

EMERGENCY MEDICAL SERVICES AUTHORITY

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May 16, 2023

Vince Pierucci, EMS Administrator
San Luis Obispo County EMS Agency
2995 McMillian Ave., Suite 178
San Luis Obispo, CA 93401

Dear Mr. Pierucci,

This letter is in response to San Luis Obispo County Emergency Medical Services (EMS) Agency's 2018-2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), and Quality Improvement (QI) plan submissions to the EMS Authority on January 31, 2023.

The EMS Authority has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find enclosed the ground exclusive operating area status, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, and QI plans based on compliance with Chapters 7, 7.1, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Your 2023 EMS plan will be due on or before May 16, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, and QI plan.

If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 204-7885 or mark.olivas@emsa.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads 'Tom McGinnis'.

Tom McGinnis
Chief, EMS Systems Division

Enclosure:
AW: rd



Executive Summary - Five Year EMS Plan January 1, 2018 – December 31, 2022

California Health and Safety Code Section 1797.254 requires the Local Emergency Medical Services Agency (EMS Agency) to submit an annual Plan to the EMS Authority. The EMS Plan is a framework for the planning, implementation and evaluation of EMS in San Luis Obispo County, and addresses the local status of eight minimum standards, subsets and recommended goals of the EMS Authority, as well as identifying anticipated future needs.

The County of San Luis Obispo Public Health Department's EMS Division includes both the EMS Agency and the Public Health Emergency Preparedness program.

The County of San Luis Obispo EMS Agency submits this EMS Plan to the State EMS Authority. The plan is truly a framework for all local participating agencies and advisory committees to use as a tool for short term and long term system planning and improvement. This plan will be reviewed annually with a summary identifying progress or status on long range plans.

While this planning document is a framework, it is important that all system partners, advisory committee members and the public realize that an EMS system is inherently dynamic in nature and that the influence of the health care industry, funding, community expectation, standards of care and clinically based prehospital medicine will impact and shape the way EMS services are provided. It is also significant to consider the aging population in San Luis Obispo County, and the potential future impact on the EMS system.

Listed below are items of interest related to specific components of this plan, covering the reporting period of calendar years 2018 to 2022, the period since the last annual update:

Standard 1: System Organization and Management

The EMS system in San Luis Obispo County is dynamic in nature and both system stakeholders and community representatives support the EMS Agency staff through engagement on the Emergency Medical Care Committee and subcommittees including: Operations, Quality Improvement, Clinical Advisory, Trauma Advisory, and STEMI. Through this level of engagement, EMS Agency staff has been able to continue to review and revise policies and procedures, perform QI and data review, process certification, authorization and accreditation of EMS personnel, and participate in disaster planning and drills.

The EMS Agency was challenged significantly during CY 2020 and 2021 during the height of the COVID pandemic. EMS Agency staff was assigned to a number of roles within the County's Operational Area EOC during the response including MHOAC/Operations Section Chief, and Technical Specialists to both Planning and Logistics. This left 1 staff member assigned to the EMS Agency to ensure the Agency continued to meet its mandates outlined in both Statute and Regulations.

Standard 2: Staffing and Training

Fourteen fire departments (one industrial, two state institutional) provide a mix of Advanced Life Support (ALS) and Basic Life Support (BLS) services, and with two ALS ground transport providers, and two ALS air ambulance and one ALS air rescue provides pre-hospital care throughout the 3,299 square miles of San Luis Obispo County, serving a population of approximately 282,424. One community college offers paramedic and EMT training programs (along with nursing). The EMS Agency policies for certification, authorization, and accreditation describe standards and scope requirements for EMTs, Paramedics, Mobile Intensive Care Nurses and Base Hospital Physicians. The EMS Agency is engaged in continuing education for these personnel and coordinates MICN refresher and annual protocol updates for paramedic reaccreditation, and the Base Hospitals provide CE opportunities and QA/QI reviews for field personnel and MICN staff.

The EMS Agency uses a mobile app to allow EMTs, paramedics and MICNs to have real time access to policies, procedures, and protocols. The application has been widely adopted by field personnel and base station hospitals. The technology allows for instant push notification to all personnel of training opportunities, policy updates, or disaster communications.

Standard 3: Communication

The San Luis Obispo County EMS system uses a single ordering point (MEDCOM) to dispatch all ground ambulances. MEDCOM is in direct communication with both landline and CAD-to-CAD integration with 4 public safety agencies dispatching fire equipment to medical emergencies. The CAD-to-CAD connection ensures both ambulance and fire are dispatched near simultaneously to requests for medical emergencies. This program is approved by the SLO County EMS Agency and is in compliance with 1797.223 and 1798.8 of CCR 100170.

Air Ambulance and ALS Air Rescue are dispatched by the Cal Fire SLU ECC to ensure continuity of communication between air resources and ground contacts for both scene safety and safety of air operations.

All EMS transport services including public, private and air use standard hospital communication frequencies and capabilities in accordance with local policy and procedures and CCR 100306.

Standard 4: Response and Transportation

County of San Luis Obispo code section 6.60 and associated policies define ambulance operations in the service area. All cities, districts and unincorporated areas of the county receive 9-1-1 emergency medical services provided by fire departments, ALS ground transport providers, or rotary aircraft as needed. Four zones exist as grandfathered Exclusive Operating Areas (EOAs); however, the California EMS Authority has advised the SLO EMSA that they do not recognize one of zones (South) to meet EOA criteria.

The EMS Agency plans to conduct a ground transport competitive bidding process near the end of the time frame of the Plan. The EMS Agency anticipates the competitive bidding process to carry over into the early time frame of the next Plan.

Standard 5: Facilities and Critical Care

Four hospitals are located in San Luis Obispo County. All four are designated base hospitals. Two of the hospitals have specialty center designation, consisting of a Level III Trauma Center and a STEMI Receiving Center. All four hospitals have expressed interest in Stroke designation and EMS Agency staff remains involved in this developing opportunity.

Standard 6: Data Collection and System Evaluation

In 2018, the EMS Agency was able to use a grant provided by the EMS Authority to purchase the hardware needed for all the fire agencies (BLS/ALS) to use a consistent electronic patient care reporting platform (ePCR). The agencies agreed to use ImageTrend as the software reporting platform. In 2019, one of the ground ALS transport providers also transitioned to ImageTrend. And in late 2021, the largest ground ambulance provider also transitioned to ImageTrend as their software ePCR reporting platform. By the end of 2022, the EMS Agency was able to use additional grant funds to purchase its own cloud based ImageTrend repository. This was the last step to ensure the EMS Agency has all providers on the same reporting platform. This has allowed the EMS Agency to develop processes to streamline the reporting process. Moreover, it now allows the EMS Agency to meet its mandate to plan, evaluate and implement a local EMS system.

Additionally, the EMS Agency also has access to the trauma registry utilized by the Level III Trauma Center and the reporting system of National Cardiac Data Registry (NCDR) used by our STEMI Center. Moreover, in 2018, the EMS Agency began reporting data to the Cardiac Arrest Registry to Enhance Survival (CARES). Last, the EMS Agency complies with the H&S Code 1797.228.

Standard 7: Public Information and Education

With the evolution of the electronic patient care reporting system, the EMS Agency has been able to share data with both Public Health partners and specialty care centers to help guide them in their targeted outreach and harm reduction programs. Additionally, the EMS Agency has been able to extend this data collection and sharing of data with Drug and Alcohol partners in their efforts to reduce opiate overdoses. Last, the EMS Agency has worked with local Stop the Bleed programs in sharing opportunities to educate the community on ways to reduce deaths in traumatic situations.

Standard 8: Disaster Medical Response

In July 2019, the SLO County Medical Health Operational Area Coordinator (MHOAC) SOP was updated (original publish date July 2011). The SOP identifies both the Local Health Officer and the Local Emergency Medical Services Administrator, or their designee, can function as the MHOAC. At the time, the Health Officer and EMS Administrator agreed the primary MHOAC is the EMS Administrator.

The EMS Administrator oversees both the day to day workings of the local EMS Agency and EMS system as well as the Public Health Emergency Preparedness (PHEP) program. Contained with the PHEP organizational structure is the Hospital Preparedness Program (HPP).

The EMS Administrator accomplishes the responsibility of the MHOAC, as identified in HSC 1797.153 through a series of regularly updated plans, SOPs, exercises, real events and meetings such as the local HPP workgroup.

Additionally, the MHOAC participates in quarterly meetings with the local Office of Emergency Services operational area coordinators as well as the quarterly community-wide all hazard disaster community.

The MHOAC, through the MHOAC SOP, has identified team leads of the different 17 functions of the MHOAC Program, as listed in HSC 1797.153, including Public Information, Environmental Health, LEMSA and Section Leads such as Logistics and Plans.

The SOP was fully exercised in March 2020 when both the Public Health Department Operations Center (CHADOC) and the Operational Area EOC was activated to support the COVID-19 response. To facilitate the response, the MHOAC was placed as the OP AREA EOC Operations Section Chief to oversee all operational aspects of the response. This gave the MHOAC the needed visibility to ensure all 17 functions were met consistently and equitably throughout the response. Moreover, as part of the Command Staff, the MHOAC had direct access to all PIO related activities and could ensure uniform messaging to the community. This lasted until the OP AREA EOC was deactivated in August 2021.

In addition to local responsibilities, the MHOAC regularly participates in quarterly Cal OES Mutual Aid Region I RDMHS/C calls and meetings. Furthermore, as outlined in both the CDPH Emergency Operations Manual (EOM) and the SLO Co MHOAC SOP, the MHOAC, or designee submits both flash and SITREPs, as required, to the Region I RDMHS/C as well as horizontally with the local OES Duty Officer or designee.

Submitted by:



Vince Pierucci
EMS Director
County of San Luis Obispo Emergency Medical Services Agency

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: January 1, 2022 – December 31, 2022

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

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

County: San Luis Obispo

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

2. Type of agency
- 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
- 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) | _____X_____ |
| Designation of trauma centers/trauma care system planning | _____X_____ |
| Designation/approval of pediatric facilities | _____ |
| Designation of other critical care centers | _____X_____ |
| Development of transfer agreements | _____X_____ |
| Enforcement of local ambulance ordinance | _____X_____ |
| Enforcement of ambulance service contracts | _____X_____ |
| Operation of ambulance service | _____ |
| Continuing education | _____X_____ |
| Personnel training | _____X_____ |
| Operation of oversight of EMS dispatch center | _____ |
| Non-medical disaster planning | _____ |
| Administration of critical incident stress debriefing team (CISD) | _____ |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>665,147</u>
Contract Services (e.g. medical director)	<u>84,240</u>
Operations (e.g. copying, postage, facilities)	<u>72,012</u>
Travel	<u>8,170</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>28,040</u>
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>858,274</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	\$ <u>646,658</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	\$ <u>33,520</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	\$ <u>75,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	\$ <u>25,000</u>
Type: <u>STEMI</u>	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: Nuclear Power Preparedness	\$ <u>1,500</u>
Other fees: Course fees	\$ _____
Other (specify): Court penalties board designated	\$ <u>76,596</u>
 TOTAL REVENUE	 \$ <u>858,274</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>26</u>
EMT-I recertification	<u>26</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	<u>134</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>80</u>
MICN/ARN recertification	<u>80</u>
EMT-I training program approval	<u>8,064</u>
AEMT training program approval	_____
EMT-P training program approval	<u>8,870</u>
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	_____
Type: _____	
Other critical care center designation	_____
Type: _____	
Ambulance service license	_____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Division	1.0			
Admin.Asst.	Admin Assistant III	1.0			
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator Compliance (ASO II)	1.0			
Program Coordinator/Field Liaison/STEMI Coordinator	EMS Coordinator (ASO II)	1.0			
Trauma Coordinator	EMS Coordinator (ASO II)	1.0			
Medical Director	Contractor				
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Luis Ambulance Services, Inc. **Response Zone:** North, Central, South

Address: PO Box 954 **Number of Ambulance Vehicles in Fleet:** 21
San Luis Obispo CA 93406

Phone Number: 805.543.2626 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

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

26659 Total number of responses
24864 Number of emergency responses
1795 Number of non-emergency responses

16416 Total number of transports
1293 Number of emergency transports
15123 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Community Healthcare District **Response Zone:** North Coast

Address: 2535 Main Street **Number of Ambulance Vehicles in Fleet:** 4
Cambria 93428

Phone Number: 805.927.8304 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1161 Total number of responses
1114 Number of emergency responses
47 Number of non-emergency responses

673 Total number of transports
88 Number of emergency transports
585 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Highway Patrol **Response Zone:** _____

Address: 4115 Broad Street, #B-10 **Number of Ambulance Vehicles in Fleet:** 1
San Luis Obispo

Phone Number: 805.549.3261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

6 Total number of transports
5 Number of emergency transports
1 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** CALSTAR **Response Zone:** _____

Address: 4917 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 1
McClellan, CA 95652

Phone Number: 916.921.4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

81 Total number of EMS responses/requests
81 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Mercy Air **Response Zone:** _____

Address: 4990 Wing Way **Number of Ambulance Vehicles in Fleet:** 1
Paso Robles, CA 93446

Phone Number: 805.239.5922 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

156 Total number of EMS responses/requests
156 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2022 – December 31, 2022

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Paso Robles Dept. Emergency Svcs **Response Zone:** North

Address: 900 Park Street **Number of Ambulance Vehicles in Fleet:** _____
Paso Robles, 93446

Phone Number: 805.227.7560 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2788 Total number of responses
2695 Number of emergency responses
93 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero Fire Department **Response Zone:** North

Address: 6005 Lewis Avenue **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93422

Phone Number: 805.461.5070 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1892 Total number of responses
1667 Number of emergency responses
225 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Santa Margarita Fire Department **Response Zone:** North

Address: PO Box 67 **Number of Ambulance Vehicles in Fleet:** _____
Santa Margarita 93453

Phone Number: 805.438.3185 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

21 Total number of responses
17 Number of emergency responses
4 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Miguel Fire Department **Response Zone:** North

Address: POB 180 **Number of Ambulance Vehicles in Fleet:** _____
San Miguel 93451

Phone Number: 805.467.3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** County Fire / CAL FIRE **Response Zone:** ALL

Address: 635 North Santa Rosa Street **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo, 93405

Phone Number: 805.543.4244 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

9909 Total number of responses
8569 Number of emergency responses
1340 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: County of San Luis Obispo **Provider:** San Luis Obispo City Fire Dept. **Response Zone:** Central

Address: 2160 Santa Barbara Avenue **Number of Ambulance Vehicles in Fleet:** _____
93401-5240

Phone Number: 805.781.7390 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

3261 Total number of responses
2923 Number of emergency responses
338 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Five Cities Fire Authority **Response Zone:** South

Address: 140 Traffic Way **Number of Ambulance Vehicles in Fleet:** _____
Arroyo Grande, 93420

Phone Number: 805.473.5490 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2768 Total number of responses
2641 Number of emergency responses
127 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: January 1, 2022 – December 31, 2022

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Morro Bay Fire Department **Response Zone:** Central

Address: 75 Harbor Street **Number of Ambulance Vehicles in Fleet:** _____
93442-1907

Phone Number: 805.772.6242 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1706 Total number of responses
1372 Number of emergency responses
334 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: January 1, 2022 – December 31, 2022

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Templeton Fire Department **Response Zone:** North

Address: POB 780
93465

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.434.4911

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

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

480 Total number of responses
435 Number of emergency responses
45 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Fire Department **Response Zone:** North Coast

Address: 2850 Burton Drive **Number of Ambulance Vehicles in Fleet:** _____
93428

Phone Number: 805.927.6240 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

858 Total number of responses
693 Number of emergency responses
165 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Diablo Canyon Power Plant Fire **Response Zone:** Central

Address: POB 56 MS 104/4/28A **Number of Ambulance Vehicles in Fleet:** _____
Avila Beach, CA 93424

Phone Number: 805.545.2900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero State Hospital Fire **Response Zone:** North

Address: POB 7006 **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93423

Phone Number: 805.468.2649 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

194 Total number of responses
134 Number of emergency responses
60 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Men's Colony Fire **Response Zone:** Central

Address: POB 801 **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo 93409

Phone Number: 805.547.7849 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: North Coast</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cambria Community Healthcare District</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the Northwest Coastal portion of San Luis Obispo County that includes all of the Cambria Health Care District plus additional areas that are best serviced from the coastside area and has the following general boundaries:</i></p> <p>West Boundary: Pacific Ocean from Monterey Co line south to Villa Creek North Boundary: Monterey Co line from the Pacific Ocean to Rocky Butte Truck Trail East Boundary: Coastal Ridge from Monterey County line near Rocky Butte Truck Trail, then southeasterly along the main coastal ridge through Rocky Butte repeater site to the intersection of Highway 46 West and Old Creek/ Santa Rosa Creek Roads (all Santa Rosa Creek Road addresses are included in the North Coast Zone). South Boundary: From Highway 46 West and Old Creek/Santa Rosa Creek roads intersection, southwesterly to the Pacific Ocean staying just north of Villa Creek Road (all Old Creek Road and Villa Creek Road addresses are included in the Central Zone).</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</p>

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

CCHD is provider of services to area prior to January 1, 1981

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: North</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the "North County" portion of San Luis Obispo County. The North Zone has the following general boundaries:</i></p> <p>West Boundary: Main coastal ridge boundary (eastern boundary of the North Coast Zone) from the Monterey County line southeasterly through Rocky Butte repeater site to Highway 46 West and Santa Rosa Creek/Old Creek Road intersection, to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (excludes all of West Cuesta Ridge Road and Tassajera Creek Road).</p> <p>North Boundary: Monterey County Line east of Rocky Butte Road to Kern County line.</p> <p>East Boundary: Kern County Line north of Highway 166 to Kings County line.</p> <p>South Boundary: An extension of the western boundary southeasterly from Highway 101 just north of Cuesta Summit, then to Hi Mountain Peak, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

SLA is provider of services to area prior to January 1, 1981

County of San Luis Obispo will be conducting a Competitive Selection throughout 2023 with it scheduled to take effect July 1, 2024

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: Central</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc.</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the "Central" or "Mid-County" portion of San Luis Obispo County. The Central Zone has the following general boundaries:</i></p> <p>West Boundary: Pacific Ocean from Villa Creek south to Pirate's Cove (just north of Shell Beach).</p> <p>North Boundary: Shared boundary with the North Coast Zone from the Pacific Ocean just north of Villa Creek Road then northeasterly to the intersection of Highway 46 West and Santa Rosa/Old Creek Roads.</p> <p>East Boundary: Shared boundary with the North Zone from the intersection of Highway 46 West and Santa Rosa/Old Creek Roads, then southeast to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (includes all of West Cuesta Ridge Road and Tassajera Creek Road).</p> <p>South Boundary: Shared boundary with the South Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary to the North Zone.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

SLA is provider of services to area prior to January 1, 1981

County of San Luis Obispo will be conducting a Competitive Selection throughout 2023 with it scheduled to take effect July 1, 2024

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: South</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Luis Ambulance Service, Inc</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the "South County" of San Luis Obispo County. The South Zone has the following general boundaries:</i></p> <p>West Boundary: Pacific Ocean from the Shell Beach south to the Santa Barbara County line</p> <p>North Boundary: Shared boundary with the Central Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.</p> <p>East Boundary: Shared boundary with the North Zone from Hi Mountain Peak area, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166 (including all of Highway 166 and that portion of the Cuyama area in San Luis Obispo County).</p> <p>South Boundary: The Santa Barbara County line from the Pacific Ocean to Kern County line.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

County of San Luis Obispo will be conducting a Competitive Selection throughout 2023 with it scheduled to take effect July 1, 2024