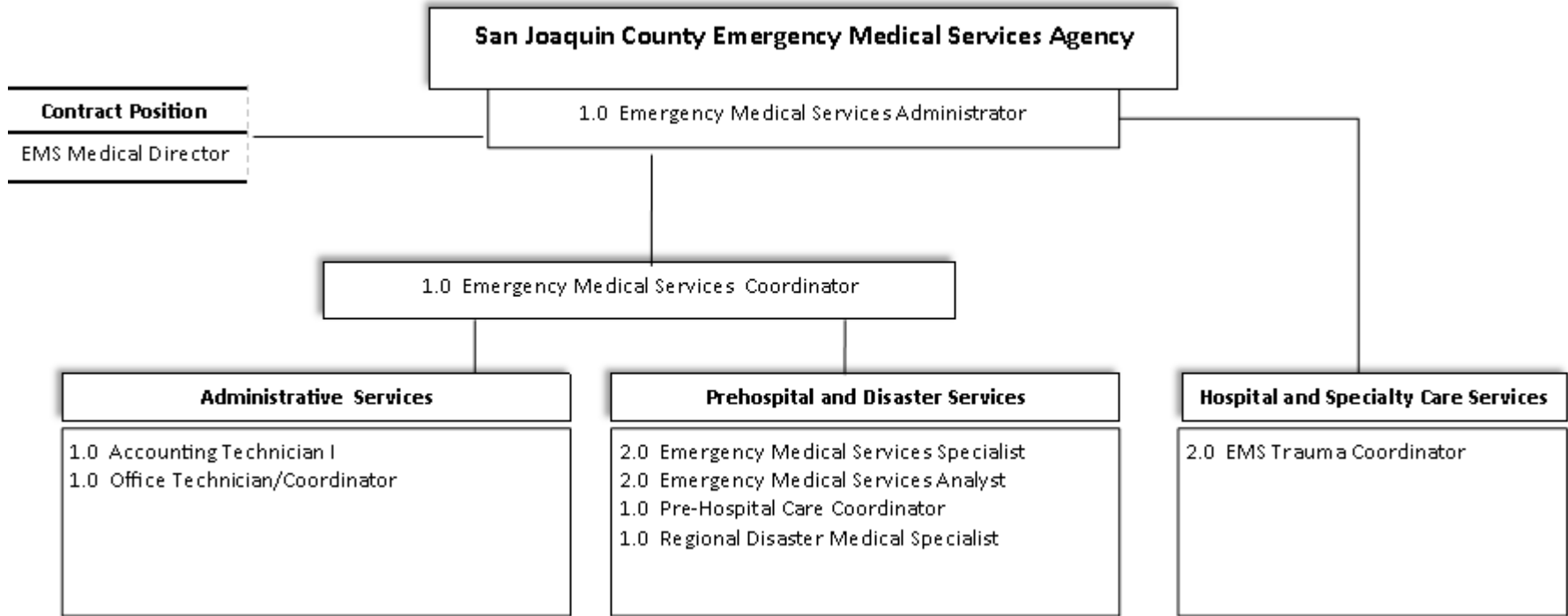
**Table 2 - System Organization & Management (cont.)**

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	\$41	36%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$23	36%	
Other Clerical	Accounting Technician I	1FTE	\$25	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: 2019-2020

**NOTE:** Table 3 is to be reported by agency.

	EMTs	EMDs	EMT - Ps	MICN
Total Certified	836	86		54
Number newly certified this year	91	1		1
Number recertified this year	314	30		29
Total number of accredited personnel on July 1 of the reporting year			368	
Number of certification reviews resulting in:				
a) formal investigations	13	2		
b) probation	3	1	1	
c) suspensions	2			
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	8			

1. **Early defibrillation:**

a) Number of EMT-I (defib) authorized to use AEDs 836

b) Number of public safety (defib) certified (non-EMT-I) 23

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: 2019-2020 (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?<br><u>Valley Regional Emergency Communications Center</u> |                                                                     |
| 7. Who is your primary dispatch agency for a disaster?<br><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: 2019-2020 (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 (90<sup>TH</sup> 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	9:29 min/17:29 min	29:29 min	N/A



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

Reporting Year: 2019-2020

NOTE: Table 6 is to be reported by agency.

**Trauma**

a) Number of patients meeting trauma triage criteria: 2019/20: 1695 (prehospital criteria)  
(Number of patients meeting in-hospital trauma triage criteria at SJGH: 3463)

b) Number of major trauma victims transported directly to a trauma center by ambulance: 2019/20: 1650

c) Number of major trauma patients transferred to a trauma center: 2019/20: 268

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 6

2. Number of base hospitals with written agreements 1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL

Reporting Year: 2019-2020 (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.  
All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  Yes  No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  Yes  No
7. Are you part of a multi-county EMS system for disaster response?  Yes  No
8. Are you a separate department or agency?  Yes  No
9. If not, to whom do you report? \_\_\_\_\_
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: 2019-2020

**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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**Transporting Agencies**

<u>84,875</u> Total number of responses	<u>62,551</u> Total number of transports
<u>48,335</u> Number of emergency responses	<u>3,275</u> Number of emergency transports
<u>36,540</u> Number of non-emergency responses	<u>59,276</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: 2019-2020

**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:** 5  
Manteca, CA 95336

**Phone Number:** 209-823-1032      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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12,855 Total number of responses  
8,503 Number of emergency responses  
4,352 Number of non-emergency responses

**Transporting Agencies**

7,674 Total number of transports  
568 Number of emergency transports  
7,106 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: 2019-2020

**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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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1468 Total number of responses  
994 Number of emergency responses  
474 Number of non-emergency responses

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

**Transporting Agencies**

788 Total number of transports  
60 Number of emergency transports  
728 Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**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:** 2  
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

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

1253 Total number of responses  
785 Number of emergency responses  
468 Number of non-emergency responses

796 Total number of transports  
47 Number of emergency transports  
749 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: 2019-2020

**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:** 5  
Stockton, CA 95210

**Phone Number:** 800-400-1248 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

4689 Total number of responses  
0 Number of emergency responses  
4689 Number of non-emergency responses

4605 Total number of transports  
0 Number of emergency transports  
4605 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: 2019-2020

**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:** P.O. Box 2332      **Number of Ambulance Vehicles in Fleet:** 4 Available for ASAP requests  
Santa Rosa, CA 95405

**Phone Number:** 707-586-4041      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></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><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other  Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

1427 Total number of responses  
0 Number of emergency responses  
1427 Number of non-emergency responses

1403 Total number of transports  
0 Number of emergency transports  
1403 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: 2019-2020

**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:** 6761 Sierra Ct. Suite G **Number of Ambulance Vehicles in Fleet:** 4  
Dublin, CA 94568

**Phone Number:** 916-860-7900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

10194 Total number of responses  
0 Number of emergency responses  
10194 Number of non-emergency responses

9738 Total number of transports  
0 Number of emergency transports  
9738 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: 2019-2020

**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:** 425 N. El Dorado Street **Number of Ambulance Vehicles in Fleet:** 0  
Stockton, CA 95202

**Phone Number:** (209)-937-8022 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

16,474 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

\* Based on patient care records

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**Response/Transportation/Providers**

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

County: San Joaquin Provider: South County Fire Department (ALS) Response Zone: \_\_\_\_\_

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

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

2,274 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

\* Based on patient care records

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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187 Total number of responses  
159 Number of emergency responses  
28 Number of non-emergency responses

**Transporting Agencies**

\_\_\_\_\_ 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

79 Total number of responses  
67 Number of emergency responses  
12 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

784 Total number of responses  
630 Number of emergency responses  
154 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

141 Total number of responses  
109 Number of emergency responses  
32 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

1032 Total number of responses  
892 Number of emergency responses  
140 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

2.299 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 \_\_\_\_\_

\* Based on patient care records

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

187 Total number of responses  
155 Number of emergency responses  
32 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

350 Total number of responses  
270 Number of emergency responses  
80 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

1,990 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

\* Based on patient care records

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

4,083 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

\* Based on patient care records

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

394 Total number of responses  
312 Number of emergency responses  
82 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

406 Total number of responses  
351 Number of emergency responses  
55 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

189 Total number of responses  
170 Number of emergency responses  
19 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

1116 Total number of responses  
917 Number of emergency responses  
199 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: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

942 Total number of responses  
762 Number of emergency responses  
180 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: 2019-2020

**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:** 451 Aviation Blvd. Ste. 101 **Number of Ambulance Vehicles in Fleet:** 1 in county; 1 near county  
Santa Rosa, CA 95403

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

388 Number of Responses( Scene and IFT)  
13 Number of emergency responses (Scene)

248 Total number of transports (Scene and IFT)  
13 Number of emergency transports (Scene)

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**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:** 177 John Glenn Dr  
Concord, CA 94520      **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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

70 Total number of responses (Scene & IFT)  
2 Number of emergency responses (Scene)

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

**Table 8: Resource Directory**

Reporting Year: 2019-2020

**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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></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><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></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**

22 Total number of responses (IFT and Scene)  
0 Number of emergency responses (Scene)

22 Total number of transports (IFT and Scene)  
0 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: 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><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></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><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>4</sup></b>  <b>EDAP<sup>5</sup></b>  <b>PICU<sup>6</sup></b></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><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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4 Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
 5 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
 6 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

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

**Facility:** Adventist Lodi Memorial Hospital  
**Address:** 975 S Fairmont Ave,  
Lodi, CA 95240

**Telephone Number:** Phone: (209) 334-3411

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>8</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>9</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>7</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>9</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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10 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
 11 Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
 12 Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

**Table 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>16</sup></b> <b>EDAP<sup>17</sup></b> <b>PICU<sup>18</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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

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

<b>Pediatric Critical Care Center<sup>19</sup></b> <b>EDAP<sup>20</sup></b> <b>PICU<sup>21</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input 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:** 2019-2020

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

Training Institution:		<b>American Medical Response</b>			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>04/30/2022</u>	
				Number of courses:		
				Initial training:	<u>N/A</u>	
				Refresher:	<u>N/A</u>	
				Continuing Education:	<u>N/A</u>	

Training Institution:		<b>Defense Logistics Agency</b>			Telephone Number:	<u>209-839-4054</u>
Address:		<u>25600 South Chrisman Road</u>				
		<u>Tracy, CA 95304</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>05/31/2021</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:** 2019-2020

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

Training Institution:	<u><b>Farmington Rural Protection District</b></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:	<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>05/31/2022</u>
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:	<u><b>Lathrop-Manteca Fire District</b></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:	<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>02/28/2022</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:** 2019-2020

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

Training Institution:	<u><b>Lodi Fire Department</b></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:	<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>10/31/2020</u>
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:	<u><b>Manteca District Ambulance</b></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:	<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>12/31/2020</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:** 2019-2020

**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>05/31/2021</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>04/30/2022</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:** 2019-2020

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

Training Institution:	<u><b>Stockton Fire Department</b></u>			Telephone Number:	<u>209-937-8657</u>
Address:	<u>400 E. Main Street, 4<sup>th</sup> Floor</u>				
	<u>Stockton, CA 95202</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:	
				Expiration Date:	<u>12/31/2020</u>
			Number of courses:		
			Initial training:		<u>N/A</u>
			Refresher:		<u>N/A</u>
			Continuing Education:		<u>N/A</u>

Training Institution:	<u><b>San Joaquin County EMS Agency</b></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:	<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>12/31/2021</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:** 2019-2020

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

Training Institution:	<u><b>San Joaquin General Hospital</b></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:	<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>04/30/2021</u>
			Number of courses:		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

Training Institution:	<u><b>South San Joaquin County Fire Authority</b></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:	<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>08/31/2020</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:** 2019-2020

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

Training Institution:		<b>Bradford College of Nursing</b>			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>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>10/31/2021</u>	
				Number of courses:		
				Initial training:	<u>N/A</u>	
				Refresher:	<u>N/A</u>	
				Continuing Education:	<u>N/A</u>	

Training Institution:		<b>San Joaquin EMS Agency</b>			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>12/31/2021</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: 2019-2020

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	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
			<u>61</u> EMD	_____ EMT-D	_____ ALS
			_____ BLS	_____ 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		

### 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.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone X
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.  American Medical Response (24 Years). Exclusive effective May 1, 2006
<b>Area or subarea (Zone) Geographic Description:</b>  Greater Lodi area, Stockton area, and Tracy area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Type: Emergency Ambulance  Level: Emergency Ambulance, 9-1-1, 7-Digit, All CCT ambulance services, ALS IFT, ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  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.

### 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.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone D
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.  Manteca District Ambulance Services (67 years)
<b>Area or subarea (Zone) Geographic Description:</b> Greater Manteca and Lathrop areas
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Type: Emergency Ambulance  Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  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.

### 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.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone E
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.  Ripon Fire Protection District (44 years)
<b>Area or subarea (Zone) Geographic Description:</b> Greater Ripon area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b>  Type: Emergency Ambulance  Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  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



### 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.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or sub area (Zone) Name or Title:</b> Zone F
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.  Escalon Community Ambulance (57 years)
<b>Area or sub area (Zone) Geographic Description:</b> Greater Escalon area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b>  Type: Emergency Ambulance  Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>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.