

## 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	X		
<b>Planning Activities:</b>					
1.05 System Plan		X			
1.06 Annual Plan Update	X			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			
<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)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<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	X		
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan	X				X
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28 EOA Plan		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			
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

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination			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			
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			
4.12 Disaster Response		X			
4.13 Intercounty Response*		X	X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			

**RESPONSE/TRANSPORTATION (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		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			
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			X	
5.09 Public Input	X			X	
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
5.10 Pediatric System Design	X				X
5.11 Emergency Departments		X			
5.12 Public Input		X			
<b>Enhanced Level: Other Speciality Care Systems:</b>					
5.13 Specialty System Design	X				X
5.14 Public Input	X				X

## F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation	X				X
6.07	Provider Participation		X			
6.08	Reporting	X				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				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	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			
8.05 Distribution of Casualties*		X			
8.06 Needs Assessment	X				X
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X	X		
8.09 DMAT Teams	N/A				
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		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				X
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>					
8.19 Waiving Exclusivity		X			

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: Ventura County  
 Reporting Year: 2005

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

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

County: Ventura

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

2. Type of agency  
 a - **Public Health Department - XX**  
 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 - XX**  
 c - Board of Directors  
 d - Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	_____
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	_____
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>          </u>
Administration of critical incident stress debriefing team (CISD)	<u>X</u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 2005

A. EXPENSES

Salaries and benefits	<u>\$ 293,300</u>
(All but contract personnel)	
Contract Services	<u>198,400</u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>258,500</u>
Travel	<u>11,000</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>56,800</u>
Ambulance subsidy	<u>48,100</u>
EMS Fund payments to physicians/hospital	<u>1,100,500</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>8,600</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>

**TOTAL EXPENSES** \$1,975,200

**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	<u>463,500</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>274,400</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>103,800</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>1,133,500</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$ <u>1,975,200</u></b>

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

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

6. Fee structure for FY 05-06

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>23.00</u>
EMT-I recertification	<u>12.00</u>

**EMT-defibrillation certification** N/A

EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u>N/A</u>
EMT-P accreditation	<u>42.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>289.00</u>
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	<u>546.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>N/A</u>
Trauma center designation	<u>N/A</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service license \$ N/A

Ambulance vehicle permits N/A

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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

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

EMS System: Ventura County Reporting year 2005

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

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

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

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

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

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

Revision #3 (2/16/95)

EMS System: Ventura County

Reporting Year: 2005

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

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

1. Number of EMS dispatchers trained to EMSA standards: \_\_\_\_\_
2. Early defibrillation:
  - a) Number of EMT=I (defib) certified 8
  - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program  yes  no

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

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 2
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system?  
Yes  No 
  - a. Radio primary frequency 155.205 MHz
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No 
    - 1) Within the operational area? Yes  No
    - 2) Between the operational area and the region and/or state? Yes  No
  - d. Do you participate in OASIS? Yes  No
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No
6. Who is your primary dispatch agency for day-to-day emergencies? Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster? Ventura County Sheriff's Department / Ventura County Fire Protection District

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

EMS System: Ventura

Reporting Year: 2005

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

**TRANSPORTING AGENCIES**

- |    |   |   |                   |
|----|---|---|-------------------|
| 1. | Number of exclusive operating areas                                 |   | <u>7</u>          |
| 2. | Percentage of population covered by Exclusive Operating Areas (EOA) |   | <u>99</u> %       |
| 3. | Total number responses  |   | <u>          </u> |
|    | a) Number of emergency responses                                    | (Code 2: expedient, Code 3: lights and siren) | <u>          </u> |
|    | b) Number non-emergency responses                                   | (Code 1: normal)                              | <u>          </u> |
| 4. | Total number of transports  |   | <u>          </u> |
|    | a) Number of emergency transports                                   | (Code 2: expedient, Code 3: lights and siren) | <u>          </u> |
|    | b) Number of non-emergency transports                               | (Code 1: normal)                              | <u>          </u> |

**Early Defibrillation Providers**

- |    |  |  |                   |
|----|--|--|-------------------|
| 5. | Number of public safety defibrillation providers |  | <u>0</u>          |
|    | a) Automated                                     |  | <u>          </u> |
|    | b) Manual  |  | <u>          </u> |
| 6. | Number of EMT-Defibrillation providers           |  | <u>8</u>          |
|    | a) Automated                                     |  | <u>5</u>          |
|    | b) Manual  |  | <u>3</u>          |

**Air Ambulance Services**

- |    |  |  |                   |
|----|--|--|-------------------|
| 7. | Total number of responses                |  | <u>384</u>        |
|    | a) Number of emergency responses         |  | <u>          </u> |
|    | b) Number of non-emergency responses     |  | <u>          </u> |
| 8. | Total number of transports               |  | <u>          </u> |
|    | a) Number of emergency (scene) responses |  | <u>          </u> |
|    | b) Number of non-emergency responses     |  | <u>          </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	Not Defined	Not Defined	Not Defined	Not Defined
2.Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
3.Advanced life support responder	Not Defined	Not Defined	Not Defined	Not Defined
4.Transport Ambulance	8 min, 0 sec	20 min, 0 sec	30 min, 0 sec, ASAP	Not Defined



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

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Hospital Parking Lots
  - b. How are they staffed? Hospital Personnel and PH Nurse's
  - c. Do you have a supply system for supporting them for 72 hours? yes  no
  
2. CISD  
Do you have a CISD provider with 24 hour capability? yes  no
  
3. Medical Response Team
  - a. Do you have any team medical response capability? yes  no
  - b. For each team, are they incorporated into your local response plan? yes  no
  - c. Are they available for statewide response? yes  no
  - d. Are they part of a formal out-of-state response system? yes  no
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? yes  no
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? yes  no
  - d. Do you have the ability to do decontamination in the field? yes  no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes  no
  
2. What is the maximum number of local jurisdiction EOC's you will need to interact with in a disaster? 12



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

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Name, address &amp; telephone: AMR, 616 Fitch Ave., Moorpark, CA 93021 (805) 517-2000</b>			<b>Primary Contact: Butch Kedrowski</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 _____ 6 _____ BLS _____ 24 _____ EMT-D _____ LALS _____ 92 _____ 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: _____ 33 _____

<b>Name, address &amp; telephone: GoldCoast Ambulance, 625 North A Street, Oxnard, CA 93030 (805) 485-3040</b>			<b>Primary Contact: Ken Cook</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 _____ 20 _____ BLS _____ 10 _____ EMT-D _____ LALS _____ 47 _____ 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: _____ 24 _____

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

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Name, address &amp; telephone: Lifeline Medical Transport, 608 E. Thompson Blvd., Ventura, CA 93001 (805) 653-9111</b>			<b>Primary Contact: Steve Frank</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 _____ 6 _____ BLS _____ 5 _____ EMT-D _____ LALS _____ 8 _____ 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: _____ 6 _____

<b>Name, address &amp; telephone: Ventura City Fire Dept. 1425 Dowell Dr., Ventura, CA 93003 (805) 339-4300</b>			<b>Primary Contact: Mike Lavery, Fire Chief Nancy Merman, EMS Coordinator</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 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 _____ 46 _____ EMT-D _____ LALS _____ 25 _____ 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: _____ 0 _____

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

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Name, address &amp; telephone: Ventura County Fire Dept.</b> 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710			<b>Primary Contact: Bob Roper, Fire Chief</b> Kelly White, EMS Battalion Chief		
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 <u>323</u> PS-Defib _____ BLS _____ EMT-D _____ LALS <u>30</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 type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" 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>Name, address &amp; telephone: Oxnard Fire Dept.</b> 251 S. C St., Oxnard, CA 93030 (805) 385-7722			<b>Primary Contact: Joe Milligan, Fire Chief</b> Stephanie Huhn, EMS Coordinator		
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>72</u> EMT-D _____ LALS _____ 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>0</u>

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

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Name, address &amp; telephone: Santa Paula Fire Dept.</b> 214 S. 10 <sup>th</sup> St., Santa Paula, CA 93060 (805) 525-4478			<b>Primary Contact: Kevin Fildes, Interim Fire 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 <u>6</u> BLS <u>23</u> EMT-D _____ LALS _____ 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>0</u>

<b>Name, address &amp; telephone: Fillmore Fire Dept.</b> PO Box 487, Fillmore, CA 93015 (805) 524-0586			<b>Primary Contact: Pete Egedi, Fire 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>29</u> EMT-D _____ LALS <u>20</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>0</u>

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

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Name, address &amp; telephone: Mercy Air</b> 2899 W. 5 <sup>th</sup> St., Oxnard, CA 93035 (805) 985-5416			<b>Primary Contact: Katy Haddock</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>7</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>

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input 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 _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

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

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Training Institution Name</b>	<u>Conejo Valley Adult School</u>	<b>Contact Person telephone no.</b>	<u>Bernie Carr</u>
<b>Address</b>	<u>1025 Old Farm Road Thousand Oaks, CA 91360</u>		<u>(805) 497-2761</u>

<b>Student Eligibility: *</b>  <b>OPEN</b>	<b>Cost of Program</b>  Basic <u>\$615.00</u>  Refresher     _____	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>2-1-07</u>  Number of courses: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
--	--	---

<b>Training Institution Name</b>	<u>Ventura County Sheriff SAR Air Unit</u>	<b>Contact Person telephone no.</b>	<u>John Wilson</u>
<b>Address</b>	<u>375 A Durley Drive Camarillo, CA 93010</u>		<u>(805) 388-4218</u>

<b>Student Eligibility: *</b>  <b>RESTRICTED</b>	<b>Cost of Program</b>  Basic     _____	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>11-30-07</u>  Number of courses: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
--	---	---

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

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

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Training Institution Name</b>	Moorpark College	<b>Contact Person telephone no.</b>	Mark Komins
<b>Address</b>	7075 Campus Road Moorpark, CA 93021		(805) 378-1433

<b>Student Eligibility: *</b>  OPEN	<b>Cost of Program</b>	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: <u>56</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>1-30-07</u>  Number of courses: Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic <u>\$1240.00</u>  Refresher _____	

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

<b>Student Eligibility: *</b>  OPEN	<b>Cost of Program</b>	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: <u>130</u> Refresher: <u>28</u> Cont. Education <u>0</u> Expiration Date: <u>1-31-08</u>  Number of courses: Initial training: <u>9</u> Refresher: <u>2</u> Cont. Education: <u>0</u>
	Basic _____  Refresher _____	

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

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

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

**Training Institution Name** Oxnard Fire Department  
**Address** 251 South C Street  
Oxnard, CA 93030

**Contact Person telephone no.** Stephanie Huhn  
(805) 385-8361

<b>Student Eligibility: *</b>  <b>RESTRICTED</b>	<b>Cost of Program</b>  Basic _____  Refresher _____	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: <u>65</u> Expiration Date: <u>1-31-08</u>  Number of courses: Initial training: _____ Refresher: _____ Cont. Education: <u>11</u>
--	--	---

**Training Institution Name** Simi Valley Adult School  
**Address** 3150 School Road  
Simi Valley, CA 93062

**Contact Person telephone no.** Eleanor Kenney, MD  
(805) 579-6200

<b>Student Eligibility: *</b>  <b>OPEN</b>	<b>Cost of Program</b>  Basic _____  Refresher _____	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>11-30-07</u>  Number of courses: Initial training: <u>16</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
--	--	---

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

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

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Training Institution Name</b>	Ventura City Fire	<b>Contact Person telephone no.</b>	Nancy Merman
<b>Address</b>	1425 Dowell Ventura, CA 93003		(805) 339-4461

<b>Student Eligibility: *</b>  <b>RESTRICTED</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education <u>0</u> Expiration Date: <u>6-30-08</u>  Number of courses: Initial training: <u>0</u> Refresher: <u>10</u> Cont. Education: <u>0</u>
	Basic _____  Refresher _____	

<b>Training Institution Name</b>	Ventura College	<b>Contact Person telephone no.</b>	Meredith Mundell
<b>Address</b>	4667 Telegraph Road Ventura, CA 93003		(805) 654-6342

<b>Student Eligibility: *</b>  <b>OPEN</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT-I and EMT-P</u></b> Number of students completing training per year: Initial training: <u>5</u> Refresher: _____ Cont. Education _____ Expiration Date: EMT-I: 11-30-07, EMT-P: 3-1-08  Number of courses: Initial training: <u>118</u> Refresher: _____ Cont. Education: _____
	Basic _____  Refresher _____	

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

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

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

**Training Institution Name** Ventura Co. Fire Protection District **Contact Person telephone no.** Mark Komins  
**Address** 165 Durley Drive (805) 389-9776  
Camarillo, CA 93010

<b>Student Eligibility: *</b>  <b>RESTRICTED</b>	<b>Cost of Program</b>  Basic _____  Refresher _____	<b>**Program Level: <u>EMT-I</u></b> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>2-28-07</u>  Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____
--	--	--

**Training Institution Name** \_\_\_\_\_ **Contact Person telephone no.** \_\_\_\_\_  
**Address** \_\_\_\_\_

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

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

**EMS System:** Ventura **County:** Ventura **Reporting Year:** 2005

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

<b>Name, address &amp; telephone:</b> Los Robles Regional Medical Center, 215 W. Janss Road, Thousand Oaks, CA 91360 (805) 370-4847				
<b>Primary Contact:</b> Lynn Tadlock, R.N.				
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:*	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no LA County certified	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> St. John's Regional Medical Center, 1600 N. Rose Ave., Oxnard, CA 93030 (805) 988-2663				
<b>Primary Contact:</b> Susan Franks, R.N.				
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:*	
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:**** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Name, address &amp; telephone:</b> Simi Valley Hospital and Health Care Services, 2975 N. Sycamore Drive, Simi Valley, CA 93065 (805) 955-6100				
<b>Primary Contact:</b> Cindy Evans, R.N.				
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:*	
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> Ventura County Medical Center, 3291 Loma vista Road, Ventura, CA 93003 (805) 652-6165				
<b>Primary Contact:</b> Cyndie Cole, R.N.				
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:*	
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:**** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: Ventura County: Ventura Reporting Year: 2005

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

<b>Name, address &amp; telephone:</b> Community Memorial Hospital, Loma Vista & Brent, Ventura, CA 93003 (805)652-5011				
<b>Primary Contact:</b> Dede Utley, RN				
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:*	
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> Ojai Valley Community Hospital, 1306 Maricopa Highway, Ojai, CA 93023 (805)646-1401				
<b>Primary Contact:</b> Stephanie Boynton, R.N.				
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:*	
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:**** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

**EMS System:** Ventura **County:** Ventura **Reporting Year:** 2005

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

<b>Name, address &amp; telephone:</b> St. Johns Pleasant Valley, 2309 Antonio Avenue, Camarillo, CA 93010 (805) 389-5800				
<b>Primary Contact:</b> Debbie Bumblis, R.N.				
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: **** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

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

Revision #2 [9/14/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

<b>Name, address &amp; telephone: Ventura County Fire Dept.</b> 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710		<b>Primary Contact: Steve McClellen</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>24</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone: Oxnard Police/Fire Communications</b> 251 S. C St., Oxnard, CA 93030 (805) 385-7722		<b>Primary Contact: Annette Allen</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>16</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

**APPENDIX 1: System Assessment Form**

**STANDARD:**

**Minimum Standard**

1.18 Each local EMS Agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS Agency and which are coordinated with other system participants.

**Recommended Guidelines**

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

**CURRENT STATUS:**

1.18 QA/QI

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. With the implementation of the new ambulance provider contracts in January 2005, each agency was required to develop in-house CQI programs.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

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

**Recommended Guidelines**

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

**CURRENT STATUS:**

3.01 Communications Plan

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Through Homeland Security Grant funding, satellite phones have been provided for all ALS providers, all hospitals, most Fire Departments and the EMS Agency and HCA Department Operations Center.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

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

**Recommended Guidelines**

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

**CURRENT STATUS:**

3.02 Radios

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. ALS providers still primarily use cellular phones for hospital communications. All providers are now required to program radios to be compatible with the Ventura County EMS Communications Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

3.09 The local EMS Agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

**Recommended Guidelines**

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

**CURRENT STATUS:**

3.09 Dispatch Triage

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Both Dispatch Centers utilize systemized Emergency Medical Dispatch protocols to triage calls and provide pre-arrival instructions.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

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

**Recommended Guidelines**

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

**CURRENT STATUS:**

3.10 Integrated Dispatch

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Ambulance coverage is maintained through system-wide mutual aid agreements mandated in the January 2005 ambulance contracts.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

4.22 The local EMS Agency shall periodically evaluate the design of exclusive operating areas

**CURRENT STATUS:**

4.22 Evaluation

Ventura County EMS has entered into long term contracts with the existing ambulance providers for the provision of Emergency Ambulance Service throughout the County of Ventura. These new contracts began January 1, 2005 and run through 2021, provided all extensions for acceptable service are received.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

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

**Recommended Guidelines**

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

**CURRENT STATUS:**

5.05 Mass Casualty Management

Ventura County EMS along with the Public Health Department Emergency Preparedness Office, has procured equipment and training for all local hospitals through HRSA funding.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

7.01 The local EMS Agency shall promote the development and dissemination of information materials for the public which addresses:

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

**Recommended Guidelines**

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

**CURRENT STATUS:**

7.01 Public Information Materials

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Public Education is now mandated from all ambulance providers in the January 2005 ambulance contracts.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

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

**Recommended Guidelines**

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

**CURRENT STATUS:**

8.14 Hospital Plans

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Disaster drills involving all hospitals, EMS Agency and local providers are conducted at least annually.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**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:**

**Minimum Standard**

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

**Recommended Guidelines**

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

**CURRENT STATUS:**

8.16 Pre-Hospital Agency Plans

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Basic and Advanced Disaster Life Support Training is provided to all hospitals through the EMS Agency and Public Health Department, Emergency Preparedness Office.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

The following areas have been updated for the 2005 EMS Plan Update for the Ventura County EMS Agency.

#### 1.18 QA/QI

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. With the implementation of the new ambulance provider contracts in January 2005, each agency was required to develop in-house CQI programs.

#### 3.01 Communications Plan

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Through Homeland Security Grant funding, satellite phones have been provided for all ALS providers, all hospitals, most Fire Departments and the EMS Agency and HCA Department Operations Center.

#### 3.02 Radios

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. ALS providers still primarily use cellular phones for hospital communications. All providers are now required to program radios to be compatible with the Ventura County EMS Communications Plan.

#### 3.09 Dispatch Triage

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Both Dispatch Centers utilize systemized Emergency Medical Dispatch protocols to triage calls and provide pre-arrival instructions.

#### 3.10 Integrated Dispatch

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Ambulance coverage is maintained through system-wide mutual aid agreements mandated in the January 2005 ambulance contracts.

#### 4.22 Evaluation

Ventura County EMS has entered into long term contracts with the existing ambulance providers for the provision of Emergency Ambulance Service throughout the County of Ventura. These new contracts began January 1, 2005 and run through 2021, provided all extensions for acceptable service are received.

#### 5.05 Mass Casualty Management

Ventura County EMS along with the Public Health Department Emergency Preparedness Office, has procured equipment and training for all local hospitals through HRSA funding.

#### 7.01 Public Information Materials

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Public Education is now mandated from all ambulance providers in the January 2005 ambulance contracts.

#### 8.14 Hospital Plans

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Disaster drills involving all hospitals, EMS Agency and local providers are conducted at least annually.

#### 8.16 Pre-Hospital Agency Plans

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Basic and Advanced Disaster Life Support Training is provided to all hospitals through the EMS Agency and Public Health Department, Emergency Preparedness Office.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:** Ventura County EMS  
**Area or subarea (Zone) Name or Title:** ASA 1  
**Name of Current Provider(s):** LifeLine Medical Transport  
Serving the Ojai Valley since 1935

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

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

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

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

Grandfathered

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:** Ventura County EMS  
**Area or subarea (Zone) Name or Title:** ASA 2  
**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

Include intent of local EMS agency and Board action.

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

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

**Previous Owners:**  
Courtesy Ambulance 1962-1991  
Pruner Health Services 1991-1993  
Careline 1993-1996  
Medtrans 1996-1999  
American Medical Response 1999-present

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

**Exclusive**

Include intent of local EMS agency and Board action.

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

**Emergency Ambulance for 911 calls only**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

**Grandfathered**

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

**Previous Owners:**

**Brady Ambulance 1962-1975**

**Pruner Health Services 1975-1993**

**Careline 1993-1996**

**Medtrans 1996-1999**

**American Medical Response 1999-present**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**Area or subarea (Zone) Name or Title:** ASA 4

**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

Include intent of local EMS agency and Board action.

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

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

**Previous Owners:**  
Camarillo Ambulance 1962-1978  
Pruner Health Services 1978-1993  
Careline 1993-1996  
Medtrans 1996-1999  
American Medical Response 1999-present

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

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

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

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

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

Include intent of local EMS agency and Board action.

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

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**Area or subarea (Zone) Name or Title:** ASA 7

**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

**Exclusive**

Include intent of local EMS agency and Board action.

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

**Emergency Ambulance for 911 calls only**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

**Grandfathered**

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

**Previous Owners:**

**Courtesy Ambulance 1962-1991**

**Pruner Health Services 1991-1993**

**Careline 1993-1996**

**Medtrans 1996-1999**

**American Medical Response 1999-present**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**Confidential Internal Document**  
**EOA Analysis Sheet**  
**Ventura County**

<b>Zone</b>	<b>Exclusivity</b>	<b>Type Exclusivity</b>	<b>Analysis/Comment</b>	<b>Reviewer Comment</b>
Area 1	Grandfathered	All ambulance (911, BLS & ALS)	Began service in 1980, ownership change in 1995, and name change 2001 from Ojai Ambulance Service to LifeLine Medical Transport. Service was upgraded from BLS to ALS in 1987.	Comment: Meets requirements for grandfathering.
Area 2	Grandfathered	All ambulance (911, BLS & ALS)	Began service in 1980, ownership change in 1990, assignment of agreement, and name change. Service was upgraded from BLS to ALS in 1990.	Comment: Meets requirements for grandfathering.
Area 3	Grandfathered	All ambulance (911, BLS & ALS)	Began service in 1980, assignment of agreement, and name change. Upgrade to ALS in 1978.	Comment: Meets requirements for grandfathering.
Area 4	Grandfathered	All ambulance (911, BLS & ALS)	Began service in 1980, assignment of agreement, and name change. Upgrade to ALS in 1977.	Comment: Meets requirements for grandfathering.
Area 5	Grandfathered	All ambulance (911, BLS & ALS)	Began service in 1980, assignment of agreement, and name change. Upgrade to ALS in 1982.	Comment: Meets requirements for grandfathering.
Area 6	Grandfathered	All ambulance (911, BLS & ALS)	Began service in 1980, name change in 1996. Upgrade to ALS in 1984.	Comment: Meets requirements for grandfathering.
Area 7	Grandfathered	All ambulance (911, BLS & ALS)	Began service in 1980, ownership change in 1991, assignment of agreement, and name change. Upgrade to ALS in 1984.	Comment: Meets requirements for grandfathering.

**FILE REVIEW:**

- 5/26/88 – Response to Assemblymember Condit from EMSA regarding definition of “periodic intervals” and necessity of holding a “competitive process”. (EMSA response indicates interval = 3-5 years and that if county grandfathers in an existing provider, it is not required to rebid the area at periodic intervals but may do so if they choose.
- 6/21/93 – Request from Ventura County asking if answers to 5/26/88 letter still stand.
- 7/23/93 – Response from EMSA indicating that the opinion still stands.

No other correspondence related to EOAs.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:** Ventura County EMS  
**Area or subarea (Zone) Name or Title:** ASA 1  
**Name of Current Provider(s):** LifeLine Medical Transport  
Serving the Ojai Valley since 1935

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

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

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

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:** Ventura County EMS  
**Area or subarea (Zone) Name or Title:** ASA 2  
**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

Include intent of local EMS agency and Board action.

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

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

**Previous Owners:**  
Courtesy Ambulance 1962-1991  
Pruner Health Services 1991-1993  
Careline 1993-1996  
Medtrans 1996-1999  
American Medical Response 1999-present

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

Include intent of local EMS agency and Board action.

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

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:** Ventura County EMS  
**Area or subarea (Zone) Name or Title:** ASA 4  
**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

**Exclusive**

Include intent of local EMS agency and Board action.

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

**Emergency Ambulance for 911 calls only**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

**Grandfathered**

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

**Previous Owners:**

**Conejo Ambulance 1962-1975**

**Pruner Health Services 1975-1993**

**Careline 1993-1996**

**Medtrans 1996-1999**

**American Medical Response 1999-present**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

Include intent of local EMS agency and Board action.

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

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

**Previous Owners:**  
Camarillo Ambulance 1962-1978  
Pruner Health Services 1978-1993  
Careline 1993-1996  
Medtrans 1996-1999  
American Medical Response 1999-present

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

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

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

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

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

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

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

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

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

**Area or subarea (Zone) Name or Title:** ASA 7

**Name of Current Provider(s):** American Medical Response  
Serving since 1962

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

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

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

**Exclusive**

Include intent of local EMS agency and Board action.

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

**Emergency Ambulance for 911 calls only**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

**Grandfathered**

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

**Previous Owners:**

**Courtesy Ambulance 1962-1991**

**Pruner Health Services 1991-1993**

**Careline 1993-1996**

**Medtrans 1996-1999**

**American Medical Response 1999-present**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



April 11, 2007

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

Dear ~~Mr. Fisher~~: *BARRY*,

We have completed our review of *Ventura's 2005/06 Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Standard 5.10, Pediatric System Design: In Ventura County's 2004 EMS Plan Update you detailed your long-range plans for a pediatric emergency medical and critical care system. While this is an Enhanced Level, I encourage you keep working towards the development of a system for the collection of data and analysis of EMS care provided to pediatric patients in Ventura County.

Standard 6.06, System Design and Evaluation: I encourage you to continue your effort towards the completion of an Evaluation Program that will assess your EMS System design and operations. The requirements for this program are referenced in Title 22, Division 9, Chapter 12, EMS System Evaluations and Quality Improvement regulations. Please provide an update of your progress in your next annual EMS Plan Update.

Standards 1.07, 1.26, 6.10, and 6.11: In your 2004 EMS Plan Update you explained your long-range plans for developing a Trauma System Plan. I encourage you to continue working towards the development of a Trauma System for Ventura County.

Your annual update, utilizing the attached guidelines, will be due on April 11, 2008. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink that reads "Cesar A. Aristeiguieta, M.D.".

Cesar A. Aristeiguieta, M.D.  
Director

CAA:ss

Enclosure