# **ANNUAL UPDATE WORKPLAN FORMAT and CONTENTS**

The annual update will consist of the following sections:

#### Summary of System Status - Table 1

**Summary of Changes -** any changes that your agency has made to the original EMS Plan. Provide a narrative description of any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Updates of Specific Information - provided on Tables 2-11.

**Changes made on a Standard -** any changes made on a standard that are different from the previous plan submission, need to be completed on the System Assessment Form (see Appendix 1). Note your agency's progress towards short and long range plans.

#### Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. <u>Please include a separate form for each exclusive and/or nonexclusive ambulance zone.</u>

# **TABLES**

# NOTE: THESE TABLES ARE TO BE INCLUDED IN THE EMS PLAN AND UPDATED EACH YEAR AS NECESSARY IN THE ANNUAL WORKPLAN.

#### **TABLE 1: Summary of System Status**

Place an "x" in the appropriate boxes for each standard. Complete a System Assessment form (Attachment 1) for each standard. For those items from Table 1 that are followed by an asterisk, describe on the Assessment form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 and the System Assessment form are to be reported by agency.

The last two columns of Table 1 refer to the time frame for meeting the objective. Put an "x" in the "Short-range Plan" column if the objective will be met within a year. Put an "x" in the "Long-range Plan" column if the objective will take longer than a year to complete. If the minimum or recommended standard is currently met no "x" is required in either column.

## A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Agen	cy Administration:	-	-	-	-	
1.01	LEMSA Structure		Х			
1.02	LEMSA Mission		Х			
1.03	Public Input		Х			
1.04	Medical Director		Х	Х		
Planr	ning Activities:					
1.05	System Plan		Х			
1.06	Annual Plan Update	X			Х	
1.07	Trauma Planning*	X				х
1.08	ALS Planning*		Х			
1.09	Inventory of Resources		Х			
1.10	Special Populations	x				Х
1.11	System Participants		Х			
Regu	latory Activities:					
1.12	Review & Monitoring		Х			
1.13	Coordination		Х			
1.14	Policy & Procedures		Х			
Manu						
1.15	Compliance w/Policies		Х			
Syste	em Finances:					
	Funding anism		Х			

# SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Medio	cal Direction:	-	-	-	-	-
1.17	Medical Direction*		Х			
1.18	QA/QI		Х	х		
	Policies, dures, Protocols		Х	х		
1.20	DNR Policy		Х			
1.21	Determination of Death		x			
1.22 Abuse	Reporting of		х			
1.23 Trans	Interfacility fer		х			
Enha	nced Level: Advand	ced Life Support	t			
1.24	ALS Systems		Х	x		
1.25	On-Line Medical Direction		x	X		
Enha	nced Level: Trauma	a Care System:	1	1		
1.26 Plan	Trauma System	X				x
Enha	nced Level: Pediatr	ic Emergency N	ledical and C	ritical Care Syst	em:	
1.27	Pediatric System		Х			
Enha	nced Level: Exclus	ive Operating A	reas:			
1.28	EOA Plan		Х			

\_\_\_\_\_

## **B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Loca	I EMS Agency:					
2.01	Assessment of Needs		х			
2.02	Approval of Training		х			
2.03	Personnel		Х			
Dispa	atchers:					
2.04 Traini	Dispatch ng		x	X		
First	Responders (non-	transporting):				
2.05	First Responder Training		x	x		
2.06	Response		Х			
2.07	Medical Control		Х			
Trans	sporting Personne	: :	·			
2.08	EMT-I Training		Х	X		
Hosp	ital:		1			
2.09	CPR Training		Х			
2.10	Advanced Life Support		Х			
Enha	nced Level: Adva	nced Life Supp	ort:			
2.11	Accreditation Process		x			
2.12	Early Defibrillation		х			
2.13	Base Hospital Personnel		x			

## C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Com	munications Equip	ment:				
3.01	Communication Plan*		Х	X		
3.02	Radios		х	x		
3.03	Interfacility Transfer*		Х			
3.04	Dispatch Center		х			
3.05	Hospitals		Х			
3.06	MCI/Disasters		Х			
Publi	c Access:					
3.07	9-1-1 Planning/ Coordination			X		
3.08	9-1-1 Public Education		х			
Reso	urce Management:					
3.09	Dispatch Triage		Х	X		
3.10 Dispa	Integrated tch		Х	х		

## D. RESPONSE/TRANSPORTATION

T		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:	1	T	1		
4.01	Service Area Boundaries*		X	Х		
4.02	Monitoring		Х	Х		
4.03	Classifying Medical Requests		Х			
4.04	Prescheduled Responses		x			
4.05	Response Time Standards*		x			
4.06	Staffing		Х			
4.07	First Responder Agencies		x			
4.08	Medical & Rescue Aircraft*		x			
4.09	Air Dispatch Center		Х			
4.10	Aircraft Availability*		x			
4.11	Specialty Vehicles*		Х			
4.12	Disaster Response		Х			
4.13	Intercounty Response*		Х	X		
4.14	Incident Command System		x			
4.15	MCI Plans		Х			
-	nced Level: nced Life Support:					
4.16	ALS Staffing		Х	Х		
4.17	ALS Equipment		Х			

# **RESPONSE/TRANSPORTATION (continued)**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Enha	nced Level: Ambu	lance Regulation				
4.18	Compliance		Х			
Enha	nced Level: Exclus	sive Operating Pe	ermits:			
4.19 Plan	Transportation		х			
4.20	"Grandfathering"		Х			
4.21	Compliance		Х			
4.22	Evaluation		Х			

## E. FACILITIES/CRITICAL CARE

IT		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:		1	1	L	
5.01	Assessment of Capabilities		X			
5.02 Trans	Triage & fer Protocols*		X			
5.03	Transfer Guidelines*		х			
5.04	Specialty Care Facilities*		х			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enha	nced Level: Adva	nced Life Supp	ort:			
5.07	Base Hospital Designation*		x			
Enha	nced Level: Trau	ma Care System	1:			
5.08	Trauma System Design	Х			х	
5.09	Public Input	х			Х	
Enha	nced Level: Pedia	atric Emergency	Medical and	Critical Care Sys	tem:	
5.10 Syste	Pediatric m Design	X				x
5.11	Emergency Departments		х			
5.12	Public Input		Х			
Enha	nced Level: Othe	r Speciality Care	e Systems:			
5.13 Syste	Specialty m Design	Х				х
5.14	Public Input	Х				Х

## F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:	-				
6.01	QA/QI Program		Х			
6.02	Prehospital Records		x			
6.03	Prehospital Care Audits		х			
6.04 Dispa	Medical tch		x			
6.05 Mana	Data gement System*		Х			
6.06	System Design Evaluation	х				х
6.07	Provider Participation		x			
6.08	Reporting	х				Х
Enha	nced Level: Adva	nced Life Supp	ort:			
6.09	ALS Audit	Х				Х
Enha	nced Level: Trau	ma Care System	:	·		
6.10	Trauma System Evaluation	Х				Х
6.11	Trauma Center Data	х				х

## 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		Х			
7.03 Disaster Preparedness		Х			
7.04 First Aid & CPR Training		x			

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:		r			Γ
8.01	Disaster Medical Planning*		х			
8.02	Response Plans		Х	Х		
8.03	HazMat Training		Х			
8.04	Incident Command System		Х			
8.05	Distribution of Casualties*		Х			
8.06 Asses	Needs ssment	Х				х
8.07	Disaster Communications*		Х			
8.08	Inventory of Resources		х	x		
8.09	DMAT Teams	N/A				
8.10	Mutual Aid Agreements*		Х			
8.11	CCP Designation*		Х			
8.12	Establishment of CCPs		Х			
8.13	Disaster Medical Training		Х			
8.14	Hospital Plans		Х	Х		
8.15	Interhospital Communications		Х			
8.16 Agen	Prehospital cy Plans		Х	x		
Enha	nced Level: Advand	ced Life Support:				
8.17	ALS Policies		Х			
Enha	nced Level: Specia	Ity Care Systems	:	·		
8.18 Roles	Specialty Center	Х				X
Enha	nced Level: Exclus	ive Operating Are	eas/Ambular	nce Regulations:		
8.19 Exclu	Waiving sivity		Х			

# TABLE 2:SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

	IS System: <u>Ventura County</u> porting Year: <u>2005</u>	
1.0	porting rour:	
	<b>DTE:</b> Number (1) below is to be completed for each county. The balance of T ch agency.	able 2 refers to
1. 10(	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 0%.)	should equal
Coun	ty: <u>Ventura</u>	
B. L	Basic Life Support (BLS)% imited Advanced Life Support (LALS)% Advanced Life Support (ALS)%	
2.	Type of agency a - <b>Public Health Department - XX</b> 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 a - Public Health Officer b- <b>Health Services Agency Director/Administrator - XX</b> c - Board of Directors d - Other:	, to
4.	Indicate the non-required functions which are performed by the agency:	
	Implementation of exclusive operating areas (ambulance franchising) Designation of trauma centers/trauma care system planning Designation/approval of pediatric facilities Designation of other critical care centers	<u> </u>
	Development of transfer agreements Enforcement of local ambulance ordinance Enforcement of ambulance service contracts Operation of ambulance service	<u>     X                               </u>

Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	<u>X</u>
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other:	
Other:	
Other:	
5. EMS agency budget for FY <u>2005</u>	
EXPENSES	
Salaries and benefits	\$_ <u>293,300</u>
(All but contract personnel)	
Contract Services	<u>    198,400                                   </u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>258,500</u>
Travel	<u>    11,000 </u>
Fixed assets	<u>     0</u>
Indirect expenses (overhead)	<u>56,800</u>
Ambulance subsidy	48,100
EMS Fund payments to physicians/hospital	<u>1,100,500</u>
Dispatch center operations (non-staff)	<u>     0   </u>
Training program operations	8,600
Other:	<u>     0   </u>
Other:	<u>     0   </u>
Other:	<u>     0   </u>

# TOTAL EXPENSES

\$<u>1,975,200</u>

## 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	<u>463,500</u>
County general fund	<u> </u>
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	<u>274,400</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	
Trauma center application fees	
Trauma center designation fees	
Pediatric facility approval fees Pediatric facility designation fees	
Other critical care center application fees	
Туре:	
Other critical care center designation fees	
Туре:	
Ambulance service/vehicle fees	<u>103,800</u>
Contributions	
EMS Fund (SB 12/612)	_1,133,500
Other grants:	
Other fees:	
Other (specify):	
TOTAL REVENUE	\$_ <u>1,975,200</u>

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

Fee structure for FY <u>05-06</u> We do not charge any fees <u>X</u> _Our fee structure is: First responder certification EMS dispatcher certification EMT-I certification	\$ <u>N/A</u> <u>N/A</u> 23.00
EMT-I recertification	<u>   12.00                                </u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u> </u>
EMT-P accreditation	42.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	289.00
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	546.00
MICN/ARN training program approval	<u> </u>
Base hospital application	<u> </u>
Base hospital designation	<u> </u>
Trauma center application	<u> </u>
Trauma center designation	<u> </u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type:	
Other critical care center designation Type:	
Ambulance service license	\$ N/A
Ambulance vehicle permits	• <u> </u>
Other:	
Other:	
Other:	

 Complete the table on the following two pages for the EMS agency staff for the fiscal year of 05-06

EMS System:	MS System: Ventura County Reporting year			2005	
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Deputy Director of Public Health	1.0			
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Administrator II	1.0			
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Program Administrator II	1.0			
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	0.5			Independent Contractor
Other MD/Medical Consult/ Training Medical Director	CQI Coordinator	0.5			Independent Contractor
Disaster Medical Planner	N/A				

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk	Student Worker	0.5			
Other					

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

#### TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Ventura County

Reporting Year: 2005

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	776		202	58	52
Number newly certified this year	163		48	21	7
Number recertified this year	613		154	37	45
Total number of accredited personnel on July 1 of the reporting year	1232		220	83	60
	Number of cert	ification reviews re	esulting in:		
a) formal investigations	0				
b) probation	4				
c) suspensions	0				
d) revocations	0				
e) denials	0				
f) denials of renewal	0				
g) no action taken	0				

\_\_\_\_

1. Number of EMS dispatchers trained to EMSA standards:

2. Early defibrillation:

a) Number of EMT=I (defib) certified

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

<u>8</u> 0

## TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS	System: Ventura	
Count	y: <u>Ventura</u>	_
Repor	ting Year: _ <u>2005</u>	-
Note:	Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	6
2.	Number of secondary PSAPs	_1
3.	Number of dispatch centers directly dispatching ambulances	2
4.	Number of designated dispatch centers for EMS Aircraft	_1
5.	Do you have an operational area disaster communication system? Yes <u>X</u> No <u></u> a. Radio primary frequency <u>155.205 MHz</u> b. Other methods <u></u> c. Can all medical response units communicate on the same disaster communicates system? Yes <u>X</u> No <u></u> d. Do you participate in OASIS? Yes <u>X</u> No <u></u> e. Do you have a plan to utilize RACES as a back-up communication system? Yes <u>X</u> No <u></u> 1) Within the operational area? Yes <u>X</u> No <u></u> 2) Between the operational area and the region and/or state? Yes <u>X</u> N	?
6.	Who is your primary dispatch agency for day-to-day emergencies? <u>Ventur</u>	<u>a County</u>
7.	Who is your primary dispatch agency for a disaster? <u>Ventura County Sheriff</u>	"s

Department / Ventura County Fire Protection District

# TABLE 5: SYSTEM RESOURCES AND OPERATIONS Response/Transportation

EMS S	System:	Ventura		
Repor	ting Year: _	2005		
Note:	Table 5 is t	o be reported by agency.		
TRAN	SPORTING	AGENCIES		
1.	Number of	exclusive operating areas		7
2.	Percentage	e of population covered by Exclusiv	e Operating Areas (EOA)	<u>99</u> %
3.	Total numb	er responses		
	a) Number	of emergency responses	(Code 2: expedient, Code 3: ligh	nts and siren)
	b) Number	non-emergency responses	(Code 1: normal)	
4.		er of transports of emergency transports	(Code 2: expedient, Code 3: ligh	ts and siren)
	b) Number	of non-emergency transports	(Code 1: normal)	
Early	<sup>,</sup> Defibrilla	ation Providers		
5.	Number of a) Automat b) Manual	public safety defibrillation providers ted	5	
6.	Number of a) Automat b) Manual	EMT-Defibrillation providers ted		<u>8</u> <u>5</u> <u>3</u>
Air Ar	nbulance S	ervices		
7.	<u>384</u> a) Number	er of responses of emergency responses of non-emergency responses		
8.	a) Number	er of transports of emergency (scene) responses of non-emergency responses		

# TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)

# 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	Not Defined	Not Defined	Not Defined	Not Defined
Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
Advanced life support responder	Not Defined	Not Defined	Not Defined	Not Defined
Transport Ambulance	8 min, 0 sec	20 min, 0 sec	30 min, 0 sec, ASAP	Not Defined

# TABLE 6: SYSTEM RESOURCES AND OPERATIONS Facilities/Critical Care

EMS System:	<u>Ventura</u>	
Reporting Year:	2005	
<b>NOTE</b> : Table 6 is to	o be reported by agency.	
Trauma <u>Ventura (</u>	County does not have a formal Trauma Systen	<u>n</u>
Trauma patients: a) Number of patier	nts meeting trauma triage criteria	
<ul> <li>b) Number of major center by ambul</li> </ul>	r trauma victims transported directly to a trauma ance	
c) Number of major	trauma patients transferred to a trauma center	
d) Number of patier at a trauma cente	nts meeting triage criteria who weren't treated er	
Emergency Depart	ments	
Total number of emo	ergency department's	<u> </u>
a) Number of referr	al emergency services	<u>     0                               </u>
b) Number of stand	by emergency services	<u> <u> </u></u>
c) Number of basic	emergency services	6
d) Number of comp	rehensive emergency services	<u>    0      </u>
Receiving Hospital	ls	
1. Number of re	ceiving hospitals with written agreements	<u> </u>
2. Number of ba	ase hospitals with written agreements	<u> </u>

# TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS	System:	Ventura	
County: <u>Ventura</u>			
Repo	rting Year:	2005	
NOTE	: Table 7 i	s to be answered for each county.	
SYST	EM RESOU	JRCES	
1.	a. Where	Collections Points (CCP) are your CCPs located? <u>Hospital Parking Lots</u>	
		e they staffed? <u>Hospital Personnel and PH Nurse's</u> have a supply system for supporting them for 72 hours?	yes <u>X</u> no
2.	CISD Do you ha	ve a CISD provider with 24 hour capability?	yes <u>X</u> no
3.	Medical R	esponse Team	
		have any team medical response capability? ch team, are they incorporated into your local	yes <u>X</u> no
	respon	se plan?	yes <u>X</u> no
	c. Are the	y available for statewide response?	yes noX
	d. Are the	y part of a formal out-of-state response system?	yes noX_
4.	Hazardous	s Materials	
	a. Do you	have any HazMat trained medical response teams?	yes noX
		t HazMat level are they trained? have the ability to do decontamination in an	_
	•	ency room? have the ability to do decontamination in the field?	yes <u>X</u> no yes <u>X</u> no
OPEF 1.		sing a Standardized Emergency Management System (S porates a form of Incident Command System (ICS) structu	/
2.		e maximum number of local jurisdiction EOC's you will ne th in a disaster?	eed to <u>12</u>

3.	Have you tested your MCI Plan this year in a:								
	a. real event?	yes <u>X</u>	no						
	b. exercise?	yes <u>X</u>	no						
4.	List all counties with which you have a written medical mutual aid a	greement.							
5.	Do you have formal agreements with hospitals in your operational a	area to							
	participate in disaster planning and response?	yes <u>X</u>	no						
6.	Do you have a formal agreement with community clinics in your operates areas to participate in disaster planning and response?		no						
7.	Are you part of a multi-county EMS system for disaster response?	yes	no <u>X</u>						
8.	Are you a separate department or agency?	yes	no <u>X</u>						
9.	If not, to whom do you report? Health Care Agency, Public	Health De	partment						
10.	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						

EMS System: Ventura

County: Ventura

Reporting Year: 2005

Name, address & telephone: AMR, 616 Fitch Ave., Moorpark, CA 93021 (805) 517-2000		Primary Contact: Butch Kedrowski			
Written Contract: X yes □ no	Service: <b>X</b> Ground □ Air □ Water	X Transport □ Non-Transport	Air classification: auxilary rescue air ambulance ALS rescue BLS rescue	If Air: □ Rotary □ Fixed Wing	Number of personnel providing services: <u>PS</u> PS-Defib <u>6</u> BLS <u>24</u> EMT-D LALS <u>92</u> ALS
Ownership: □ Public <b>X</b> Private	Medical Director: X yes □ no	If public: □ Fire □ Law □ Other explain:	If public: □ city □ county □ state □ fire district □ Federal	System available 24 hours? X yes □ no	Number of ambulances: <u>33</u>

Name, address & telephone: GoldCoast Ambulance, 625 North A Street, Oxnard, CA 93030 (805) 485-3040		Primary Contact:	Ken Cook		
Written Contract: X yes □ no	Service: <b>X</b> Ground □ Air □ Water	X Transport □ Non-Transport	Air classification: auxilary rescue air ambulance ALS rescue BLS rescue	If Air: □ Rotary □ Fixed Wing	Number of personnel providing services: PS PS-Defib 20 BLS 10 EMT-D LALS 47 ALS
Ownership: □ Public <b>X</b> Private	Medical Director: X yes □ no	If public:	If public: □ city □ county □ state □ fire district □ Federal	System available 24 hours? X yes □ no	Number of ambulances: <u>24</u>

EMS System: Ventura

County: Ventura

Reporting Year: 2005

Name, address & telephone: Lifeline Medical Transport, 608 E. Thompson Blvd., Ventura, CA 93001 (805) 653-9111		Primary Contact:	Steve Frank		
Written Contract:	Service:	X Transport	Air classification:	If Air:	Number of personnel providing
X yes	X Ground	Non-Transport	auxilary	Rotary	services:
🗆 no	🗆 Air		rescue	Fixed Wing	PS PS-Defib
	Water		🛛 air		<u>6</u> BLS <u>5</u> EMT-D
			ambulance		LALS <u>8</u> ALS
			ALS rescue		
			BLS rescue		
Ownership:	Medical Director:	If public:	If public: 🛛 city	System	Number of ambulances:
Public	X yes	□ Fire	□ county	available	<u>6</u>
X Private	🗆 no	🗆 Law	□ state	24 hours?	
		Other	☐ fire district	X yes	
		explain:	Federal	🗆 no	

Name, address & telephone: Ventura City Fire Dept. 1425 Dowell Dr., Ventura, CA 93003 (805) 339-4300		Primary Contact:	<b>-</b> ·	e Chief EMS Coordinator	
Written Contract:	Service:	□ Transport	Air classification:	If Air:	Number of personnel providing
X yes	X Ground	X Non-Transport	🛛 auxilary	Rotary	services:
🗆 no	🗆 Air		rescue	Fixed Wing	PS PS-Defib
	Water		air ambulance	_	BLS <u>46</u> EMT-D
			ALS rescue		LALS <u>25</u> ALS
			BLS rescue		
Ownership:	Medical Director:	If public:	If public: X city	System	Number of ambulances:
X Public	X yes	X Fire	□ county	available	<u>    0                                </u>
Private	🗆 no	🗆 Law	□ state	24 hours?	
		□ Other	☐ fire district	X yes	
		explain:	Federal	□ no	

EMS System: Ventura

County: Ventura

Reporting Year: 2005

Name, address & telephone: Ventura County Fire Dept. 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710		Primary Contact:	• •	Chief S Battalion Chief	
Written Contract:	Service:	Transport	Air classification:	If Air:	Number of personnel providing
🛛 yes	X Ground	X Non-Transport	auxilary	Rotary	services:
X no	🗆 Air		rescue	Fixed Wing	PS <u>323</u> _ PS-Defib
	Water		□ air ambulance		BLS EMT-D
			ALS rescue		LALS <u>30</u> ALS
			BLS rescue		
Ownership:	Medical Director:	If public:	If public: 🛛 city	System	Number of ambulances:
X Public	X yes	X Fire	□ county	available	<u>    0                                </u>
Private	🗆 no	🗆 Law	□ state	24 hours?	
		Other	X fire district	X yes	
		explain:	Federal	🗆 no	

Name, address & telephone: Oxnard Fire Dept. 251 S. C St., Oxnard, CA 93030 (805) 385-7722		Primary Contact:	<b>—</b> ·	e Chief , EMS Coordinator	
Written Contract:	Service:	□ Transport	Air classification:	If Air:	Number of personnel providing
□ yes	X Ground	X Non-Transport	🛛 auxilary	Rotary	services:
X no	□ Air		rescue	□ Fixed Wing	PS PS-Defib
	□ Water		□ air ambulance		BLS <u>72</u> EMT-D
			□ ALS rescue		LALSALS
			BLS rescue		
Ownership:	Medical Director:	If public:	If public: X city	System	Number of ambulances:
X Public	X yes	X Fire	□ county	available	<u>    0                                </u>
Private	🗆 no	🗆 Law	□ state	24 hours?	
		□ Other	☐ fire district	X yes	
		explain:	Federal	□ no	

EMS System: Ventura

County: Ventura

Reporting Year: 2005

Name, address & telephone: Santa Paula Fire Dept. 214 S. 10 <sup>th</sup> St., Santa Paula, CA 93060 (805) 525-4478		Primary Contact:	Kevin Fildes, Int	terim Fire Chief	
Written Contract:	Service:	□ Transport	Air classification:	If Air:	Number of personnel providing
□ yes	X Ground	X Non-Transport	auxilary	Rotary	services:
X no	🗆 Air		rescue	Fixed Wing	PSPS-Defib
	Water		air ambulance	_	<u>6</u> BLS _ <u>_23_</u> EMT-D
			ALS rescue		LALS ALS
			BLS rescue		
Ownership:	Medical Director:	If public:	If public: X city	System	Number of ambulances:
X Public	X yes	X Fire	□ county	available	<u>    0                                </u>
Private	🗆 no	🗆 Law	□ state	24 hours?	
		Other	☐ fire district	<b>X</b> yes	
		explain:	Federal	🗆 no	

Name, address & telephone: Fillmore Fire Dept. PO Box 487, Fillmore, CA 93015 (805) 524-0586		Primary Contact:	Pete Egedi, Fire	Chief	
Written Contract:	Service:	□ Transport	Air classification:	If Air:	Number of personnel providing
🛛 yes	X Ground	X Non-Transport	🛛 auxilary	Rotary	services:
X no	□ Air		rescue	Fixed Wing	PSPS-Defib
	Water		□ air ambulance		BLS <u>29</u> EMT-D
			ALS rescue		LALS <u>20</u> ALS
			BLS rescue		
Ownership:	Medical Director:	If public:	If public: X city	System	Number of ambulances:
X Public	X yes	X Fire	□ county	available	<u>    0                                </u>
Private	🗆 no	🗆 Law	□ state	24 hours?	
		Other	☐ fire district	X yes	
		explain:	Federal	□ no	

EMS System: Ventura

County: Ventura

Reporting Year: 2005

Name, address & telephone: Mercy Air 2899 W. 5 <sup>th</sup> St., Oxnard, CA 93035 (805) 985-5416		Primary Contact:	Katy Hadduck		
Written Contract: X yes □ no	Service: Ground X Air Water	X Transport □ Non-Transport	Air classification: ☐ auxilary rescue X air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: Ⅹ Rotary □ Fixed Wing	Number of personnel providing services:        PSPS-Defib        BLSEMT-D        LALS7ALS
Ownership: □ Public <b>X</b> Private	Medical Director: X yes □ no	If public:	If public: □ city □ county □ state □ fire district □ Federal	System available 24 hours? X yes □ no	Number of ambulances: 1

Name, address & telephone:		Primary Contact:			
Written Contract:	Service:	Transport	Air classification:	If Air:	Number of personnel providing
□ yes	□ Ground	□ Non-Transport	🛛 auxilary	Rotary	services:
□ no	🗆 Air		rescue	□ Fixed Wing	PSPS-Defib
	□ Water		□ air ambulance	_	BLSEMT-D
			□ ALS rescue		LALSALS
			□ BLS rescue		
Ownership:	Medical Director:	If public:	If public:	System	Number of ambulances:
D Public	□ yes	□ Fire	□ county	available	
Private	🗆 no	🗆 Law	□ state	24 hours?	
		□ Other	☐ fire district	□ yes	
		explain:	Federal	🗆 no	

TABLE 9: RESOURCES	B DIRECTORY Approved Training I	Programs Revision #1 [2/16/95	5]
MS System: <u>Ventura</u>		County: Ventura	Reporting Year: 2005
IOTE: Table 9 is to be co	ompleted by county. Make copies to a	dd pages as needed.	
Training Institution Na	ne Conejo Valley Adult School	Contact Person telephone no.	Bernie Carr
Address	1025 Old Farm Road Thousand Oaks, CA 91360		(805) 497-2761
Student Eligibility: * OPEN	Cost of Program Basic <u>\$615.00</u>	**Program Level: <u>EMT-I</u> Number of students complet Initial training: Refresher:	ting training per year:
	Refresher	Cont. Education Expiration Date: Number of courses:	<u>0</u> <u>2-1-07</u>
		Initial training: Refresher: Cont. Education:	 
Training Institution Name	Ventura County Sheriff SAR Air Unit	Contact Person telephone no.	John Wilson
	375 A Durley Drive Camarillo, CA 93010	·	(805) 388-4218
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I</u> Number of students complet	ting training per year:
RESTRICTED	Basic Refresher	Initial training: Refresher: Cont. Education	   11-30-07
		Expiration Date: Number of courses: Initial training: Refresher: Cont. Education:	<u>0</u> <u>0</u> <u>0</u>

ABLE 9: RESOURCE	ES DIRECTORY Approved Training	Programs Revision #1 [2/16/95]
EMS System <u>: Ventura</u>		County: Ventura Reporting Year: 2005
NOTE: Table 9 is to be	completed by county. Make copies to	add pages as needed.
Training Institution N	lame Moorpark College	Contact Person telephone Mark Komins no.
Address	7075 Campus Road Moorpark, CA 93021	(805) 378-1433
Student Eligibility: * OPEN	Cost of ProgramBasic\$1240.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>56</u> Refresher: 0
	Refresher	Cont. Education <u>0</u> Expiration Date: <u>1-30-07</u>
		Number of courses:Initial training:2Refresher:0Cont. Education:0
Training Institution Name	Oxnard College	Contact Person Gary Morgan telephone no.
Address	4000 S. Rose Oxnard, CA 93033	(805) 488-0911
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year:
OPEN	Basic Refresher	Initial training: <u>130</u> Refresher: <u>28</u> Cont. Education <u>0</u> Expiration Date: <u>1-31-08</u>
	I	Number of courses:       Initial training:     9       Refresher:     2       Cont. Education:     0

MS System: <u>Ventura</u>		County: Ventura	Reporting Year: 2005
IOTE: Table 9 is to be	completed by county. Make copies to a	add pages as needed.	
Training Institution Name Oxnard Fire Department		Contact Person telephon no.	ne Stephanie Huhn
Address	251 South C Street Oxnard, CA 93030		(805) 385-8361
Student Eligibility: *	Cost of Program Basic	**Program Level: <u>EMT-I</u> Number of students comp Initial training:	leting training per year:
	Refresher	Refresher: Cont. Education Expiration Date:	<u></u> <u></u> <u>1-31-08</u>
		Number of courses: Initial training: Refresher: Cont. Education:	
Fraining Institution Name	Simi Valley Adult School	Contact Person telephone no.	Eleanor Kenney, MD
Address	3150 School Road Simi Valley, CA 93062		(805) 579-6200
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I</u> Number of students comp	leting training per year:
OPEN	Basic Refresher	Initial training: Refresher: Cont. Education	$\frac{2}{0}$
		Expiration Date: Number of courses: Initial training: Refresher: Cont. Education:	<u>11-30-07</u> <u>16</u> <u>0</u> 0

EMS System: <u>Ventura</u>		_ County: <u>Ventura</u> Reporting `	Year: <u>2005</u>	
NOTE: Table 9 is to be	completed by county. Make copies to	add pages as needed.		
Training Institution N	ame Ventura City Fire	Contact Person telephone Nancy Merman no.	Nancy Merman	
Address	1425 Dowell Ventura, CA 93003	(805) 339-4461		
Student Eligibility: * RESTRICTED	Cost of Program Basic	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u>	:	
	Refresher	Refresher:1Cont. Education0Expiration Date:6-30-08		
		Number of courses:Initial training:0Refresher:10Cont. Education:0		
Training Institution Name	Ventura College	Contact Person Meredith Mundell telephone no.		
Address	4667 Telegraph Road Ventura, CA 93003	(805) 654-6342		
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I and EMT-P</u> Number of students completing training per year:		
OPEN	Basic	Initial training: <u>5</u> Refresher:		
	Refresher	Cont. Education Expiration Date: EMT-I: 11-30-07,EMT-P:	3-1-08	
		Number of courses: Initial training: <u>118</u> Refresher: Cont. Education:		

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E <b>MS System</b> : <u>Ventura</u>		County: Ventura	Reporting Year: 2005	
NOTE: Table 9 is to be compl	eted by county. Make copies to add pa	ges as needed.		
raining Institution Name Ventura Co. Fire Protection Distric		Contact Person telephone no.	Mark Komins	
Address	165 Durley Drive Camarillo, CA 93010		(805) 389-9776	
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I</u>		
RESTRICTED	Basic	Number of students completing Initial training: Refresher:	i training per year:	
	Refresher	Cont. Education	28-07	
		Number of courses: Initial training:		
		Refresher: Cont. Education:		
Training Institution Name Address		Contact Person telephone no.		
Auuress				
Student Eligibility: *	Cost of Program	**Program Level: Number of students completing training per year:		
	Basic	Initial training: Refresher:		
	Refresher	Cont. Education Expiration Date:		
	L	Number of courses:		
		Initial training:		
		Refresher: Cont. Education:		

- Open to general public or restricted to certain personnel only.
  \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level.

EMS System:VenturaCounty:VenturaReporting Year:2005NOTE:Make copies to add pages as needed.Complete information for each facility by county.Reporting Year:2005

Name, address & telephone:			Los Robles Regional Medical Center, 215 W. Janss Road, Thousand Oaks, CA 91360 (805) 370-4847					
Primary Contact:			Lynn Tadlock, R.N.					
			erral emergency service			Base Hospital:	Pediatric Critical Care Center:*	
X yes	Standby emergency service							
🗆 no 🛛 👘 Basic		Basic e	sic emergency service		X	X yes	□ yes	
Com		Compr	mprehensive emergency service			no 🗆	X no	
EDAP:**	X yes	PICU:*	** 🛛 yes	Burn Center:		Trauma Center:	If Trauma Center what Level:****	
	🗆 no		X no	□ yes		□ yes		
LA County o	ertified			<b>X</b> no		<b>X</b> no		

Name, address & telephone:		(80	St. John's Regional Medical Center, 1600 N. Rose Ave.,Oxnard, CA 93030 (805) 988-2663				
	Primary Con	tact: Sus	an Franks, R	N.			
Written Contract Referral emergency service				Base Hospital:	Pediatric Critical Care Center:*		
X yes		Standby emergency service					
🗆 no 🛛 🔹 Basic		Basic emer	Basic emergency service		Х	X yes	□ yes
		sive emergency service			□ no	X no	
EDAP:**	□ yes	PICU:***	□ yes	Burn Center:		Trauma Center:	If Trauma Center what Level:****
	X no		X no	□ yes		□ yes	
				X no		X no	

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

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

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

\*\*\*\* Levels I, II, III and Pediatric.

 EMS System:
 Ventura
 County:
 Ventura
 Reporting Year:
 2005

 NOTE:
 Make copies to add pages as needed.
 Complete information for each facility by county.
 Reporting Year:
 2005

Name, address & telephone:			Simi Valley Hosp (805) 955-6100	ital and Health	Care S	ervices, 2975 N. Sycan	nore Drive, Simi Valley, CA 93065
	Primary Con		Cindy Evans, R.N	١.			
Written Con	itract	Referra	l emergency ser	vice		Base Hospital:	Pediatric Critical Care Center:*
X yes		Standby emergency service					
□ no Basic		Basic e	sic emergency service		Х	X yes	□ yes
		Compre	ehensive emerge	ency service		□ no	X no
EDAP:**	□ yes	PICU:**	** 🗆 yes	Burn Center:		Trauma Center:	If Trauma Center what Level:****
	X no		Xno	□ yes		□ yes	
				X no		X no	

Name, address & telephone:			Ventura County N (805) 652-6165	ledical Center,	3291 l	₋oma vista Road, Ventura	a, CA 93003
Primary Contact:		tact:	Cyndie Cole, R.N.				
Written Conti	ract	Referra	al emergency serv	vice		Base Hospital:	Pediatric Critical Care Center:*
X yes		Standby emergency service					
🗆 no			е	Х	X yes	□ yes	
Com		Compr	omprehensive emergency service			🗆 no	X no
				1			
EDAP:**	□ yes	PICU:*	*** □ yes	Burn Center:		Trauma Center:	If Trauma Center what Level:****
	X no		X no	□ yes		□ yes	
				X no		X no	

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

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

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

\*\*\*\* Levels I, II, III and Pediatric.

EMS System:VenturaCounty:VenturaReporting Year:2005NOTE:Make copies to add pages as needed.Complete information for each facility by county.Reporting Year:2005

Name, address & telephone:		(805)652-5011		Loma	Vista & Brent, Ventura,	CA 93003	
	Primary Co	ntact:	Dede Utley, RN				
Written Con	tract	Referral	emergency service	vice		Base Hospital:	Pediatric Critical Care Center:*
X yes		Standby	emergency ser	vice			
□no		Basic er	nergency servic	е	Х	□ yes	□ yes
		Compre	hensive emerge	ncy service		X no	X no
EDAP:**	□ yes	PICU:**	⁺ □ yes	Burn Center:		Trauma Center:	If Trauma Center what Level:****
	X no		X no	□ yes		□ yes	
				X no		X no	

Name, address & telephone:		Ojai Valley Community Hospital, 1306 Maricopa Highway, Ojai, CA 93023 (805)646-1401				CA 93023
Primary Contact:		Stephanie Boynte	on, R.N.			
Written Contract X yes □ no	Stan Basio	rral emergency ser dby emergency ser c emergency servic prehensive emerge	vice æ	□ □ X □	Base Hospital: □ yes <b>X</b> no	Pediatric Critical Care Center:* □ yes X no
EDAP:** □ yes X no	PICL	l:*** □ yes <b>X</b> no	Burn Center: □ yes X no		Trauma Center: □ yes <b>X</b> no	If Trauma Center what Level:****

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

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

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

\*\*\*\* Levels I, II, III and Pediatric.

EMS System:VenturaCounty:VenturaReporting Year:2005NOTE:Make copies to add pages as needed.Complete information for each facility by county.Reporting Year:2005

Name, address & telephone: Primary Contact:		(	St. Johns Pleasant Valley, 2309 (805) 389-5800 Debbie Bumblis, R.N.		309 Ant	onio Avenue, Camarillo,	CA 93010
Written Cor X yes □ no		Referral en Standby er Basic eme	nergency ser nergency ser gency servic nsive emerge	vice vice e	□ □ X □	Base Hospital: □ yes X no	Pediatric Critical Care Center:*
EDAP:**	□ yes X no	PICU:***	□ yes X no	Burn Center: □ yes X no		Trauma Center: □ yes <b>X</b> no	If Trauma Center what Level:****

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

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

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

\*\*\*\* Levels I, II, III and Pediatric.

# TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

-	k telephone: Ventu Camarillo, CA 9301	ra County Fire Dept. 0	Primary Contact: Steve McClellen
Written Contract:	Medical Director:	X Day-to-day □ Disaster	Number of Personnel providing services: 24 EMD Training EMT-D ALS
□ yes <b>X</b> no	□ yes X no		24         EMD Training         EMT-D         ALS           BLS         LALS         Other
Ownership: X Public □ Private		If public: X Fire □ Law □ Other explain:	If public: □ city; □ county; □ state; <b>X</b> fire district; □ Federal

Name, address & 251 S. C St., Oxna (805) 385-7722		d Police/Fire Commur	nications Primary Contact: Annette Allen
Written Contract: □ yes <b>X</b> no	Medical Director: □ yes <b>X</b> no	X Day-to-day □ Disaster	Number of Personnel providing services:         16       EMD Training       EMT-D       ALS         BLS       LALS       Other
Ownership: X Public □ Private		If public: X Fire □ Law □ Other explain:	If public: □ city; □ county; □ state; <b>X</b> fire district; □ Federal

**APPENDIX 1: System Assessment Form** 

STANDARD:

**CURRENT STATUS:** 

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

**OBJECTIVE:** 

# TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range plan (one year or less)

\_\_\_\_\_ Long-range plan (more than one year)

Local EMS Agency or County Name:
Area or subarea (Zone) Name or Title:
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Area or subarea (Zone) Geographic Description:
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
<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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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.

Area or subaro		
	a (Zone) Name or Title:	ASA 1
Name of Currei	nt Provider(s):	LifeLine Medical Transport Serving the Ojai Valley since 1935
Include company name(	s) and length of operation (uninterrupted	) in specified area or subarea.
Co	a (Zone) Geographic Desembination of Metropolitan/Urb Inding the City of Ojai.	cription: an, Suburban/Rural and Wilderness areas
Ex	xclusivity, Exclusive or no clusive MS agency and Board action.	on-Exclusive (HS 1797.6):
1797.85): Em Include type of exclusiv	nergency Ambulance for 911 ca	or combination) and operational definition of exclusivity
	eve Exclusivity, if applica andfathered	ble (HS 1797.224):
sei in <sup>-</sup> pre Life	rved ASA 1 since 1935. Parame 1986. Current owner, Steve Fra evious owner, Jerry Clauson. C	ubsidiary of Ojai Ambulance Inc. and has edic service was added to the service area ank, purchased the company in 1994 from Djai Ambulance changed it's name to D1, however no change in scope or manner
	t of uninterrupted service with no change	d manner of service. Description of current provider is to scope and manner of service to zone. Include
chronology of all service	es entering or leaving zone, name or own hanges to arrangements for service.	ersnip changes, service level changes, zone area

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 2
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) i	-
Area or subarea (Zone) Geographic Desc Combination of Metropolitan/Urba including the Cities of Fillmore and	n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	n-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambula 1797.85): Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, o (i.e., 911 calls only, all emergencies, all calls requiring emergency Method to achieve Exclusivity, if application	<b>Is only</b> r combination) and operational definition of exclusivity ambulance service, etc.).
Grandfathered American Medical Response curre Paramedic service was added to th numerous ownership changes in t	
Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-	
	-present
If grandfathered, pertinent facts concerning changes in scope and including brief statement of uninterrupted service with no changes chronology of all services entering or leaving zone, name or owner modifications, or other changes to arrangements for service.	manner of service. Description of current provider to scope and manner of service to zone. Include

Local EMS Agency or County Nar	
	me: Ventura County EMS
Area or subarea (Zone) Name or 1	Title: ASA 3
Name of Current Provider(s):	American Medical Response
Include company name(s) and length of operation (un	Serving since 1962 interrupted) in specified area or subarea.
Area or subarea (Zone) Geograph Combination of Metropol including the City of Simi	litan/Urban, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive Exclusive Include intent of local EMS agency and Board action.	ve or non-Exclusive (HS 1797.6):
1797.85): Emergency Ambulance for	ALS, LALS, or combination) and operational definition of exclusivity
Method to achieve Exclusivity, if a	
Method to achieve Exclusivity, if a Grandfathered American Medical Respo Paramedic service was a numerous ownership cha	
Method to achieve Exclusivity, if a Grandfathered American Medical Respo Paramedic service was a numerous ownership cha industry consolidations;	applicable (HS 1797.224): onse currently provides service to ASA 3. odded to the service area in 1983. There have been anges in the past 15 years due to ambulance however no change in scope or manner of service

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 4
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted)	in specified area or subarea.
Area or subarea (Zone) Geographic Deso Combination of Metropolitan/Urba including the Cities of Moorpark a	an, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	on-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambula 1797.85): Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, (i.e., 911 calls only, all emergencies, all calls requiring emergency Method to achieve Exclusivity, if applica Grandfathered	<b>Ills only</b> or combination) and operational definition of exclusivity ambulance service, etc.).
American Medical Response curr Paramedic service was added to	the service area in 1983. There have been the past 15 years due to ambulance
	no change in scope or manner of service
Previous Owners: Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999	
Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999	<b>D-present</b> d manner of service. Description of current provider s to scope and manner of service to zone. Include

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 5
Name of Current Provider(s):	American Medical Response
Include company name(s) and length of operation (uninterrupted) i	Serving since 1962
Area or subarea (Zone) Geographic Desc Combination of Metropolitan/Urba including the City of Camarillo.	ription: n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive	n-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambula	
<b>1797.85):</b> Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, o (i.e., 911 calls only, all emergencies, all calls requiring emergency	r combination) and operational definition of exclusivity
Method to achieve Exclusivity, if applicat Grandfathered	ole (HS 1797.224):
numerous ownership changes in t	ently provides service to ASA 5. The service area in 1985. There have been The past 15 years due to ambulance The change in scope or manner of service
Previous Owners:	
Camarillo Ambulance 1962-1978 Pruner Health Services 1978-1993	
Careline 1993-1996	
Medtrans 1996-1999	
American Medical Response 1999	present
If grandfathered, pertinent facts concerning changes in scope and including brief statement of uninterrupted service with no changes chronology of all services entering or leaving zone, name or owner modifications, or other changes to arrangements for service.	to scope and manner of service to zone. Include
If competitively-determined, method of competition, intervals, and competitive process used to select provider or providers.	selection process. Attach copy/draft of last

	Agency or County Name:	Ventura County EMS
Area or sub	oarea (Zone) Name or Title:	ASA 6
Name of Cu	irrent Provider(s):	Gold Coast Ambulance Serving since 1949
Include company r	name(s) and length of operation (uninterrupted)	in specified area or subarea.
Area or sub	parea (Zone) Geographic Desc Combination of Metropolitan/Urba including the Cities of Oxnard and	n, Suburban/Rural and Wilderness areas
	of Exclusivity, Exclusive or no Exclusive cal EMS agency and Board action.	n-Exclusive (HS 1797.6):
<b>1797.85):</b> Include type of ex (i.e., 911 calls only	Clusivity, "Emergency Ambula Emergency Ambulance for 911 ca acclusivity (Emergency Ambulance, ALS, LALS, c , all emergencies, all calls requiring emergency achieve Exclusivity, if applicat	<b>IIs only</b> or combination) and operational definition of exclusivity ambulance service, etc.).
	Grandfathered Gold Coast Ambulance is a subsid and has served ASA 6 since 1949. service area in 1984. Current owne 1980 from previous owner, Bob Bi	diary of VIP Professional Services Inc. Paramedic service was added to the er, Ken Cook, purchased the company in
	changed it's name to Gold Coast A scope or manner of service has o	Ambulance in 1991, however no change in

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 7
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted)	in specified area or subarea.
Area or subarea (Zone) Geographic Desc Combination of Metropolitan/Urba including the City of Ventura.	r <mark>iption:</mark> n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	on-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambulat 1797.85): Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, c (i.e., 911 calls only, all emergencies, all calls requiring emergency	<b>IIs only</b> or combination) and operational definition of exclusivity
Method to achieve Exclusivity, if applicat Grandfathered	ole (HS 1797.224):
numerous ownership changes in t	ently provides service to ASA 7. he service area in 1986. There have been the past 15 years due to ambulance no change in scope or manner of service
Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999 If grandfathered, pertinent facts concerning changes in scope and including brief statement of uninterrupted service with no changes chronology of all services entering or leaving zone, name or owne modifications, or other changes to arrangements for service.	manner of service. Description of current provider to scope and manner of service to zone. Include
modifications, of other changes to analygements for service.	