

**EMERGENCY MEDICAL SERVICES AUTHORITY**1930 9<sup>th</sup> STREET

SACRAMENTO, CA 95811-7043

(916) 322-4336 FAX (916) 324-2875



August 11, 2008

Barry Fisher, EMS Administrator  
Ventura County EMS Agency  
2220 E. Gonzales Road, Suite 130  
Oxnard, CA 93036-0619

Dear Mr. Fisher:

We have completed our review of *Ventura County's 2007 Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

**Standards 1.07, 1.26, 6.10, and 6.11 - Trauma System** - I encourage you to continue your effort towards developing a formal trauma system for Ventura County.

**Standard 1.10 - Special Populations** - In your 2004 update your long-range goal was to work with agencies to identify population groups which require specialized EMS service. In your next update please show Ventura County's progress towards meeting this standard.

**Standard 6.10 - Pediatric System Design** - In your 2004 update you detailed your long-range plans for a pediatric emergency medical and critical care system. While this is an Enhanced Level standard, I encourage you to keep working towards the development of a system for the collection of data and analysis of EMS care provided to pediatric patients in Ventura County.

**Standard 6.06 - System Design and Evaluation** - In your 2004 update you were working towards the completion an Evaluation Program that will assess your EMS System design and operations. The requirements for this program are referenced in Title 22, Division 9, Chapter 12, EMS System Evaluations and Quality Improvement regulations. Please provide an update on your progress in your next annual EMS plan update.

Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM  
Director

RST:ss

## **Instructions for Completing the Annual Update:**

The annual update will consist of the following:

**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 new format.

### **New Excel format:**

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

**Summary of Changes** - a narrative describing any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

### **Tables 2-9.**

### **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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: Ventura  
 Reporting Year: 2007

**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: Ventura

- A. Basic Life Support (BLS) \_\_\_\_\_ %
- B. Limited Advanced Life Support (LALS) \_\_\_\_\_ %
- C. Advanced Life Support (ALS) 100 %

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 \_\_\_\_\_
- Designation/approval of pediatric facilities X
- Designation of other critical care centers \_\_\_\_\_
- Development of transfer agreements \_\_\_\_\_
- Enforcement of local ambulance ordinance X
- Enforcement of ambulance service contracts X
- Operation of ambulance service \_\_\_\_\_

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

Continuing education	<u>    X    </u>
Personnel training	<u>    X    </u>
Operation of oversight of EMS dispatch center	<u>    X    </u>
Non-medical disaster planning	<u>          </u>
Administration of critical incident stress debriefing team (CISD)	<u>    X    </u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>    X    </u>
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY   07/08    
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>  452,200  </u>
Contract Services (e.g. medical director)	<u>  258,800  </u>
Operations (e.g. copying, postage, facilities)	<u>  265,600  </u>
Travel	<u>  11,000  </u>
Fixed assets	<u>          0  </u>
Indirect expenses (overhead)	<u>  58,800  </u>
Ambulance subsidy	<u>  49,500  </u>
EMS Fund payments to physicians/hospital	<u> 1,500,000  </u>
Dispatch center operations (non-staff)	<u>          0  </u>
Training program operations	<u>  10,200  </u>
Other: _____	<u>          0  </u>
Other: _____	<u>          0  </u>
Other: _____	<u>          0  </u>

**TOTAL EXPENSES**           \$2,606,100

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

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>600,000</u>
Certification fees	<u>24,300</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	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>142,000</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>1,839,800</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$ <u>2,606,100</u></b>

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

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

Fee structure for FY 07/08

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>28.00</u>
EMT-I recertification	<u>14.00</u>

**EMT-defibrillation certification**

EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u>48.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	<u>309.00</u>
EMT-II training program approval	_____
EMT-P training program approval	<u>623.00</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: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/08.

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

EMS System: Ventura County Reporting year 07/08

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	PH Division Manager	1.0	56.51 /hr	33.3%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Assistant II	1.0	28.05 /hr	33.3%	
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	Program Administrator III	1.0	37.93 /hr	33.3%	
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	0.5	87.00 /hr	0	Independent Contractor
Other MD/Medical Consult/ Training Medical Director	CQI Coordinator	0.5	38.50 /hr	0	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.

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

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Administrative Assistant 1	1.0	25.45 /hr	33.3%	
Data Entry Clerk	Student Aide	0.5	9.75 /hr	0	No Benefits
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**

Revision #4 (4/20/07)

EMS System: Ventura

Reporting Year: 2007

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

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>
Total Certified	719			42
Number newly certified this year	172			10
Number recertified this year	547			32
Total number of accredited personnel on July 1 of the reporting year	1207		221	91
Number of certification reviews resulting in:				
a) formal investigations	31			
b) probation	9			
c) suspensions	0			
d) revocations	14			
e) denials	1			
f) denials of renewal	1			
g) no action taken	2			

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
  - a) Number of EMT=I (defib) certified 23
  - b) Number of public safety (defib) certified (non-EMT-I) \_\_\_\_\_
3. Do you have a first responder training program  yes  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Ventura

County: Ventura

Reporting Year: 2007

**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  No 
  - a. Radio primary frequency 154.010
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No
  - d. Do you participate in OASIS? Yes  No
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No
  - 1) Within the operational area? Yes  No
  - 2) Between the operational area and the region and/or state? Yes  No
6. Who is your primary dispatch agency for day-to-day emergencies?  
Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster?  
Ventura County Sheriff's Department and Ventura County Fire Protection District

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System:           Ventura          

Reporting Year:           2007          

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers           8          

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

Enter the response times in the appropriate boxes	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	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 or ASAP	Not Defined







**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Ventura County: Ventura Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	<u>Conejo Valley Adult School</u>	<b>Contact Person telephone no.</b>	<u>Kevin Fildes</u>
<b>Address</b>	<u>1025 Old Farm Road</u> <u>Thousand Oaks, CA 91360</u>		<u>805-497-2781</u>

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>7</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-11</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic _____  Refresher _____	

<b>Training Institution Name</b>	<u>EMS Training Institute, Inc.</u>	<b>Contact Person telephone no.</b>	<u>Mark Komins</u>
<b>Address</b>	<u>P.O. Box 940514</u> <u>Simi Valley, CA 93094</u>		<u>877-368-8724</u>

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>85</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-10</u> Number of courses: <u>12</u> Initial training: <u>0</u> Refresher: <u>12</u> Cont. Education: _____
	Basic _____  Refresher _____	

- 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.

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Ventura

County: Ventura

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	Fillmore Fire Department	<b>Contact Person telephone no.</b>	John Wilson
<b>Address</b>	<u>250 Central Avenue</u> <u>Fillmore, CA 93015</u>		<u>805-524-1500</u>

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic _____  Refresher _____	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>07-31-11</u>  Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
-------------------------------	--	--

<b>Training Institution Name</b>	Moorpark College	<b>Contact Person telephone no.</b>	Kim Hoffmans
<b>Address</b>	<u>7075 Campus Road</u> <u>Moorpark, CA 93021</u>		<u>805-378-1433</u>

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic _____  Refresher _____	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>75</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>01-31-11</u>  Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
-------------------------------	--	---

- 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.



**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Ventura

County: Ventura

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	<u>Oxnard College</u>	<b>Contact Person telephone no.</b>	<u>Gary Morgan</u>
<b>Address</b>	<u>4000 S. Rose Avenue</u> <u>Oxnard, CA 93033</u>		<u>805-488-0911</u>

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic _____  Refresher _____	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>150</u> Refresher: <u>62</u> Cont. Education: <u>0</u> Expiration Date: <u>01-31-12</u>  Number of courses: <u>12</u> Initial training: <u>8</u> Refresher: <u>4</u> Cont. Education: <u>0</u>
-------------------------------	--	---

<b>Training Institution Name</b>	<u>Simi Valley Adult School</u>	<b>Contact Person telephone no.</b>	<u>Robert Sebree</u>
<b>Address</b>	<u>3150 School Road</u> <u>Simi Valley, CA 93062</u>		<u>805-653-9111</u>

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic _____  Refresher _____	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>24</u> Refresher: <u>12</u> Cont. Education: _____ Expiration Date: <u>11-30-11</u>  Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>0</u>
-------------------------------	--	--

- 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.

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Ventura

County: Ventura

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

**Training Institution Name** Ventura City Fire Department  
**Address** 1425 Dowell Drive  
Ventura, CA 93003

**Contact Person telephone no.** Nancy Merman  
805-339-4461

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>06-30-10</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

**Training Institution Name** Ventura College  
**Address** 4667 Telegraph Road  
Ventura, CA 93003

**Contact Person telephone no.** Meredith Mundell  
805-654-6342

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>107</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>11-30-11</u> Number of courses: <u>4</u> Initial training: <u>4</u> Refresher: <u>0</u> Cont. Education: _____
	Basic _____ Refresher _____	

- 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.

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Ventura

County: Ventura

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	Ventura County Fire Department	<b>Contact Person telephone no.</b>	Mark Komins
<b>Address</b>	165 Durley Avenue Camarillo, CA 93010		805-389-9776

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>125</u> Cont. Education <u>0</u> Expiration Date: <u>02-28-11</u>
		Number of courses: <u>6</u> Initial training: <u>0</u> Refresher: <u>6</u> Cont. Education: <u>0</u>

<b>Training Institution Name</b>	Ventura County Sheriff SAR Air Unit	<b>Contact Person telephone no.</b>	Dana Sullivan
<b>Address</b>	375-A Durley Avenue Camarillo, CA 93010		805-388-4218

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>9</u> Cont. Education <u>0</u> Expiration Date: <u>11-30-11</u>
		Number of courses: <u>1</u> Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education: <u>0</u>

- 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.

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Ventura

County: Ventura

Reporting Year: 2007

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

<b>Name, address &amp; telephone: Ventura County Fire Dept.</b> <b>165 Durley Ave., Camarillo, CA 93010</b> <b>(805) 389-9710</b>			<b>Primary Contact: Steve McClellen</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___27___ EMD Training    ___ EMT-D    ___ ALS ___ BLS    ___ LALS    ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone: Oxnard Police/Fire Communications</b> <b>251 S. C St., Oxnard, CA 93030</b> <b>(805) 385-7722</b>			<b>Primary Contact: Annette Allen</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___22___ EMD Training    ___ EMT-D    ___ ALS ___ BLS    ___ LALS    ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 1</b>
<b>Name of Current Provider(s):</b>	<b>LifeLine Medical Transport</b> <b>Serving the Ojai Valley since 1935</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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>	<b>Grandfathered</b>
<b>LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.</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.	

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 2</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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>	<b>Grandfathered</b>
<p><b>American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Courtesy Ambulance 1962-1991</b>  <b>Pruner Health Services 1991-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
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.	

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 3</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response</b> <b>Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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>	<b>Grandfathered</b>
<p style="color: red;"><b>American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Brady Ambulance 1962-1975</b>  <b>Pruner Health Services 1975-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
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.	

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 4</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response</b> <b>Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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>	<b>Grandfathered</b>
<p><b>American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Conejo Ambulance 1962-1975</b>  <b>Pruner Health Services 1975-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
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.	



## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 5</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response</b> <b>Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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>	<b>Grandfathered</b>
<p><b>American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Camarillo Ambulance 1962-1978</b>  <b>Pruner Health Services 1978-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
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.	

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 6</b>
<b>Name of Current Provider(s):</b>	<b>Gold Coast Ambulance</b> <b>Serving since 1949</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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>	<b>Grandfathered</b>
<b>Gold Coast Ambulance is a subsidiary of VIP Professional Services Inc. and has served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Current owner, Ken Cook, purchased the company in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.</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.	

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 7</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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>	<b>Grandfathered</b>
<p><b>American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Courtesy Ambulance 1962-1991</b>  <b>Pruner Health Services 1991-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
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.	





## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

**Local EMS Agency or County Name:** Ventura County EMS

**Area or subarea (Zone) Name or Title:** ASA 1

**Name of Current 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.

**Area or subarea (Zone) Geographic Description:**  
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**  
Exclusive

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**  
Emergency Ambulance for 911 calls only

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.).

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

**LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.**

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.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

**Local EMS Agency or County Name:** 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) in specified area or subarea.

**Area or subarea (Zone) Geographic Description:**  
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**  
**Exclusive**

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

**Emergency Ambulance for 911 calls only**

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.).

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

**American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.**

**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 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.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

**Local EMS Agency or County Name:** Ventura County EMS

**Area or subarea (Zone) Name or Title:** ASA 3

**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 Description:**  
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**  
**Exclusive**

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

**Emergency Ambulance for 911 calls only**

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.).

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

**American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.**

**Previous Owners:**  
**Brady Ambulance 1962-1975**  
**Pruner Health Services 1975-1993**  
**Careline 1993-1996**  
**Medtrans 1996-1999**  
**American Medical Response 1999-present**

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.



## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

**Local EMS Agency or County Name:** 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 Description:**  
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**  
Exclusive

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**  
Emergency Ambulance for 911 calls only

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.).

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

**American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.**

**Previous Owners:**  
Conejo Ambulance 1962-1975  
Pruner Health Services 1975-1993  
Careline 1993-1996  
Medtrans 1996-1999  
American Medical Response 1999-present

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.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

**Local EMS Agency or County Name:** Ventura County EMS

**Area or subarea (Zone) Name or Title:** ASA 5

**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 Description:**  
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**  
**Exclusive**

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

**Emergency Ambulance for 911 calls only**

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.).

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

**Grandfathered**

**American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.**

**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 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.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

**Local EMS Agency or County Name:** Ventura County EMS

**Area or subarea (Zone) Name or Title:** ASA 6

**Name of Current Provider(s):** Gold Coast Ambulance  
Serving since 1949

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

**Area or subarea (Zone) Geographic Description:**  
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**  
Exclusive

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**  
Emergency Ambulance for 911 calls only

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.).

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

**Gold Coast Ambulance is a subsidiary of VIP Professional Services Inc. and has served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Current owner, Ken Cook, purchased the company in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.**

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.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

**Local EMS Agency or County Name:** 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 Description:**  
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**  
**Exclusive**

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**  
**Emergency Ambulance for 911 calls only**

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.).

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

**American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.**

**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 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.