

*Kern County EMS Department*



*2003 EMS Plan Annual Update*

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## **EMERGENCY MEDICAL SERVICES DEPARTMENT**

May 13, 2005

Ms. Sandy Salaber  
California EMS Authority  
1930 – 9<sup>th</sup> Street  
Sacramento, CA 95814-7043

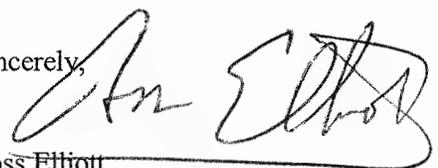
Dear Ms. Salaber:

As requested, attached is the annual EMS Plan update for 2003 for the Kern County EMS System. Included are the following documents in the required format:

- Table 1 – Summary of System Status
- A General Narrative of EMS system Changes during 2003
- Kern County EMS Department Organizational Chart
- Table 2 – System Resources and Operations, System Organization & Management
- Table 3 – System Resources and Operations, Personnel/Training
- Table 4 – System Resources and Operations, Communications
- Table 5 – System Resources and Operations, Response/Transportation
- Table 6 – System Resources and Operations, Facilities/Critical Care
- Table 7 – System Resources and Operations, Disaster Medical
- Table 8 – Resources Directory, Providers
- Table 9 – Resources Directory, Training Programs
- Table 10 – Resources Directory, Facilities
- Table 11 – Resources Directory, Dispatch Agency
- Appendix 1 – System Assessment Form
- Ambulance Zone Summary Forms
- Maps of Kern County Ambulance Service Operational Areas

We hope this information is helpful and appreciate the extensions approved by the EMS Authority. Please call the Department at (661) 868-5201 with any questions.

Sincerely,

  
Ross Elliott  
Director

**Narrative Summary of System Changes:**

In 2003, the Kern County EMS System was steadily advanced. On August 26, 2003, the Kern County EMS Department was directed by the Board of Supervisors to begin the process of an EMS System redesign and enacted Countywide ambulance rate regulation. The redesign process is still underway.

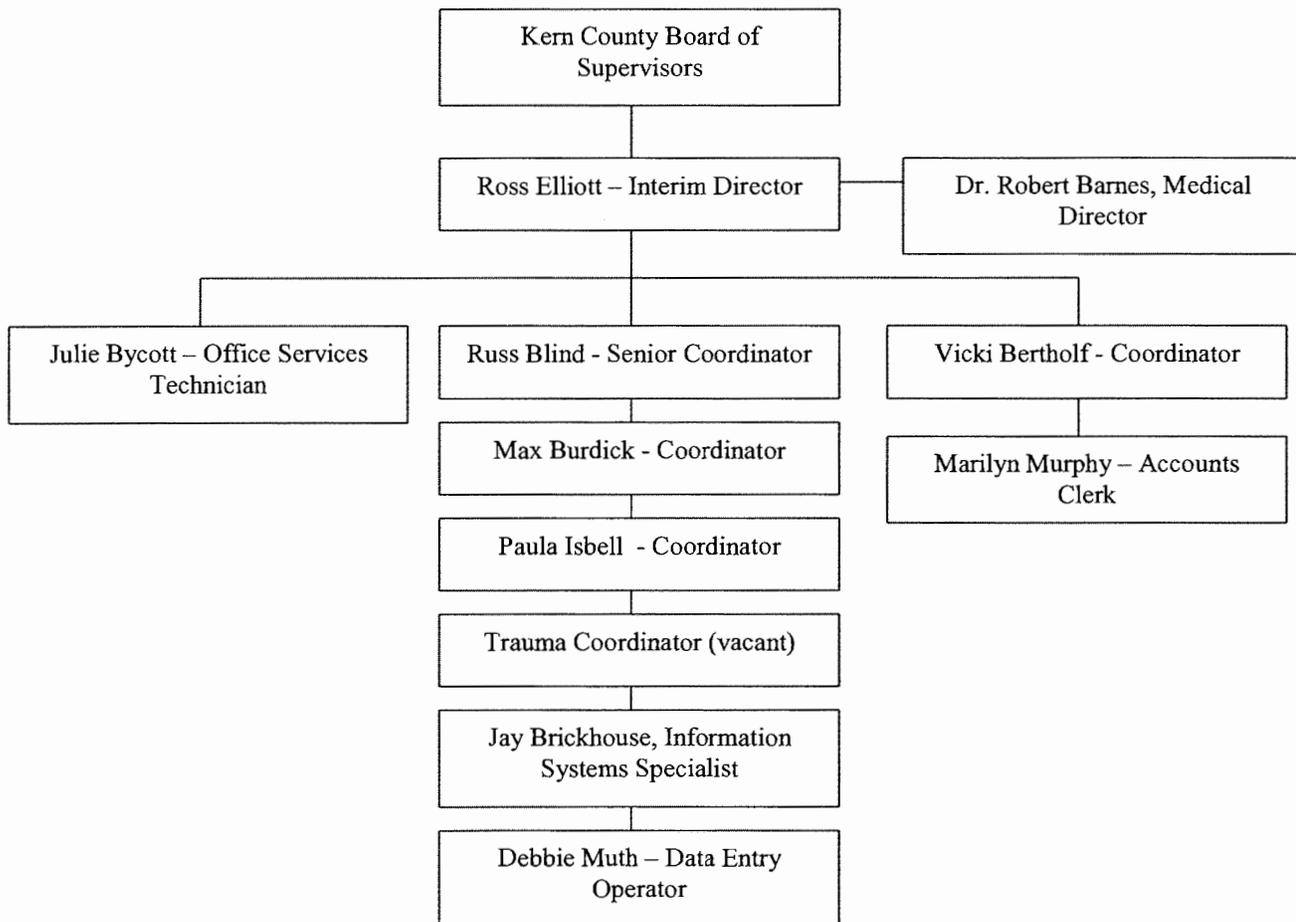
Mercy Westside Hospital, a small rural hospital located in Taft, was permanently closed in July 2003, despite local healthcare district efforts to keep it open. The local healthcare district continues to attempt to reopen the hospital.

Administratively, EMS Director David Baumstark resigned his position for another employment opportunity. The Board of Supervisors appointed Ross Elliott as Interim EMS Director on September 29, 2003.

The Kern County EMS Department closed the Paramedic Training Program in 2003 because of state regulatory requirements for national accreditation. A Paramedic Training Program was later approved through Bakersfield College to keep paramedic training available within the area.

There were full-scale domestic preparedness and emergency planning efforts throughout 2003 with development of Metropolitan Medical Response System (MMRS) Plans and bio-terrorism planning for Kern County.

Other key functions of the Kern County EMS Department remained the same. The following is a staff organization chart that was in effect for 2003:



## A. SYSTEM ORGANIZATION AND MANAGEMENT

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

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

## B. STAFFING/TRAINING

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

**C. COMMUNICATIONS**

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

## D. RESPONSE/TRANSPORTATION

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

**RESPONSE/TRANSPORTATION (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan	X			X	
4.20 "Grandfathering"	X			X	
4.21 Compliance	X			X	
4.22 Evaluation	X			X	

## E. FACILITIES/CRITICAL CARE

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

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**G. PUBLIC INFORMATION AND EDUCATION**

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

## **APPENDIX 1: System Assessment Form**

### **STANDARD: 1.10**

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

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

### **CURRENT STATUS:**

The Kern County EMS Department (Department) has identified special population groups that require specialized services including handicapped, elderly, children, non-English speakers and other special needs population groups that are difficult to mobilize or immobile such as inmates or home-bound.

The Department has issued Spanish translation guides to prehospital care providers. Kern County has a relatively large population of Spanish-only speaking people. The Department has also issued Ambulance Destination Policies that define which hospitals are best equipped and qualified to manage specific patient problems including; critical trauma, orthopedic, pediatric admission, obstetrical, neonatal, and cardiac. These policies and hospital services are continuously monitored.

Under domestic preparedness and disaster medical-health preparedness, the Department has developed plans to distribute Strategic National Stockpile (SNS) resources by mobile distribution units to special needs populations that are difficult or impossible to mobilize. The Department lead the effort to get one of the first local SNS Plans approved by CDHS-EPO in the State.

Special needs population planning is a continuing process in our area.

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

Regular coordination of SNS related activity has taken place with EMS Agencies in OES Region 5 (Fresno, Kings, Tulare, Merced, Madera, Mariposa). Additionally, our SNS Plan has been used as a model for many other jurisdictions in the State and nation.

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

Planning work is continuing in this area.

### **OBJECTIVE:**

None other than continued planning both in short and long term.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range plan (one year or less)

Long-range plan (more than one year)

**APPENDIX 1: System Assessment Form**

**STANDARD:**

4.19, 4.20, 4.21, 4.22 – Response & Transportation – Enhanced Level – Exclusive Operating Areas

**CURRENT STATUS:**

The Department plans to implement exclusive ambulance service operational areas in accordance with California Health and Safety Code 1797.224 during 2005-2006.

**COORDINATION WITH OTHER EMS AGENCIES:**

None indicated.

**NEED(S):**

None known.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

  X   Short-range plan (one year or less)

       Long-range plan (more than one year)

## **APPENDIX 1: System Assessment Form**

### **STANDARD: 5.08**

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

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

### **CURRENT STATUS:**

In November 2001, the Department designated Kern Medical Center as a Level II Trauma Center and implemented the Kern County Trauma Care System. The Kern County Trauma Care System Plan and policies/procedures define the following:

1. The number and level of trauma centers (including the use of trauma centers in other counties). Kern County currently has only one Level II Trauma Center.
2. The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix. Kern County has an inclusive Trauma Care System consisting of the Trauma Center and a network of receiving hospitals. The catchment area is the entire County.
3. Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers. Kern County uses American College of Surgeons trauma triage criteria to define trauma patients that require Trauma Center level intervention. The triage criteria are used by prehospital providers and receiving hospitals.
4. The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center. Kern County has an inclusive Trauma Care System consisting of the Trauma Center and a network of receiving hospitals. Trauma Care System Receiving Hospital Policies and Procedures define the role of other hospitals within the Kern County Trauma Care System. Kern County also routinely receives critical trauma patients from surrounding counties of Tulare, Kings, San Luis Obispo, Inyo, and San Bernardino when Kern Medical Center is the closest Trauma Center by ground or air transport.

5. A plan for monitoring and evaluation of the system. The Kern County Trauma Care System Policies and Procedures define the continuous quality improvement process of the Trauma Care System which includes a regular group review process through the Trauma Evaluation Committee (TEC), an on-going problem referral process, and data research through the trauma registry managed by Kern Medical Center.

**COORDINATION WITH OTHER EMS AGENCIES:**

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies.

**NEED(S):**

None known

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

## **APPENDIX 1: System Assessment Form**

### **STANDARD: 5.13**

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

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

### **CURRENT STATUS:**

The Department implemented Ambulance Destination Policies and Procedures that define which hospitals are best equipped and qualified to manage specific patient problems including; critical trauma, orthopedic, pediatric admission, obstetrical, neonatal, and cardiac. These policies and hospital services are continuously monitored. The Department also supports a regular group review process of the policies and overall hospital emergency department status through the Kern County Hospital Emergency Department Status Task Force.

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

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies.

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

None known

### **OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

**APPENDIX 1: System Assessment Form**

**STANDARD: 5.14**

Minimum Standard: In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**

The Department implemented Ambulance Destination Policies and Procedures that define which hospitals are best equipped and qualified to manage specific patient problems including; critical trauma, orthopedic, pediatric admission, obstetrical, neonatal, and cardiac. These policies and hospital services are continuously monitored. The Department also supports a regular group review process of the policies and overall hospital emergency department status through the Kern County Hospital Emergency Department Status Task Force. The Task Force includes representation from prehospital providers and hospitals. The Emergency Medical Care Advisory Board (EMCAB) is regularly briefed on specialty care system development and changes in Ambulance Destination Policies and Procedures. EMCAB includes an urban consumer and a rural consumer representative.

**COORDINATION WITH OTHER EMS AGENCIES:**

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies.

**NEED(S):**

None known

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

## **APPENDIX 1: System Assessment Form**

### **STANDARD: 6.05**

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

Recommended Goal: The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data. The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

### **CURRENT STATUS:**

The Department implemented a prehospital patient data management system in 1997 that has been frequently used to manage EMS system advancement in a wide array of subjects, including regular audits of care provided to specific patients. In March 2006, the Department upgraded to a paperless prehospital data management system using pocket personal computers with data referral to a central data warehouse. The Department has access to 911 dispatch, first responder and hospital data on a case-by-case basis and regularly receives trauma registry reports.

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

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies.

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

None known

### **OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

**APPENDIX 1: System Assessment Form**

**STANDARD: 6.06**

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

**CURRENT STATUS:**

The Department has an evaluation program in place that meets the minimum standard as described. Kern County is mid-way through an EMS system redesign process that has entailed extensive research, performance standard development to meet State guidelines and local needs, and an in-depth regulatory oversight process. Once the redesign is completed, a more structured and contemporary systemic CQI plan will be completed and implemented.

**COORDINATION WITH OTHER EMS AGENCIES:**

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies.

**NEED(S):**

None known

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

## **APPENDIX 1: System Assessment Form**

### **STANDARD: 6.10**

Minimum Standard: The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria, and
- c) a process of identifying potential improvements to the system design and operation.

### **CURRENT STATUS:**

The Department manages a trauma care system evaluation and data collection program consisting of a trauma registry, the Trauma Evaluation Committee (TEC), data forms for first responders and receiving hospitals, and the prehospital patient transport database. Data is regularly researched to verify care is provided in accordance with local, State and national standards. TEC is used as the forum with acute care providers to review the Trauma Care System for potential improvements in system design and operation.

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

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies.

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

None known

### **OBJECTIVE:**

None

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

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

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

## **APPENDIX 1: System Assessment Form**

### **STANDARD: 6.11**

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

Recommended Goal: The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

### **CURRENT STATUS:**

The Department does receive required data from Kern Medical Center, the only designated Trauma Center within the jurisdiction, for Trauma Care System CQI actions. The Department also regularly receives data from receiving hospitals in Kern County that receive patients meeting Trauma Care System activation criteria.

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

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies.

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

None known

### **OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

**APPENDIX 1: System Assessment Form**

**STANDARD: 8.09**

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

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

**CURRENT STATUS:**

Kern County does not have a designated DMAT within the jurisdiction, but does regularly coordinate with DMAT resources located in other OES Mutual Aid Regions. DMAT resources (although designated as a federal resource) are available through the California Medical-Health Mutual Aid System. Kern County also manages the Regional Disaster Medical-Health Specialist (RDMHS) program under the EMS Authority for OES Mutual Aid Region 5 and regularly coordinates with other RDMHS staff throughout the State.

**COORDINATION WITH OTHER EMS AGENCIES:**

Regular coordination takes place with the Central California EMS Agency and other neighboring EMS Agencies, including San Bernardino and Los Angeles. The closest DMAT resources are located in Los Angeles and San Bernardino.

**NEED(S):**

None known

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

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**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: Kern County  
 Reporting Year: 2003

**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: Kern

A. Basic Life Support (BLS)	<u>3</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. Advanced Life Support (ALS)	<u>97</u> %

2. Type of agency  
 a - Public Health Department  
 b - County Health Services Agency  
**c - Other (non-health) County Department**  
 d - Joint Powers Agency  
 e - Private Non-Profit Entity  
 f - Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to \_\_\_\_\_  
 a - Public Health Officer  
 b - Health Services Agency Director/Administrator  
 c - Board of Directors  
**d - Other: County Board of Supervisors**

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	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
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>  X  </u>
Administration of critical incident stress debriefing team (CISD)	<u>          </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   02-03  

A. EXPENSES

Salaries and benefits	<u>\$710,227</u>
(All but contract personnel)	
Contract Services	<u>\$11,067</u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>\$77,596</u>
Travel	<u>          </u>
Fixed assets	<u>          </u>
Indirect expenses (overhead)	<u>          </u>
Ambulance subsidy	<u>\$467,316</u>
EMS Fund payments to physicians/hospital	<u>\$1,613,126</u>
Dispatch center operations (non-staff)	<u>          </u>
Training program operations	<u>          </u>
Other: _____	<u>          </u>
Other: _____	<u>          </u>
Other: _____	<u>          </u>
<b>TOTAL EXPENSES</b>	<u><b>\$2,887,329</b></u>

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA}	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>\$346,284</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>\$93,246</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	<u>\$88,966</u>
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base/Receiving hospital fees	<u>\$36,892</u>
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>\$57,631</u>
Contributions from Kern Medical Center for Trauma Staff	<u>\$157,728</u>
EMS Fund (SB 12/612)	<u>\$2,100,118</u>
Other grants: <u>CA EMSA Trauma Fund</u>	<u>\$5,591</u>
Other fees: _____	_____
Other (specify): <u>duplicating, jury fees, witness fees, etc..</u>	<u>\$843</u>
<b>TOTAL REVENUE</b>	<u>\$2,887,329</u>

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

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

6. Fee structure for FY 02-03

We do not charge any fees

Our fee structure is:

First responder certification		\$ <u>                    </u>
EMS dispatcher certification		<u>\$55.00</u>
EMT-I certification	In-County <u>\$37.00</u>	Out-County <u>\$87.00</u>
EMT-I recertification	In-County <u>\$37.00</u>	Out-County <u>\$57.00</u>
EMT-defibrillation certification		<u>\$37.00</u>
EMT-defibrillation recertification		<u>                    </u>
EMT-II certification		<u>                    </u>
EMT-II recertification		<u>                    </u>
EMT-P accreditation		<u>\$64.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		<u>\$87.00</u>
MICN/ARN recertification		<u>\$87.00</u>
EMT-I training program approval		<u>                    </u>
EMT-II training program approval		<u>                    </u>
EMT-P training program approval		<u>                    </u>
MICN/ARN training program approval		<u>                    </u>
Base hospital designation (annual)	Urban <u>\$6,113.00</u>	Rural <u>\$3,140.00</u>
Receiving hospital designation (annual)		<u>\$1,806.00</u>
Trauma center application		<u>\$3,213.00</u>
Trauma center designation		<u>\$34,222.00</u>
Pediatric facility approval		<u>                    </u>
Pediatric facility designation		<u>                    </u>
Ground Ambulance service license (annual)		<u>\$2,147.00</u>
Ground Ambulance vehicle permits (annual)		<u>\$275.00</u>
Air Ambulance service license		<u>\$2,146.00</u>
Air Ambulance unit		<u>\$203.00</u>
Other: <u>classroom rental</u>		<u>\$13 per hour</u>
Other: <u>training programs</u>		<u>\$15 per hour</u>
Other: <u>CE programs</u>		<u>\$8 per hour</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 02-03.

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

EMS System: Kern

Reporting year: 2003

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	39.04	53%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior EMS Coordinator	1	26.46	41%	
ALS Coord./Field Coord./ Training Coordinator	EMS Coordinator	3	23.47	43%	
Program Coordinator/ Field Liaison (Non-clinical)	Information Systems Specialist	1	26.86	41%	
Trauma Coordinator	Trauma Nurse Coordinator	1	32.95	38%	
Medical Director	EMS Medical Director	Contract	59.59	N/A	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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.

*Shown earlier in Report*

**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	Secretary	1	14.40	55%	
Other Clerical	Accounts Clerk	1	15.13	53%	
Data Entry Clerk	Data Entry Operator	1	12.40	60%	
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 #3 (2/16/05)

EMS System: Kern

Reporting Year: 2003

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

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>	<b>EMS Dispatchers</b>
Total Certified	3245	NA	263	193	113
Number newly certified this year	623	NA	36	4	10
Number recertified this year	1622	NA	96	96	56
Total number of accredited personnel on July 1 of the reporting year	3245	NA	263	193	113
Number of certification reviews resulting in:					
a) formal investigations	4	NA	2	0	0
b) probation	0	NA	0	0	0
c) suspensions	0	NA	1	0	0
d) revocations	0	NA	1	0	0
e) denials	1	NA	0	0	0
f) denials of renewal	3	NA	0	0	0
g) no action taken	0	NA	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 113
2. Early defibrillation:
  - a) Number of EMT=I (defib) certified 824
  - b) Number of public safety (defib) certified (non-EMT-I) 12
3. Do you have a first responder training program  yes  no

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

EMS System: Kern

County: Kern

Reporting Year: 2003

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

1. Number of primary Public Service Answering Points (PSAP) 9
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 5
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes X No \_\_\_\_\_
  - a. Radio primary frequency **Receive: 462.9500 Transmit: 467.950 PL: 186.2**
  - b. Other methods **Other Med Radio Frequencies, Cellular**
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes X No \_\_\_\_\_
  - d. Do you participate in OASIS? Yes X No \_\_\_\_\_
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes X No \_\_\_\_\_
  - 1) Within the operational area? Yes X No \_\_\_\_\_
  - 2) Between the operational area and the region and/or state? Yes X No \_\_\_\_\_
6. Who is your primary dispatch agency for day-to-day emergencies? **The Kern County Emergency Communications Center**
7. Who is your primary dispatch agency for a disaster? **The Kern County Emergency Communications Center**

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

EMS System: Kern

Reporting Year: 2003

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

**TRANSPORTING AGENCIES (ground)**

1.	Number of exclusive operating areas		<u>0</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		<u>0</u> %
3.	Total number responses		<u>70,908</u>
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>58,554</u>
	b) Number non-emergency responses	(Code 1: normal)	<u>12,354</u>
4.	Total number of transports		<u>56,242</u>
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>44,939</u>
	b) Number of non-emergency transports	(Code 1: normal)	<u>11,303</u>

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers		<u>1</u>
	a) Automated		<u>1</u>
	b) Manual		<u>0</u>
6.	Number of EMT-Defibrillation providers		<u>9</u>
	a) Automated		<u>9</u>
	b) Manual		<u>0</u>

**Air Ambulance Services**

7.	Total number of responses		<u>338</u>
	a) Number of emergency responses		<u>231</u>
	b) Number of non-emergency responses		<u>107</u>
8.	Total number of transports		<u>225</u>
	a) Number of emergency (scene) responses		<u>183</u>
	b) Number of non-emergency responses		<u>42</u>

**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

	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
1.BLS and CPR capable first responder	5 Minutes	7 Minutes	25 Minutes	7 Minutes
2.Early defibrillation responder	5 Minutes	7 Minutes	25 Minutes	7 Minutes
3.Advanced life support responder	8 Minutes	15 Minutes	50 Minutes	10 Minutes
4.Transport Ambulance	8 Minutes	15 Minutes	50 Minutes	10 Minutes

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

EMS System: Kern

Reporting Year: 2003

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>1861</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>1562</u>
c) Number of major trauma patients transferred to a trauma center	<u>45</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

**Emergency Departments**

Total number of emergency departments	<u>10</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>4</u>
c) Number of basic emergency services	<u>6</u>
d) Number of comprehensive emergency services	<u>0</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>4</u>
2. Number of base hospitals with written agreements	<u>6</u>

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

EMS System: Kern

County: Kern

Reporting Year: 2003

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? High Schools throughout Kern County
  - b. How are they staffed? Initially prehospital personnel, followed by other medical staff.
  - c. Do you have a supply system for supporting them for 72 hours?      yes X no
  
2. CISD  
Do you have a CISD provider with 24 hour capability?      yes X no
  
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes X no
  - b. For each team, are they incorporated into your local response plan?      yes X no
  - c. Are they available for statewide response?      yes X no
  - d. Are they part of a formal out-of-state response system?      yes X no
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X no
  - b. At what HazMat level are they trained? Technician & Specialist
  - c. Do you have the ability to do decontamination in an emergency room?      yes X no
  - d. Do you have the ability to do decontamination in the field?      yes X no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      9



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern

County: Kern

Reporting Year: 2003

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

<b>Hall Ambulance Service - 1001 – 21<sup>st</sup> Street, Bakersfield, CA 93301 661-327-4111</b>			<b>Primary Contact: Louis Cox, Operations Manager</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>141</u> EMT-D _____ LALS <u>98</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>68</u>

<b>Kern Ambulance Service – 2324 – 7<sup>th</sup> Street, Wasco, CA 93280 661-758-3200</b>			<b>Primary Contact: David Greek, Owner</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>9</u> BLS _____ EMT-D _____ LALS <u>6</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

<b>Delano Ambulance Service – 403 Main Street, Delano, CA 93216 661-758-3200</b>			<b>Primary Contact: Patsy Carpenter, Manager</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>12</u> BLS _____ EMT-D _____ LALS <u>8</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>6</u>

<b>CARE Ambulance Service – 11345 Kernville Road, Kernville, CA 93238 760-376-2271</b>			<b>Primary Contact: Anthony Bohn, Manager</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>9</u> BLS _____ EMT-D _____ LALS <u>20</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>5</u>

<b>Liberty Ambulance Service – 1325 West Ridgecrest Boulevard, Ridgecrest, CA 93555 760-375-6565</b>			<b>Primary Contact: Peter Brandon, Manager</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>7</u> BLS _____ EMT-D _____ LALS <u>10</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>9</u>

<b>U.S. Borax Ambulance – 14486 Borax Road, Boron, CA 93516 760-762-7616</b>			<b>Primary Contact:</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>2</u> BLS _____ EMT-D _____ LALS <u>4</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

<b>Mercy Air Service – 1670 Miro Way, Rialto, CA 92376 909-357-9006</b>			<b>Primary Contact: Roy Cox, Manager</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>8</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u> (based in Kern County)

<b>California City Fire Department – 20890 Hacienda Boulevard, California City, CA 93505 760-373-4841</b>			<b>Primary Contact: Mike Antonucci, Chief</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS <u>31</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u> Cal City Fire is also an ALS First Responder Provider.

<b>Kern County Fire Department – 5642 Victor Street, Bakersfield, CA 93308 661-391-7000</b>			<b>Primary Contact: Dennis Thompson, Chief</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>531</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u> BLS Rescue Aircraft only

<b>Bakersfield City Fire Department – 2101 “H” Street, Bakersfield, CA 93301 661-326-3941</b>			<b>Primary Contact: Ron Frazee, Chief</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>206</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Taft City Fire Department – 801 Center Street, Taft, CA 93268 661-765-4136</b>			<b>Primary Contact: Roy Heimiller, Captain</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

Revision #1 [2/16/95]

EMS System: Kern

County: Kern

Reporting Year: 2003

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

**Training Institution Name** Antelope Valley Medical College –  
Rosamond Campus – Paramedic  
Training Program  
**Address** 2997 Desert Street, Suite A  
Rosamond, CA 93560

**Contact Person telephone no.** Marco Johnson, Director  
661-726-1911

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>\$8,020 plus \$75.00</u>	<b>**Program Level:</b> <u>Paramedic Training Program</u> Number of students completing training per year: Initial training: <u>30</u> Expiration Date: <u>June 2007</u>  Number of courses: <u>2 per year</u> Initial training: <u>2 per year</u>
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**Training Institution Name** Bakersfield College – Allied Health –  
Paramedic Training Program  
**Address** 1801 Panorama Drive  
Bakersfield, CA 93305

**Contact Person telephone no.** Cindy Collier, RN, Director  
661-395-4282

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>\$5,000 plus \$75.00</u>	<b>**Program Level:</b> <u>Paramedic Training Program</u> Number of students completing training per year: Initial training: <u>48</u> Expiration Date: <u>January 2008</u>  Number of courses: <u>2 per year</u> Initial training: <u>2 per year</u>
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- 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.

**Training Institution Name** Bakersfield College – Allied Health – EMT-1 Training Program  
**Address** 1801 Panorama Drive  
Bakersfield, CA 93305

**Contact Person telephone no.** Cindy Collier, RN, Director  
661-395-4282

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>\$44.00 plus books</u> Refresher <u>\$11.00</u>	<b>**Program Level:</b> <u>EMT-1 Basic &amp; Refresher</u> Number of students completing training per year: Initial training: <u>47</u> Refresher: <u>24</u> Cont. Education <u>      </u> Expiration Date: <u>December 2008</u> Number of courses: <u>5</u> Initial training: <u>3</u> Refresher: <u>2</u> Cont. Education: <u>      </u>
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**Training Institution Name** Bakersfield College – Fire Technology – EMT-1 Training Program  
**Address** 1801 Panorama Drive  
Bakersfield, CA 93305

**Contact Person telephone no.** Tim Capehart  
661-395-4029

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>\$44.00 plus books</u> Refresher <u>\$11.00</u>	<b>**Program Level:</b> <u>EMT-1 Basic &amp; Refresher</u> Number of students completing training per year: Initial training: <u>70</u> Refresher: <u>678 (modular process over 2 years)</u> Cont. Education <u>      </u> Expiration Date: <u>December 2008</u> Number of courses: <u>6</u> Initial training: <u>6</u> Refresher: <u>Modular classes throughout year</u> Cont. Education: <u>      </u>
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**Training Institution Name** Taft College EMT-1 Training Program  
**Address** 29 Emmons Park Drive  
Taft, CA 93268

**Contact Person telephone no.** Penny Vest, Paramedic  
661-763-4282

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b>  Basic <u>\$44.00 plus books</u>  Refresher <u>\$11.00</u>	<b>**Program Level:</b> <u>EMT-1 Basic &amp; Refresher</u> Number of students completing training per year: Initial training: <u>48</u> Refresher: <u>13</u> Cont. Education <u>    </u> Expiration Date: <u>December 2008</u>  Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>    </u>
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**Training Institution Name** Kern County Employer's Training Resource & Hall Ambulance  
**Address** 2001- 28<sup>th</sup> Street  
Bakersfield, CA 93301

**Contact Person telephone no.** Brent Burton, Paramedic  
661-336-6849

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b>  Basic <u>Unknown</u>  Refresher <u>Unknown</u>	<b>**Program Level:</b> <u>EMT-1 Basic &amp; Refresher</u> Number of students completing training per year: Initial training: <u>71</u> Refresher: <u>76</u> Cont. Education <u>    </u> Expiration Date: <u>December 2008</u>  Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>    </u>
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**Training Institution Name** San Joaquin Valley College EMT-1 Training Program  
**Address** 201 New Stine Road  
Bakersfield, CA 93309

**Contact Person** Aaron Minna  
**telephone no.** 661-834-0126

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>Unknown</u> Refresher _____	<b>**Program Level:</b> <u>EMT-1 Basic</u> Number of students completing training per year: Initial training: <u>47</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>December 2008</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: _____ Cont. Education: _____
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**Training Institution Name** China Lake NWC EMT-1 Training Program  
**Address** Code 842  
China Lake, CA 93555

**Contact Person** Sean Stratton  
**telephone no.** 760-939-5353

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>Unknown</u> Refresher _____	<b>**Program Level:</b> <u>EMT-1 Basic &amp; Refresher</u> Number of students completing training per year: Initial training: _____ Refresher: <u>17</u> Cont. Education _____ Expiration Date: <u>December 2008</u> Number of courses: <u>1</u> Initial training: _____ Refresher: <u>1</u> Cont. Education: _____
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**Training Institution Name** Cerro Coso College EMT-1 Training Program  
**Address** 3000 College Heights Blvd  
Ridgecrest, CA 93555

**Contact Person telephone no.** Steve Busby  
760-384-6100 ext. 6304

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>\$44.00 plus books</u> Refresher <u>\$11.00</u>	<b>**Program Level:</b> <u>EMT-1 Basic &amp; Refresher</u> Number of students completing training per year: Initial training: <u>72</u> Refresher: <u>34</u> Cont. Education <u>      </u> Expiration Date: <u>December 2008</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>      </u>
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**Training Institution Name** B/P-TEC EMT-1 Training Program  
**Address** 10333 Kern River Avenue  
Bakersfield, CA 93308

**Contact Person telephone no.** Jim Powell, Paramedic  
661-391-8265

<b>Student Eligibility: *</b> Open to general public that meet entry requirements	<b>Cost of Program</b> Basic <u>Unknown</u> Refresher <u>Unknown</u>	<b>**Program Level:</b> <u>EMT-1 Basic &amp; Refresher</u> Number of students completing training per year: Initial training: <u>72</u> Refresher: <u>34</u> Cont. Education <u>      </u> Expiration Date: <u>December 2008</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>      </u>
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**Training Institution Name** Kern County EMS Department – MICN Training Program  
**Address** 1400 “H” Street  
Bakersfield, CA 93301

**Contact Person telephone no.** Paula Isbell, Paramedic  
661-868-5201

<b>Student Eligibility: *</b> Open to RN personnel that meet entry requirements	<b>Cost of Program</b>  Basic <u>  \$87.00  </u>  Refresher <u>  \$87.00  </u>	<b>**Program Level: <u>MICN Basic &amp; Refresher</u></b> Number of students completing training per year: Initial training: <u>6</u> Refresher: <u>12</u> Cont. Education <u>      </u> Expiration Date: <u>None</u>  Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>      </u>
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**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: Kern

County: Kern Reporting Year: 2003

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

<b>Name, address &amp; telephone:</b> <b>BAKERSFIELD HEART HOSPITAL - 3001 Sillect Avenue - Bakersfield, CA 93308 - (661) 316-6000</b>			<b>Primary Contact:</b> Randy Rolfe	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> <b>BAKERSFIELD MEMORIAL HOSPITAL - 420 34<sup>th</sup> Street - Bakersfield, CA 93301 - (661) 327-1792</b>			<b>Primary Contact:</b> Jon Van Boening	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> 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.

<b>Name, address &amp; telephone:</b> <b>DELANO REGIONAL MEDICAL CENTER</b> - 1401 Garces Hwy - Delano, CA 93215 - (661) 725-4800		<b>Primary Contact:</b> Allan Komarek		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> <b>KERN MEDICAL CENTER</b> - 1830 Flower Street - Bakersfield, CA 93305 - (661) 326-2000		<b>Primary Contact:</b> Peter Bryan		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____II_____

<b>Name, address &amp; telephone:</b> <b>KERN VALLEY HEALTHCARE DISTRICT</b> - 6412 Laurel Avenue - Mountain Mesa, CA 93240 - (760) 379-2681		<b>Primary Contact:</b> Pamela Ott		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> <b>MERCY HOSPITAL - 2215 Truxtun Avenue - Bakersfield, CA 93301 - (661) 327-3371</b>		<b>Primary Contact:</b> Tim Moran		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> <b>RIDGECREST REGIONAL HOSPITAL - 1081 N. China Lake Blvd. - Ridgecrest, CA 93555 - (760) 446-3551</b>		<b>Primary Contact:</b> Dave Mechtenburg		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> <b>SAN JOAQUIN COMMUNITY HOSPITAL - 2615 Eye Street - Bakersfield, CA 93301 - (661) 395-3000</b>		<b>Primary Contact:</b> Terri Church		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone:

Primary Contact: Ray Hino

TEHACHAPI VALLEY HEALTHCARE DISTRICT - 115 W. 'E' Street - Tehachapi, CA 93561-4607 - (661) 822-3241

Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

Revision #2 [9/14/95]

**EMS System:** Kern

**County:** Kern

**Reporting Year:** 2003

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county. Note: Only designated EMD Dispatch Centers in 2003 are listed.

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b> Robert Klinoff							
<b>KERN COUNTY EMERGENCY COMMUNICATIONS CENTER</b> – 2601 Panorama Drive – Bakersfield, CA 93306 – (661) 861-2521									
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_22_ EMD Training</td> <td style="text-align: center;">_____ EMT-D</td> <td style="text-align: center;">_____ ALS</td> </tr> <tr> <td style="text-align: center;">_____ BLS</td> <td style="text-align: center;">_____ LALS</td> <td style="text-align: center;">_____ Other</td> </tr> </table>	_22_ EMD Training	_____ EMT-D	_____ ALS	_____ BLS	_____ LALS	_____ Other
_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 checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Joint City & County Fire Communications Center						

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b> Patsy Carpenter							
<b>DELANO AMBULANCE SERVICE</b> – 403 Main Street – Delano, CA – (661) 725-3374									
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_2_ EMD Training</td> <td style="text-align: center;">_____ EMT-D</td> <td style="text-align: center;">_____ ALS</td> </tr> <tr> <td style="text-align: center;">_____ BLS</td> <td style="text-align: center;">_____ LALS</td> <td style="text-align: center;">_____ Other</td> </tr> </table>	_2_ EMD Training	_____ EMT-D	_____ ALS	_____ BLS	_____ LALS	_____ Other
_2_ EMD Training	_____ EMT-D	_____ ALS							
_____ BLS	_____ LALS	_____ Other							
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b> Darlene Dennison	
<b>HALL AMBULANCE SERVICE – 1001 – 21<sup>st</sup> Street – Bakersfield, CA 93301 – (661) 327-4111</b>			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>18</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b> David Greek	
<b>KERN AMBULANCE SERVICE – 2324 7<sup>th</sup> Street – Wasco, CA 93280 – (661) 758-3200</b>			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>7</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**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 zone.

<b>Local EMS Agency or County Name:</b>  Emergency Medical Services Department, County of Kern
<b>Area or subarea (Zone) Name or Title:</b>  Operational Area #11
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea.  Hall Ambulance Service is the sole provider in the operational area. The area was assigned to Hall Ambulance Service subsequent to a competitive process in 1994.
<b>Area or subarea (Zone) Geographic Description:</b>  Area including and surrounding California City, Mojave, Rosamond and Boron. Please refer to the attached Ground Ambulance Service Operational Area Map.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive, established by previous competitive process.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.).  All Emergency and Non-Emergency Ambulance Service, at BLS and ALS levels.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Hall Ambulance Service is established as the exclusive operational area provider subsequent to a competitive process for Operational Area #11 in accordance with the provisions of Health and Safety Code, Section 1797.224.  <ol style="list-style-type: none"><li>1. Hall Ambulance Service is the sole provider that has provided ambulance services within the area uninterrupted since January 1, 1981.</li><li>2. Hall Ambulance Service is the sole contracted ground ambulance service provider authorized to provide emergency and non-emergency ambulance service for the operating area.</li><li>3. There have been no significant changes to the operating area boundaries since January 1, 1981.</li></ol>

**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 zone.

<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #1
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Kern Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Areas including and surrounding Wasco and Lost Hills.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u>
<b>Area History:</b> Wasco Ambulance started in 1974 at BLS level based in Wasco.  North Kern Ambulance started in November 1983 at ALS level based in Wasco. In 1984 North Kern Ambulance based a BLS ambulance in Lost Hills.  In 1985, Wasco Ambulance had a limited service area to Wasco (rotation), North Kern Ambulance's area included both Wasco (rotation) and Lost Hills (primary provider due to ALS level). At this time, EMS calls from CHP and public agencies were rotated between Wasco Ambulance and North Kern Ambulance in the Wasco area. Private calls direct to an ambulance service were not rotated.  Wasco Ambulance sold to Para-Medical EMS (owner Frank Subriar-Delano Ambulance) in 1984.  Sometime in 1985 or 1986, Wasco Ambulance became an approved ALS provider and the service area was revised to include both Wasco and Lost Hills for North Kern Ambulance and Wasco Ambulance. All area 911 and public agency EMS calls were rotated using the same methodology. Private calls direct to an ambulance service were not rotated.  Around 1987, both North Kern Ambulance and Wasco Ambulance started a substation in Lost Hills. Both withdrew from the Lost Hills area later. No service area boundary changes were made.  North Kern Ambulance sold to WestWorld Healthcare on July 14, 1987.  In 1987, Westworld Healthcare went bankrupt. David Greek secured the service resources and re-started the service as Kern Ambulance Service.  In 1996, Kern Ambulance incorporated as Kern Emergency Medical Transportation Corporation d/b/a/ Kern Ambulance Service.

In 1999, Kern Ambulance Service purchased Wasco Ambulance Service from Frank Subriar. Both permits were issued to David Greek. Kern Ambulance Service has been the sole provider in the operational area since that time.

**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 zone.

<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #2
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Hall Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Area including and surrounding Shafter and Buttonwillow.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u> <u>Area History:</u> Shafter Ambulance was started in the 1960's or early 1970's at BLS level.  Shafter Ambulance became an ALS provider in the late 1970's.  In March 1999, Shafter Ambulance was sold to Hall Ambulance without interruption in service.

**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 zone.

<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #3
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Delano Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Area including and surrounding Delano and McFarland.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u> <u>Area History:</u> Delano Ambulance was started in 1967 by Frank Subriar at BLS level.  In 1976, Delano Ambulance became an approved ALS provider.  Delano Ambulance has been operated by Frank Subriar as sole proprietor since 1967.  In 1985 to 1987, Kern Ambulance Service posted an ambulance in McFarland, responding to private calls and inter-facility ambulance transfers from Delano Regional Medical Center. The unit was later withdrawn.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #4
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Hall Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Area including and surrounding Bakersfield.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u> <u>Area History:</u> Hall Ambulance was started in 1972 by Harvey L. Hall at BLS level.  Hall Ambulance became an ALS provider in 1973 or 1974.  911 and public agency source calls were rotated in the greater Bakersfield area between Hall Ambulance and Flynn Ambulance (also an ALS provider). Private calls direct to an ambulance service were not rotated.  Flynn Ambulance sold to Ralph Garcia in 1978 without interruption in service.  Ralph Garcia sold Flynn Ambulance to Peter Mosesian in 1980 and the name was changed to Golden Empire Ambulance.  In January 1981, Hall Ambulance and Golden Empire Ambulance, both ALS providers, rotated 911 and public agency EMS calls in the greater Bakersfield area.  In 1987, Hall Ambulance and Golden Empire Ambulance were assigned to specific fire station response areas and rotation was abolished.  In 1989, the service areas in greater Bakersfield were significantly revised, creating Operating Area #4 (assigned to Hall Ambulance) and Operating Area #5 (assigned to Golden Empire Ambulance).  On July 6, 1999, Golden Empire Ambulance was sold to Hall Ambulance Service.  Operational Areas #4 and #5 currently remain as separate areas serviced by one provider.  On May 22, 2003, Liberty Ambulance initiated non-emergency ambulance services based in greater Bakersfield.

**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 zone.

<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #5
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Hall Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Area including and surrounding Bakersfield.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u> <b>Area History:</b> Hall Ambulance was started in 1972 by Harvey L. Hall at BLS level.  Hall Ambulance became an ALS provider in 1973 or 1974.  911 and public agency source calls were rotated in the greater Bakersfield area between Hall Ambulance and Flynn Ambulance (also an ALS provider). Private calls direct to an ambulance service were not rotated.  Flynn Ambulance sold to Ralph Garcia in 1978 without interruption in service.  Ralph Garcia sold Flynn Ambulance to Peter Mosesian in 1980 and the name was changed to Golden Empire Ambulance.  In January 1981, Hall Ambulance and Golden Empire Ambulance, both ALS providers, rotated 911 and public agency EMS calls in the greater Bakersfield area.  In 1987, Hall Ambulance and Golden Empire Ambulance were assigned to specific fire station response areas and rotation was abolished.  In 1989, the service areas in greater Bakersfield were significantly revised, creating Operating Area #4 (assigned to Hall Ambulance) and Operating Area #5 (assigned to Golden Empire Ambulance).  On July 6, 1999, Golden Empire Ambulance was sold to Hall Ambulance Service.  Operational Areas #4 and #5 currently remain as separate areas serviced by one provider.  On May 22, 2003, Liberty Ambulance initiated non-emergency ambulance services based in greater Bakersfield.

**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 zone.

<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #6
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. CARE Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Area including and surrounding Isabella, Kernville, Wofford Heights, Bodfish, Mountain Mesa, Southlake, Onyx, Weldon and Canebrake.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u> <b>Area History:</b> On April 1, 1968 Robert Bohn purchased the ambulance operated by a group of volunteers of the local Veterans of Foreign Wars Post and started Bohn's Kern Valley Ambulance. The owners were Robert Bohn and Katherine Bohn, operating at BLS level.  In 1978, Bohn's Kern Valley Ambulance became an approved ALS provider.  Sometime in 1982, Bohn's Kern Valley Ambulance ALS provider authorization was briefly revoked, but re-issued.  In 1982 Hall Ambulance Service based an ambulance at a fire station in the area for approximately 6 months. Hall Ambulance later removed the ambulance.  On October 1, 1980, Bohn's Kern Valley Ambulance became incorporated as Community Ambulance Services Inc. d/b/a/ CARE Ambulance.  As of January 1, 1981, Bohn's Kern Valley Ambulance was based in Kernville with a service area including Kernville, Wofford Heights, much of the north side of Lake Isabella and north of Kernville into Tulare County. Progressive Ambulance (owned by A.R. Sandy Poulin of Tri-County Ambulance) was based in Isabella, servicing Isabella, Bodfish, parts of Walker Basin, Mountain Mesa, Southlake, Onyx and Weldon to Walker Pass.  In October 1981, CARE Ambulance purchased Progressive Ambulance and became the sole provider to the Kern River Valley area.  CARE Ambulance has operated without interruption since 1968.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #7
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Liberty Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Area including and surrounding Ridgecrest and Inyokern.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u> <u>Area History:</u> In April 1972, A.R. Sandy Poulin purchased Ridgecrest Ambulance from Jim Crump (also owner of Progressive Ambulance based in Isabella). A.R. Sandy Poulin was the sole proprietor. The service was based in Ridgecrest, servicing Ridgecrest, Inyokern, Randsburg and parts of San Bernardino County and Inyo County.  In May 1974, the name was changed to Tri-County Ambulance without change in ownership.  In 1976, Tri-County Ambulance purchased Morris Ambulance, based in Mojave. Tri-County became the primary service for Mojave, California City, and Rosamond.  In 1980 Tri-County became an approved ALS provider.  As of January 1, 1981, Tri-County serviced most of the eastern Kern County desert area.  In 1982, Tri-County sold part of their area serviced from Mojave to Trans-Med Ambulance, a BLS provider.  In 1985, Tri-County repossessed the area and assets from Trans-Med Ambulance and returned to the primary service for Mojave, California City, and Rosamond.  In February 1986, Tri-County Ambulance was moved into Poulin Corporation, A.R. Sandy Poulin remained as sole owner.  Around 1990, Poulin Corporation d/b/a Tri-County changed the d/b/a name to Liberty Ambulance.  In 1991, Operational Area #7 was formalized, issued to A.R. Sandy Poulin, including the areas of Ridgecrest, InyoKern, Mojave, California City, Rosamond. Boron was serviced by a separate provider, Boron Volunteer Emergency Services, operated by the local Muroc Hospital District.

On February 27, 1992, Liberty sold its south-eastern service area operation (Mojave, California City, Rosamond) to Westar Ambulance, an Air Ambulance Service Provider for Kern County. Operational Area #7 was split with the southern area designated as Operational Area #11 (new).

On March 11, 1992, Boron Volunteer Emergency Services (Operational Area #10) closed suddenly. The Boron area was included in Operational Area #11 issued to Westar Ambulance Service and Operational Area #10 was eliminated.

In December 1996, A.R. Sandy Poulin established Progressive Ambulance, Inc. and moved all of Poulin Corporation's ambulance assets to Progressive Ambulance Inc. d/b/a Liberty Ambulance.

Liberty Ambulance (and previous service names under the same owner/corporation) has provided ALS level ambulance service based in Ridgecrest without interruption since January 1, 1981.

**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 zone.

<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #8
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Hall Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Area including and surrounding Lamont, Arvin, Tehachapi, Mettler and Frazier Park.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u>
<b>Area History:</b> Hall Ambulance began ALS level services based in Arvin in 1975, based in Lamont in 1976, based in Frazier Park in 1976 and based in Tehachapi in 1979.  Golden Empire Ambulance Service operated within Lamont sometime after 1981.  In 1991, Operational Area #8 was formally issued to Hall Ambulance Service.  Services have been provided by Hall Ambulance in the area without interruption since January 1, 1981.

**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 zone.

<b>Local EMS Agency or County Name:</b> Emergency Medical Services Department, County of Kern
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #11
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea.  Hall Ambulance Service is the sole provider in the operational area. The area was assigned to Hall Ambulance Service subsequent to a competitive process in 1994.
<b>Area or subarea (Zone) Geographic Description:</b>  Area including and surrounding California City, Mojave, Rosamond and Boron. Please refer to the attached Ground Ambulance Service Operational Area Map.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive, established by previous competitive process.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.).  All Emergency and Non-Emergency Ambulance Service, at BLS and ALS levels.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Hall Ambulance Service is established as the exclusive operational area provider subsequent to a competitive process for Operational Area #11 in accordance with the provisions of Health and Safety Code, Section 1797.224.  <ol style="list-style-type: none"><li>1. Hall Ambulance Service is the sole provider that has provided ambulance services within the area uninterrupted since January 1, 1981.</li><li>2. Hall Ambulance Service is the sole contracted ground ambulance service provider authorized to provide emergency and non-emergency ambulance service for the operating area.</li><li>3. There have been no significant changes to the operating area boundaries since January 1, 1981.</li></ol>

4. There have been no changes in the manner and scope of service provided since January 1, 1981.

Area History:

In 1976, Tri-County Ambulance purchased Morris Ambulance, based in Mojave. Tri-County became the primary service for Mojave, California City, and Rosamond.

In the early 1980's Tri-County became an approved ALS provider.

As of January 1, 1981, Tri-County serviced most of the eastern Kern County desert area.

In 1982, Tri-County sold part of their area serviced from Mojave to Trans-Med Ambulance, a BLS provider.

In 1985, Tri-County repossessed the area and assets from Trans-Med Ambulance and returned to the primary service for Mojave, California City, and Rosamond.

In February 1986, Tri-County Ambulance was moved into Poulin Corporation, A.R. Sandy Poulin remained as sole owner.

Around 1990, Poulin Corporation d/b/a Tri-County changed the d/b/a name to Liberty Ambulance.

In 1991, Operational Area #7 was formalized, issued to A.R. Sandy Poulin, including the areas of Ridgecrest, InyoKern, Mojave, California City, Rosamond. Boron was serviced by a separate provider, Boron Volunteer Emergency Services, operated by the local Muroc Hospital District.

On February 27, 1992, Liberty sold it's south-eastern service area operation (Mojave, California City, Rosamond) to Westar Ambulance, an Air Ambulance Service Provider for Kern County. Operational Area #7 was split with the southern area designated as Operational Area #11 (new).

On March 11, 1992, Boron Volunteer Emergency Services (Operational Area #10) closed suddenly. The Boron area was included in Operational Area #11 issued to Westar Ambulance Service and Operational Area #10 was eliminated.

On January 18, 1994 Westar Ambulance Service suddenly went out of business due to bankruptcy resulting in Hall Ambulance being brought into the southeast Kern County area. Hall Ambulance dispatched an ALS unit to Mojave to cover the area upon word that Westar Ambulances were being towed away; thereby resulting in no gap in service. A temporary permit was issued by the EMS Department later that same day for Area 11.

On May 19, 1994, a permit for Operational Area #11 was issued to Hall Ambulance Service after a competitive permit application process. Liberty Ambulance and Hall Ambulance were the only applicants.

Hall Ambulance has operated ALS level ambulance service within Operational Area #11 without interruption since January 18, 1994.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

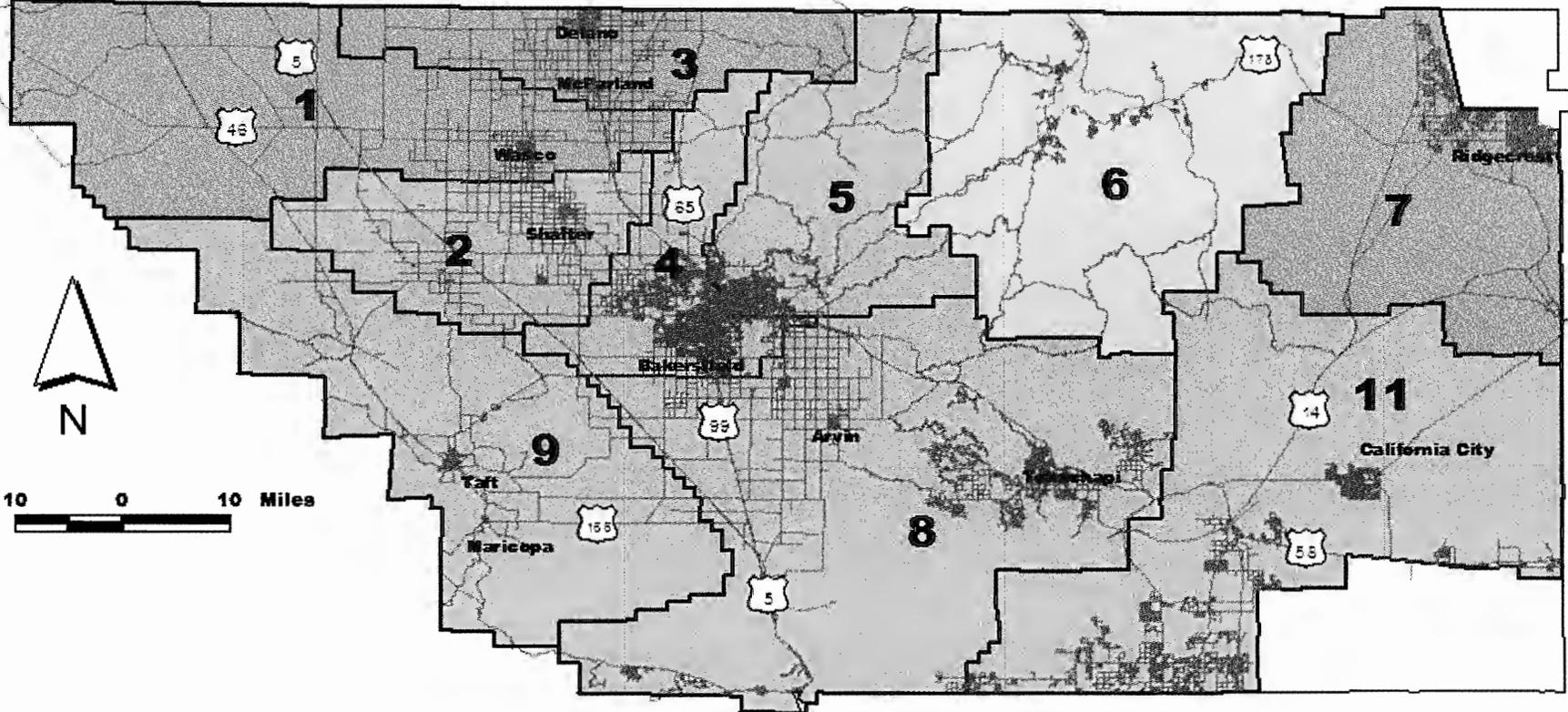
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive zone.

<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Air Ambulance Operational Area "A"
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Hall Ambulance Service - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Central and Western Kern County
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u>
<b>Area History:</b> EMS Aircraft Operational Area "A" was originally serviced at EMS Aircraft level by Westar from Bakersfield effective in 1985. No formalized air ambulance service operated in the Kern County area as of January 1, 1981.  On January 18, 1994, Westar went bankrupt and immediately closed all air ambulance service.  On October 1, 1994, an EMS Aircraft Permit for EMS Aircraft Operational Area "A" was issued to Golden Empire Ambulance.  On December 11, 2001, Hall Ambulance purchased the air ambulance service from Golden Empire Ambulance. The permit was transferred with no interruption in service.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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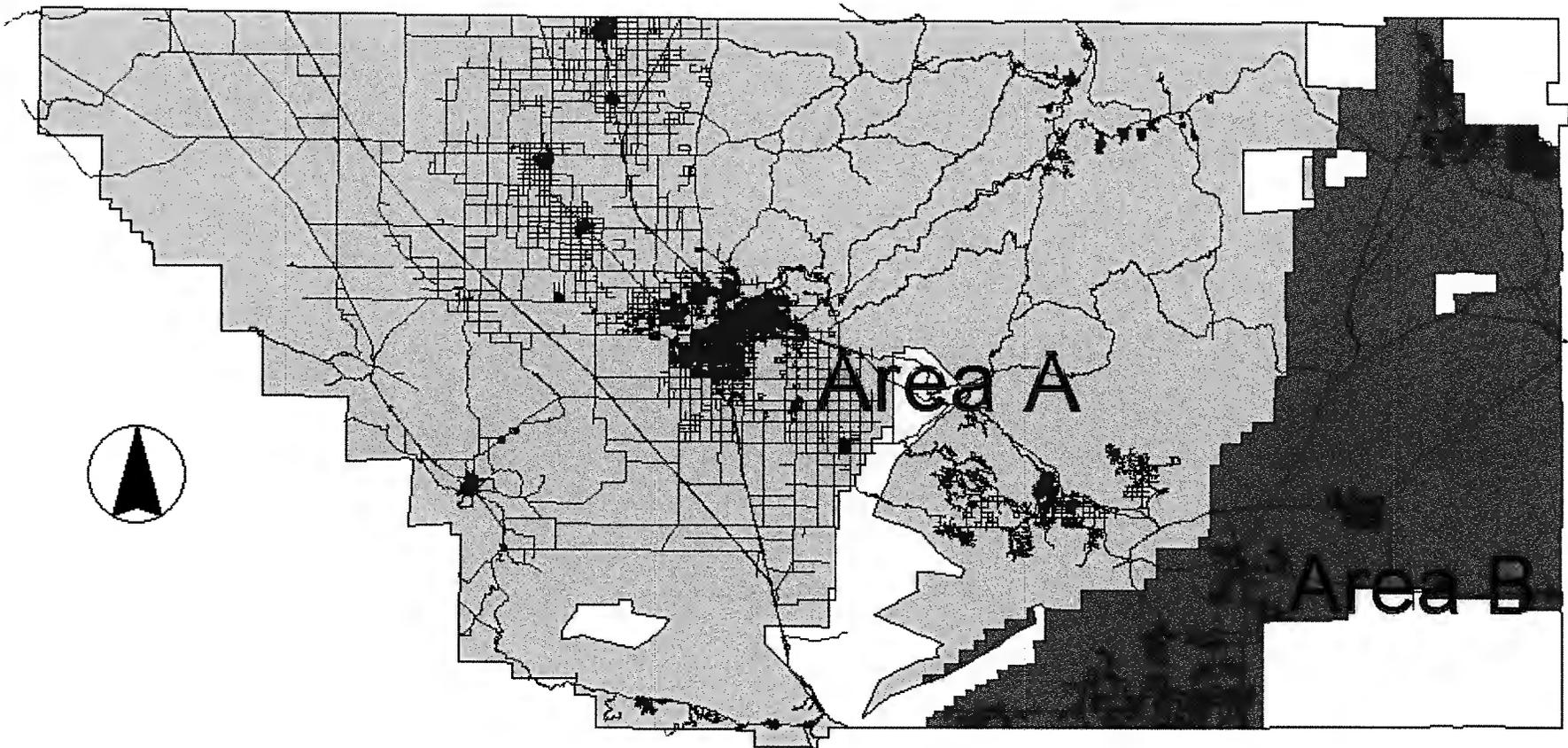
<b>Local EMS Agency or County Name:</b> Kern County EMS Department
<b>Area or subarea (Zone) Name or Title:</b> Air Ambulance Operational Area "B"
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in area or subarea. Mercy Air Service - See pertinent area history below. California City Fire Department - See pertinent area history below.
<b>Area or subarea (Zone) Geographic Description:</b> Eastern Kern County
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Plans are underway to implement an EOA for this zone in 2005-2006.
<b>Type of Exclusivity, Emergency Ambulance, ALS or LALS (HS 1797.85):</b> Include the 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.). Pending
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>The method is pending</u> <u>Area History:</u> EMS Aircraft Operational Area "B" was originally serviced at EMS Aircraft level by Westar from Mojave effective on February 27, 1992. No formalized air ambulance service operated in the eastern Kern County area as of January 1, 1981.  On January 18, 1994, Westar went bankrupt and immediately closed all air ambulance service. A temporary EMS Aircraft Permit was issued to Mercy Air Service to service the eastern Kern County area (EMS Aircraft Operational Area "B") from Adelanto.  On October 1, 1994, an EMS Aircraft Permit for EMS Aircraft Operational Area "B" was issued to Mercy Air Service. Mercy Air Service was still based in Adelanto (San Bernardino County).  On March 3, 2002, Mercy Air Service based an Air Ambulance at Mojave Airport in response to an air ambulance permit application from the California City Fire Department.  On April 5, 2002, a second permit for EMS Aircraft Operational Area "B" was issued to the California City Fire Department.  In December 2002, Mercy Air Service removed their airship from Mojave to service an area in Nevada. The permit issued to Mercy Air Service was placed on probation until Mercy Air returned to Mojave with an airship in March 2003.  In 2003, California City Fire Department did not have an available airship from their vendor. The permit issued to the California City Fire Department was placed on probation for around 60 days until the California City Fire Department secured another aircraft through another vendor.



-  **County Boundary**
-  **Streets**
- Amb Operating Areas**
-  **CARE Ambulance**
-  **Delano Ambulance**
-  **Hall Ambulance**
-  **Kern Ambulance**
-  **Liberty Ambulance**

# Kern County Ambulance Operational Areas

Emergency Medical Services Department  
November 2003



-  County Boundary
-  Streets
-  Air Op Area A
-  Air Op Area B

# Kern County Air Ambulance Boundaries 2003

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95814-7043  
(916) 322-4336 FAX (916) 324-2875



August 24, 2006

Ross Elliott, Director  
Kern County EMS Agency  
1400 H Street  
Bakersfield, CA 93301

Dear Mr. Elliott:

We have completed our review of *Kern County's Emergency Medical Services Plan 2003 Update* and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*, with the exception of exclusive operating area #11, which appears to be a non-exclusive area.

According to the county's EMS plan update, this zone is exclusive via a "competitive permit application process," which took place in 1994. From the supporting documentation provided to the Authority, it appears that this was not an open competitive process consistent with EMSA Publication #141, *Competitive Process for Creating Exclusive Operating Areas*. No information on ambulance zones was included with the county's 1994/95 plan, which was the last plan submitted; therefore, EMSA also did not approve the competitive process, as required in Health and Safety Code section 1797.224.

In addition, Health and Safety Code section 1797.224, requires that a competitive process be held at periodic intervals. The contract for Operating Area #11 became effective in January 1994 and expires in 2008, which extends the terms of the contract for a period of 14 years. The EMS Authority advises that the county conduct a competitive bid process at intervals of no more than 10 years. This time limit should be incorporated into the county's next competitive bid process as intervals beyond the 10-year time frame may not enjoy state action immunity under Health and Safety Code section 1797.6.

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 cursive script that reads "Cesar A. Aristeiguieta, M.D.".

Cesar A. Aristeiguieta, M.D.  
Director

CAA:ss

Enclosure