



EMS PLAN UPDATE 2009-2010

Prepared for:
State EMS Authority

By:
Virginia Hastings, Executive Director
Inland Counties Emergency Medical Agency
August 2010

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.1	Special Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Meets recommended guidelines. Bariatric transport etc
1.27	Pediatric System Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Implementing EMSC
3.09	Dispatch Triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Meets standard Remove long range check box
4.03	Classifying Medical Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Reevaluation of description
5.11	Emergency Departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Implement EMSC
5.12	Public Input	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Implement EMSC
6.03	Prehospital Care Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Integration of data sources for recommended guidelines
6.05	Data Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Integration of data sources for recommended guidelines
7.01	Public Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Various documents created and revised to inform public of AED requirements and ICEMA functions	
8.12	Establish CCPs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Currently working with Public Health and Hospital Preparedness Coordinator	
8.13	Disaster Medical Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing training and exercises	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training	X				
First Responders (non-transporting):						
2.05	First Responder Training			X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training			X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
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
Communications Equipment:						
3.01	Communication Plan*			X		
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals			X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*			X		
4.02 Monitoring			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 Inter-county Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level:					
Advanced Life Support:					
4.16 ALS Staffing			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
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **Inland Counties Emergency Medical Agency**

Reporting Year: **2009-2010**

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

Reporting Year: **2009-2010**

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%.)

	<u>San Bernardino</u>	<u>Inyo</u>	<u>Mono</u>
A. Basic Life Support (BLS)	10%	70%	30%
B. Limited Advanced Life Support (LALS)			
C. Advanced Life Support (ALS)	90%	30%	70%

2. Type of agency
a - Public Health Department
b - County Health Services Agency
c - Other (non-health) County Department
d - Joint Powers Agency
e - Private Non-Profit Entity
f - Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
a - Public Health Officer
b - Health Services Agency Director/Administrator
c - Board of Directors
d - Other: _____
4. Indicate the non-required functions which are performed by the agency:
- | | |
|---|----------|
| Implementation of exclusive operating areas (ambulance franchising) | X |
| Designations of trauma centers/trauma care system planning | X |
| Designation/approval of pediatric facilities | X |
| Designation of other critical care centers | X |
| Development of transfer agreements | |

Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: Hospital Preparedness Program	X

5. EMS agency budget for **FY 10-11**
EXPENSES

Salaries and benefits (All but contract personnel) Contract Services	\$ 1,871,353
Operations (e.g. copying, postage, facilities)	\$1,365,510
Travel	\$42,894
Fixed assets	\$176,580
Indirect expenses (overhead)	\$24,358
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other: Contingencies	\$500,000
Other: Transfers from other County Departments	\$281,554
Other: _____	
TOTAL EXPENSES	\$4,262,249

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
RDHMS and DMAT Grants	0
Office of Traffic Safety (OTS)	0
State general fund	\$254,125
County general fund	\$204,846
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	\$78,932
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	\$50,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Other critical care center designation fees	0
Type: STEMI	\$30,000
Ground Ambulance service/vehicle fees	\$119,939
Air Ambulance Provider Fees	\$30,000
Contributions	
EMS Fund (SB 12/612)	\$896,391
Other grants: Homeland Security – including rollover	\$212,026
Other fees: PBC Administrative Fee	\$462,143
PBC Liquidated Damages – Trust Fund including rollover	\$400,120
Other (specify): Manuals, HRSA Yr5, Ped Trust Fund	\$897,700
TOTAL REVENUE	\$ 3,606,222

Table 2 - System Organization & Management (cont.)

6. Fee structure for **FY 10-11**

Emergency Medical Responders certification	\$32
Emergency Medical Responders recertification	\$32
EMS dispatcher certification	\$32
EMS dispatcher recertification	\$32
EMT certification	\$32
EMT recertification	\$32
EMT-P accreditation	\$80
Mobile Intensive Care Nurse (MICN)	\$90
MICN recertification	\$90
Annual Review Curriculum	\$300
EMT training program approval	\$575
EMT-II training program approval	N/A
EMT-P training program approval	\$1,000
MICN/ARC training program approval	\$300
Base hospital application	\$2,500
Base hospital reapplication	\$525
Trauma center application	\$5,000
Trauma center annual designation	\$25,000
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Cardiac Care Center application fee	\$5,000
Air Ambulance Provider Fee	\$15,000
Ambulance vehicle permits	\$1,570
Other: Inspections	\$315 per unit
Protocol Manual	\$26
Equipment Maintenance Fee	\$10/per item
Deluxe Equipment Maintenance Fee	\$25/per item
Administrative Manual Fee	\$50
Retest Fee	\$53
CE Provider Fee	\$221

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of **09-10**

Table 2 - System Organization & Management (cont.)

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

Reporting Year: **2009-10**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1	\$64.73	52%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Asst. Admin	1	\$35.82	38%	
ALS Coord./Field Coord./ Training Coordinator	EMS Nurse	1	\$35.95	50%	
Program Coordinator/ Field Liaison (Non-clinical)	Program Coordinator	1	\$39.50	29%	
Trauma Coordinator	EMS Nurse	1	\$50.00	50%	
Medical Director		.5	\$90.00	0	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Medical Emergency Planning Specialist	1	\$26.08	34%	

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
EMS Specialist	EMS Specialist	2	\$31.69	35%	
Medical Planner					
Data Evaluator/Analyst	Staff Analyst	2	\$33.28	35%	
QA/QI Coordinator	EMS Nurse	1	\$35.95	50%	
Public Info. & Education Coordinator					
Secretary	Secretary I	1	\$19.92	48%	
Other Clerical	Office Assistant II	1	\$18.07	48%	
Data Entry Clerk	Office Assistant III	3	\$18.07	48%	
Other	Fiscal Assistant	1	\$18.07	48%	

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

Reporting Year: **2009-10**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1574		585	147
Number newly certified this year	572		102	34
Number recertified this year	1002		483	113
Total number of accredited personnel on July 1 of the reporting year	2888		1111	266
Number of certification reviews resulting in:				
a) formal investigations			6	
b) probation	39			
c) suspensions	1			
d) revocations				
e) denials	1			
f) denials of renewal				
g) no action taken				

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-10**

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

1. Number of primary Public Service Answering Points (PSAP) **18**
2. Number of secondary PSAPs
3. Number of dispatch centers directly dispatching ambulances **6**
4. Number of designated dispatch centers for EMS Aircraft **3**
5. Do you have an operational area disaster communication system? **Yes**
 - a. Radio primary frequency **800MHz**
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes
 - d. Do you participate in OASIS? **Yes**
 - e. Do you have a plan to utilize RACES as a back-up communication system? **Yes**
 - 1) Within the operational area? **Yes**
 - 2) Between the operational area and the region and/or state? **Yes**
6. Who is your primary dispatch agency for day-to-day emergencies? **Multiple**
7. Who is your primary dispatch agency for a disaster? **San Bernardino Communications Center**

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **Inyo**

Reporting Year: **2009-10**

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

- | | | |
|----|---|------------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 2 |
| 2. | Number of secondary PSAPs | 0 |
| 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 |
| | a. Radio primary frequency 154.310 | |
| | b. Other methods Cell phone backup | |
| | c. Can all medical response units communicate on the same disaster communications system? | Yes |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? | |
| | Inyo County Sheriff and Bishop Police Department | |
| 7. | Who is your primary dispatch agency for a disaster? Inyo County Sheriff | |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **Mono**

Reporting Year: **2009-10**

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

- | | | |
|----|---|----------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 0 |
| 3. | Number of dispatch centers directly dispatching ambulances | 1 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 1 |
| 5. | Do you have an operational area disaster communication system? Yes | |
| | a. Radio primary frequency 153.860 | |
| | b. Other methods 800 MHz | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system?
Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? Mono County Sheriff | |
| 7. | Who is your primary dispatch agency for a disaster? Mono County Sheriff | |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

Reporting Year: **2009-10**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Meets or exceeds 90%			
Early defibrillation responder	Meets or exceeds 90%			
Advanced life support responder	Meets or exceeds 90%			
Transport Ambulance	Meets or exceeds 90%			

TABLE 6: SYSTEM RESOURCES AND OPERATIONS**Facilities/Critical Care**EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**Reporting Year: **2009-10****NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	1,851
b) Number of major trauma victims transported directly to a trauma center by ambulance	1,481
c) Number of major trauma patients transferred to a trauma center	231
d) Number of patients meeting triage criteria who weren't treated at a trauma center	357

Total number of emergency departments **21**

a) Number of referral emergency services	0
b) Number of standby emergency services	5
c) Number of basic emergency services	16
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	8

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-10**

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

SYSTEM RESOURCES

- | | | |
|----|--|-------------------------|
| 1. | Casualty Collections Points (CCP) | 18 |
| | a. Where are your CCPs located? | Hospitals |
| | b. How are they staffed? | Hospital and EMS |
| | c. Do you have a supply system for supporting them for 72 hours? | Yes |
| 2. | CISD | |
| | Do you have a CISD provider with 24 hour capability? | Yes |
| 3. | Medical Response Team | |
| | a. Do you have any team medical response capability? | Yes |
| | b. For each team, are they incorporated into your local response plan? | Yes |
| | c. Are they available for statewide response? | Yes |
| | d. Are they part of a formal out-of-state response system? | Yes |
| 4. | Hazardous Materials | |
| | a. Do you have any HazMat trained medical response teams? | Yes |
| | b. At what HazMat level are they trained? _____ | |
| | c. Do you have the ability to do decontamination in an emergency room? | Yes |
| | d. Do you have the ability to do decontamination in the field? | Yes |

OPERATIONS

- | | | |
|----|--|------------|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 34 |

3. Have you tested your MCI Plan this year in a:
 - a. real event? **Yes**
 - b. exercise? **Yes**

4. List all counties with which you have a written medical mutual aid agreement.
Inyo, Mono, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**

7. Are you part of a multi-county EMS system for disaster response? **Yes**

8. Are you a separate department or agency? **Yes**

9. If not, to whom do you report? _____

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **Inyo**

Reporting Year: **2009-10**

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

SYSTEM RESOURCES

- | | | |
|----|--|-------------------------|
| 1. | Casualty Collections Points (CCP) | 2 |
| | a. Where are your CCPs located? | Hospitals |
| | b. How are they staffed? | Hospital And EMS |
| | c. Do you have a supply system for supporting them for 72 hours? | Yes |
| 2. | CISD | |
| | Do you have a CISD provider with 24 hour capability? | Yes |
| 3. | Medical Response Team | |
| | a. Do you have any team medical response capability? | Yes |
| | b. For each team, are they incorporated into your local response plan? | Yes |
| | c. Are they available for statewide response? | Yes |
| | d. Are they part of a formal out-of-state response system? | Yes |
| 4. | Hazardous Materials | |
| | a. Do you have any HazMat trained medical response teams? | Yes |
| | b. At what HazMat level are they trained? _____ | |
| | c. Do you have the ability to do decontamination in an emergency room? | Yes |
| | d. Do you have the ability to do decontamination in the field? | Yes |

OPERATIONS

- | | | |
|----|--|------------|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 2 |

3. Have you tested your MCI Plan this year in a:
 - a. real event? **Yes**
 - b. exercise? **Yes**

4. List all counties with which you have a written medical mutual aid agreement.
Mono, San Bernardino, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**

7. Are you part of a multi-county EMS system for disaster response? **Yes**

8. Are you a separate department or agency? **Yes**

9. If not, to whom do you report? _____

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **Mono**

Reporting Year: **2009-10**

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

SYSTEM RESOURCES

- | | | |
|----|--|-------------------------|
| 1. | Casualty Collections Points (CCP) | 1 |
| | a. Where are your CCPs located? | Hospital |
| | b. How are they staffed? | Hospital and EMS |
| | c. Do you have a supply system for supporting them for 72 hours? | Yes |
| 2. | CISD | |
| | Do you have a CISD provider with 24 hour capability? | Yes |
| 3. | Medical Response Team | |
| | a. Do you have any team medical response capability? | Yes |
| | b. For each team, are they incorporated into your local response plan? | Yes |
| | c. Are they available for statewide response? | Yes |
| | d. Are they part of a formal out-of-state response system? | Yes |
| 4. | Hazardous Materials | |
| | a. Do you have any HazMat trained medical response teams? | Yes |
| | b. At what HazMat level are they trained? _____ | |
| | c. Do you have the ability to do decontamination in an emergency room? | Yes |
| | d. Do you have the ability to do decontamination in the field? | Yes |

OPERATIONS

- | | | |
|----|--|------------|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 1 |

3. Have you tested your MCI Plan this year in a:
- a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties with which you have a written medical mutual aid agreement.
Inyo, San Bernardino, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**
7. Are you part of a multi-county EMS system for disaster response? **Yes**
8. Are you a separate department or agency? **Yes**
9. If not, to whom do you report? _____
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes**

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2009-2010**

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

Training Institution Name	Baldy View ROP	Contact Person	Telephone no.
Address	1301 S. BonView Ontario 91764	Chuck Fedak, Program Director	909-947-3400 X 514

Student Eligibility: * 18 y/o for EMT, refresher and CE students must be EMT's	Cost of Program Basic \$1050.00 Refresher \$175.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 60-70 Refresher: 176 Cont. Education Expiration Date: 1/31/2013 Number of courses: Initial training: 4 Refresher: 4 Cont. Education:
---	---	---

Training Institution Name	Barstow Community College	Contact Person telephone	760-447-1876 Desert Amb.
Address	2700 Barstow Rd Barstow 92311	Art Rodriguez	760-252-2411 College

Student Eligibility: * 18 yrs	Cost of Program Basic \$160 Refresher \$56	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 31 Refresher: 8 Cont. Education 25 Expiration Date: 1/31/2013 Number of courses: Initial training: 2 Refresher: 2 Cont. Education: 2
--	---	---

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

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

- EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2009-2010**

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

Training Institution Name	Chaffey College	Contact Person	Telephone no.
Address	PO 1398 Joshua Tree 92252		

Student Eligibility: * Open to public meeting Prerequisite	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: 30 Refresher: 0 Cont. Education 0 Expiration Date: 8/31/13 Number of courses: Initial training: 3 per school year Refresher: 3 per school year Cont. Education: 0
	Basic Approx. \$104.00 Refresher Approx. \$110.50	

Training Institution Name	Copper Mountain College	Contact Person	Telephone no.
Address	PO 1398 Joshua Tree 92252	Carol Giannini	760-367-4150 366-3791

Student Eligibility: * Open to public meeting Prerequisite	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: 70 Refresher: 16 Cont. Education 0 Expiration Date: 1/31/2014 Number of courses: Initial training: 8 Refresher: 2 Cont. Education: 0
	Basic Approx. \$832.00 Refresher Approx. \$110	

-

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2009-2010**

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

Training Institution Name	Crafton Hills College	Contact Person	Telephone no.
Address	11711 San Canyon Rd., Yucaipa 92399	Gary Reese	909-389-3255

Student Eligibility: * Must be 18 yrs old and provide proof of clear criminal background check.	Cost of Program	**Program Level: EMT Basic Number of students completing training per year: Initial training: 96 Refresher: 45 Cont. Education Expiration Date: 1/31/2013 Number of courses: Initial training: 8 Refresher: 2 Cont. Education:
	Basic \$approx \$200 plus supplies Refresher \$26.00 plus book	

Training Institution Name	Crafton Hills College	Contact Person	telephone no.
Address 11711	Sand Canyon Rd. Yucaipa 92399	Kathy Crow	909389-3220

Student Eligibility: * Current EMT certified with experience Various vaccinations Physical Examination	Cost of Program	**Program Level: EMT-P Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>0</u> Cont. Education <u>N/A</u> Expiration Date: <u>2/28/2012</u> Number of courses:14 Initial training: Refresher: <u>2</u> Cont. Education: N/A
	Basic \$832 plus books and supplies Refresher \$78 plus cost of books and supplies	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2009-2010**

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

Training Institution Name	<u>Crafton Hills College</u>	Contact Person	<u>telephone no.</u>
Address	<u>Sand Canyon Rd. Yucaipa 92399</u>	<u>Dan Word</u>	<u>909-389-3570</u>
Address	11711		
Student Eligibility: * Current job in Base Hopital; Current ACLS and RN	Cost of Program Basic \$58.00 Refresher \$	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: <u>43</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>11/30/2012</u> Number of courses: _____ Initial training: <u>2</u> Refresher: _____ Cont. Education: _____	
Training Institution Name	<u>Montclair Fire Department</u>	Contact Person	<u>telephone no.</u>
Address		<u>Ed Cook</u>	<u>909-203-2715</u>
Student Eligibility: *	Cost of Program Basic \$675.00 Refresher \$250	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>26</u> Refresher: <u>varies</u> Cont. Education <u>varies</u> Expiration Date: <u>5/31/14</u> Number of courses: _____ Initial training: <u>4</u> Refresher: <u>varies</u> Cont. Education: <u>varies</u>	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2009-2010**

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

Training Institution Name	Ontario Fire Department	Contact Person	telephone no.
Address	425 East B Street, Ontario, CA 91764	Pam Martinez	(909) 395-2529
Student Eligibility:	Cost of Program	**Program Level: EMT	
OFD Employees Only	Basic 0	Number of students completing training per year:	
	Refresher 0	Initial training: 0	
		Refresher: 0	
		Cont. Education: 1816	
		Expiration Date: 8/31/2013	
		Number of courses:	
		Initial training: 0	
		Refresher: 0	
		Cont. Education: 64	

Training Institution Name	Rancho Cucamonga Fire	Contact Person	Telephone no.
Address	PO Box 807 Rancho Cucamonga 91701	Sandy Carnes	909-477-2770
Student Eligibility: *	Cost of Program	**Program Level: EMT	
RCCFPD Employees Only	Basic 0	Number of students completing training per year:	
	Refresher 0	Initial training: 0	
		Refresher: 0	
		Cont. Education 1310	
		Expiration Date: 8/31/2011	
		Number of courses:	
		Initial training: 0	
		Refresher: 0	
		Cont. Education: 94	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2009-2010**

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

Training Institution Name	<u>Redlands Fire Department</u>	Contact Person	<u>telephone no.</u>
Address	35 Cajon Blvd., Redlands 92373	Keith Newlin	909-798-7690
	11711		

Student Eligibility: * Redlands Fire personnel only	Cost of Program Basic \$0 Refresher \$0	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: Refresher: _____ Cont. Education <u>494</u> Expiration Date: <u>02/28/2014</u> Number of courses: _____ Initial training: Refresher: Cont. Education:34
---	--	--

Training Institution Name	<u>Rialto Fire Department</u>	Contact Person	<u>telephone no.</u>
Address	131 S. Willow, Rialto 92376	Joe Powell	909-820-2657

Student Eligibility: * Rialto Fire personnel only	Cost of Program Basic \$0 Refresher \$0	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: Refresher: Cont. Education 340 Expiration Date: <u>04/30/2011</u> Number of courses: _____ Initial training: Refresher: Cont. Education: 12
---	--	--

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2009-2010**

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

Training Institution Name	<u>Running Springs Fire Department</u>	Contact Person	<u>telephone no.</u>
Address	P O Box 2206 Running Springs, CA 92382	Tony Grabow	909-867-2630

Student Eligibility: * OPEN to public 18yrs	Cost of Program Basic \$250 Refresher \$0	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: Refresher: Cont. Education <u>61</u> Expiration Date: <u>01/31/2012</u> Number of courses: _____ Initial training: Refresher: Cont. Education: <u>5</u>
---	--	--

Training Institution Name	<u>Upland Fire Department</u>	Contact Person	<u>telephone no.</u>
Address	475 N. Second Upland, CA 91786	Debra Waters	(909) 931-4188

Student Eligibility: * Restricted to Public Safety personnel EMT recert only/CEs	Cost of Program Basic Cost of Books Refresher \$0	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education 1052 Expiration Date: 03/31/2011 Number of courses: _____ Initial training: Refresher: Cont. Education: 116
---	--	--

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2009-2010**

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

Training Institution Name <u>Victor Valley College</u>		Contact Person <u>Brian Hendrickson</u>	telephone no. <u>760-245-4271 x2738</u>
Address <u>18422 Bear Valley Road Victorville, CA 92395-5850</u>			
Student Eligibility: * *Current Healthcare Provider CPR and 18 years of age	Cost of Program Basic \$400 Refresher \$50	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: 250 Refresher: 60 Cont. Education <u>0</u> Expiration Date: <u>10/31/2012</u> Number of courses: _____ Initial training: 12 Refresher: 10 Cont. Education: _____	
Training Institution Name <u>Victor Valley College</u>		Contact Person <u>Scott Jones</u>	telephone no. <u>760-245-4271 x2738</u>
Address <u>18422 Bear Valley Road Victorville, CA 92395-5850</u>			
Student Eligibility: * *Current EMT-B & 6 mos. Full time/1 yr. Part time Successful completion of entrance/acceptance process	Cost of Program Basic \$2,000 Refresher N/A	**Program Level: Paramedic Number of students completing training per year: Initial training: 50 Refresher: Cont. Education 0 Expiration Date: 10/31/2012 Number of courses: _____ Initial training: 2 Refresher: Cont. Education: 0	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2009-2010**

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

Training Institution Name	Cerro Coso College	Contact Person	Telephone no.
Address	100 College Park Way Mammoth Lakes 93546	Mike Metcalf	760-934-2875
Student Eligibility: *	Cost of Program	**Program Level: EMT-I	
Open	Basic \$832 plus books and supplies	Number of students completing training per year:	
	Refresher \$78 plus cost of books and supplies	Initial training: 95	
		Refresher: 21	
		Cont. Education 0	
		Expiration Date: Authorized by Kern EMS	
		Satellite Campus' in Inyo and Mono County	
		Number of courses:	
		Initial training: 8	
		Refresher: 2	
		Cont. Education: 0	

Training Institution Name	Lone Pine Unified School District	Contact Person.	telephone no
Address	Box 1007 Lone Pine, CA 93545	LeRoy Kritz	760-876-5990
Student Eligibility: *18 yrs.	Cost of Program	**Program Level: <u>EMT-I</u>	
	Basic \$50 and Books	Number of students completing training per year:	
	Refresher \$50 and Books	Initial training: 17	
		Refresher:	
		Cont. Education	
		Expiration Date: <u>2/29/2012</u>	
		Number of courses: __	
		Initial training: 1	
		Refresher:	
		Cont. Education	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono**

Reporting Year: **2009-2010**

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

Training Institution Name	High Sierra Prehospital	Contact Person	Telephone no.
Address	294 Tumbleweed Rd. Bishop 93514	Ray McGrale	760-920-0048

Student Eligibility: * Open to general public	Cost of Program Basic \$500.00 Refresher \$185.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 41 Refresher: 0 Cont. Education: 73 Expiration Date: 2/29/2012 Number of courses: Initial training: 2 Refresher: 0 Cont. Education: 15
---	--	--

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2009-2010**

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

Name, address & telephone: Northern Inyo Hospital			Primary Contact: Martha Reynolds, RN, PLN	
150 Pioneer Lane, Bishop, CA. 93514				
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:*\br/> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Southern Inyo Hospital			Primary Contact: Denise Lauffer RN, Nurse Manager	
501 E. Locust, Lone Pine, CA. 93546				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*\br/> <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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **Mono**

Reporting Year: **2009-2010**

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

Name, address & telephone: Mammoth Hospital P.O. Box 660, Mammoth Lakes, CA. 93546			Primary Contact: Rosemary Sachs, RN, PLN	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: Arrowhead Regional Medical Center			Primary Contact: Joy Peters, RN, PLN	
501 E. Locust, Lone Pine, CA. 93546				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** <u>Level II</u>

Name, address & telephone: Chino Valley Medical Center			Primary Contact: James Johnson, RN, PLN	
5451 Walnut Avenue, Chino, CA. 91710				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

* 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: Hi-Desert Medical Center			Primary Contact: Donna Johnson, RN, Nurse Manager	
6601 White Feather Rd, Joshua Tree, CA. 92252				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Loma Linda University Medical Center			Primary Contact: Orrine Singer, RN, PLN	
P.O. Box 2000 Room A125, Loma Linda, CA. 92354				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** <u>Level I Adult</u> <u>Level I Pediatric</u>

- * 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: Redlands Community Hospital 350 Terracina, Redlands, CA. 92373			Primary Contact: Bob Tyson, RN, PLN	
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:**** _____

Name, address & telephone: San Antonio Community Hospital 999 San Bernardino Road, Upland, CA. 91786			Primary Contact: Virginia Smith, RN, PLN	
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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: Barstow Community Hospital			Primary Contact: Nancy Bonalumi, RN, Nurse Manager	
555 South Seventh Street, Barstow, CA. 92311				
Written Contract <input type="checkbox"/> yes <input checked="" 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:**** _____

Name, address & telephone: Bear Valley Community Hospital			Primary Contact: Ines Tedford, RN, Nurse Manager	
P.O. Box 1649, Big Bear Lake, CA. 92315				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*	
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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: Colorado River Medical Center 1401 Bailey Avenue, Needles, CA. 92363			Primary Contact: Pat Fowler, Nurse Manager	
Written Contract <input type="checkbox"/> yes <input checked="" 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:**** _____

Name, address & telephone: Community Hospital of San Bernardino 1805 Medical Center Drive, San Bernardino, CA. 92411			Primary Contact: Diane Nitta, RN, Nurse Manager	
Written Contract <input type="checkbox"/> yes <input checked="" 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: Desert Valley Hospital			Primary Contact: Donna Smith, RN, Nurse Manager	
16850 Bear Valley Road, Victorville, CA. 92392				
Written Contract <input type="checkbox"/> yes <input checked="" 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:*\br/> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Kaiser Foundation Hospital			Primary Contact: Janet Kilgore, RN, Nurse Manager	
9961 Sierra Avenue, Fontana, CA.92335				
Written Contract <input type="checkbox"/> yes <input checked="" 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:*\br/> <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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: Montclair Hospital Medical Center			Primary Contact: Keith Eads, RN, Nurse Manager		
5000 San Bernardino Road, Montclair, CA. 91763					
Written Contract <input type="checkbox"/> yes <input checked="" 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:**** _____	

Name, address & telephone: Mountains Community Hospital			Primary Contact: Terry Montgomery, RN, Nurse Manager		
P.O. Box 70, Lake Arrowhead, CA. 92352					
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*		
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____	

* 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: St. Bernardine Medical Center			Primary Contact: Donna Grisham, RN, Nurse Manager	
2101 N. Waterman Ave, San Bernardino, CA. 92406				
Written Contract <input type="checkbox"/> yes <input checked="" 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:**** _____

Name, address & telephone: St. Mary Medical Center			Primary Contact: Teresa Brown, RN, Nurse Manager	
18300 Hwy 18, Apple Valley, CA. 92307				
Written Contract <input type="checkbox"/> yes <input checked="" 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**

County: **San Bernardino**

Reporting Year: **2009-2010**

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

Name, address & telephone: VA Medical Center – Loma Linda 11201 Benton Street, Loma Linda, CA. 92357			Primary Contact: Tawnia Lola, RN, Nurse Manager	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Victor Valley Community Hospital 15248 Eleventh Street, Victorville, CA. 92392			Primary Contact: Doreen Dan, RN, Nurse Manager	
Written Contract <input type="checkbox"/> yes <input checked="" 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 -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: San Bernardino

Reporting Year: 2009-2010

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

Name, address & telephone: CALFIRE 3800 Sierra Way, San Bernardino 92405		Primary Contact: 909-881-6916	
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ 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 checked="" type="checkbox"/> state ; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: San Bernardino City Communications 710 N. "D" St San Bernardino 909-884-7248		Primary Contact: Mona Boyce	
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: XXXX EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city ; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: San Bernardino

Reporting Year: 2009-2010

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

<p align="center">Name, address & telephone: Ontario Communications 425 "B" St. Ontario 91764</p>			<p align="center">Primary Contact: 909-391-0689</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

<p align="center">Name, address & telephone: San Bernardino County Communications 1743 Miro Way Rialto 92376</p>			<p align="center">Primary Contact: 909-956-3805 Rick Britt</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: JPA</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: Inyo

Reporting Year: 2009-2010

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

Name, address & telephone:		Primary Contact:	
Inyo County Sheriff Communications 550 Clay St. Independence 760-878-0383			
Written Contract: <input type="checkbox"/> yes X no	Medical Director: <input type="checkbox"/> yes X no	X Day-to-day X Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: X Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire X Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; X county ; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
Bishop Police Department 207 W. Line St. Bishop 760-873-5866			
Written Contract: <input type="checkbox"/> yes X no	Medical Director: <input type="checkbox"/> yes X no	X Day-to-day X Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: X Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire X Law <input type="checkbox"/> Other explain:_____	If public: X city ; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: Mono

Reporting Year: 2009-2010

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

Name, address & telephone:		Primary Contact:	
Mono County Sheriff Communications 100 Bryant Street. Bridgeport 760-932-7549			
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county ; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (ALS) AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1,1981.
Area or sub area (Zone) Geographic Description: West part of San Bernardino County to include Mt. Baldy Village, San Antonio Heights, Rancho Cucamonga and Upland. (See attached description and/or map of EOA #1)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - AMR meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive -
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR) AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: Western portion of San Bernardino County including the cities of Montclair and Chino and a portion of Chino Hills area (See attached description and/or map of EOA #2)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - AMR meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive -
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency -
San Bernardino County

Area or sub area Name or Title: Exclusive Operating Area #3

Name of Current Provider(s):

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

American Medical Response (AMR)

AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:

West area of San Bernardino County including the cities of Ontario and Chino Hills.

(See attached description and/or map of EOA #3)

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

Include intent of local EMS agency and Board action.

Exclusive -- AMR meets grand fathering requirement of 1797.224 & 1797.226

Non-exclusive

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

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

All ambulance transport

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

If grand fathered, 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.

It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area.

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 OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency -
San Bernardino County

Area or sub area Name or Title: Exclusive Operating Area #4

Name of Current Provider(s):

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

American Medical Response

AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:

Includes Lytle Creek , City of Fontana and surrounding areas

(See attached description and/or map of EOA #4)

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

Include intent of local EMS agency and Board action.

Exclusive -- AMR meets grand fathering requirement of 1797.224 & 1797.226

Non-exclusive

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

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

All ambulance transport

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

If grand fathered, 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.

It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area.

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 OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. A. City of Rialto through its Fire Department qualifies under 1797.201 as an ALS Transport provider. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: Rialto City limits and unincorporated areas (See attached description and/or map of EOA #5)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Both providers meet grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). A. City of Rialto Fire Department provides advanced life support and basic life support emergency calls within the city limits of Rialto. B. AMR responds to all inter-facility transfer calls. AMR also responds to ALS & BLS emergency calls in the unincorporated areas of EOA 5 and mutual aid into Rialto.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. A. City of Rialto Fire Department have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. B. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #6
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: West of the City of Rialto, portion of the Cajon Pass and portions of the City of San Bernardino. (See attached description and/or map of EOA #6)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - AMR meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR) AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: A portion of the cities of Grand Terrace, San Bernardino and Highland (See attached description and/or map of EOA #7)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR) AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: Cities of Redlands, Mentone, Yucaipa Forest Falls, Oak Glen and Angelus Oaks and surrounding areas (See attached description and/or map of EOA #8)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR) AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: City of Loma Linda and surrounding area (See attached description and/or map of EOA #9)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area. <i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #10
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Crest Forest Fire Protection District or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: Cities of Crest Forest, Crestline, Lake Gregory and surrounding areas (See attached description and/or map of EOA #10)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #11</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</p> <p>A. American Medical Response (ALS) B. Crest Forest Fire Protection District (BLS)</p> <p>AMR and Crest Forest Fire Protection District or their predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p>
<p>Area or sub area (Zone) Geographic Description: Areas south of Crest Forest including Hwy. 18 and surrounding areas (See attached description and/or map of EOA #11)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>A. AMR responds to all emergency transports B. Crest Forest Fire Protection District responds to basic life support transports.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>This provider or its predecessor has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #12
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR) AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: City of Victorville and surrounding area except Lucerne Valley area where County Fire provides ALS transport services. (See attached description and/or map of EOA #12)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. This provider or its predecessor has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. This area was changed due to annexation by County Fire (Lucerne Valley.) <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or subarea Name or Title: Exclusive Operating Area #13
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Desert Ambulance Service, or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or subarea (Zone) Geographic Description: Barstow and large rural/wilderness area (See attached description and/or map of EOA #13)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. This provider or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

ambulance operating area.

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #14
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Morongo Basin Ambulance Association or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: Cities of Twenty-nine Palms, Joshua Tree and surrounding areas in Morongo Basin. (See attached description and/or map of EOA #14)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #15
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Morongo Basin Ambulance Association or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: Johnson Valley, Flamingo Heights and Landers areas (See attached description and/or map of EOA #15)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #16
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Wrightwood or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: This area is comprised of Wrightwood, Phelan and surrounding areas. (See attached map of EOA #16)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for

each operating area individually. Please include a separate form for each exclusive and/or nonexclusive ambulance operating area.

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #17
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. The City of Hesperia has 1797.201 rights to provide ALS transport in this area. The City of Hesperia currently contracts with San Bernardino County Fire Dept. to provide ALS transport within the city limits.
Area or sub area (Zone) Geographic Description: This area is comprised of the City of Hesperia. (See attached map of EOA #17)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. The City of Hesperia, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981 <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #18
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Lake Arrowhead or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: This area is comprised of Lake Arrowhead, Rimforest, Skyforest, Blue Jay and surrounding areas. (See attached map of EOA #18)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and recommended by the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #19
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Running Springs Fire Department has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: This area is comprised of Running Springs, Green Valley Lake, Arrowbear and Fedalba. (See attached map of EOA #19)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. This provider has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #20
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Big Bear City Fire Department (Bear Valley Paramedic Service) Big Bear City Fire Department (Bear Valley Paramedic Service) began providing service in FY 1985.
Area or sub area (Zone) Geographic Description: This area is comprised of Big Bear and surrounding communities. (See attached map of EOA #20)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Selected as EOA Provider through RFP process in 1985. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified for an EOA based on the RFP process conducted in 1985. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #21
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Yucca Valley San Bernardino County Fire Department – Yucca Valley or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: This area is comprised of Yucca Valley and Aberdeen. (See attached map of EOA #21)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #22
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Needles Ambulance Service Needles Ambulance Service or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: This area is comprised of east of the Colorado River and includes Needles and surrounding areas. (See attached map of EOA #22)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #23
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Baker Emergency Service Baker Emergency Service or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: This area is comprised of Baker and surrounding communities. (See map of EOA #23)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Operating Area #24</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Searles Valley</p> <p>San Bernardino County Fire Department – Searles Valley has provided BLS pursuant to the EMS Transportation Plan adopted on 6/18/85. Liberty Ambulance provides ALS mutual aid.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of Trona and the surrounding Searles Valley.</p> <p>(See attached map of EOA #24)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 for BLS transport</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). San Bernardino County Fire Department – Searles Valley has provided BLS pursuant to the EMS Transportation Plan adopted on 6/18/85. Liberty Ambulance provides ALS mutual aid.</p> <p>RFP for ALS Transport conducted in Jan 2007. No responses received</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>This area underwent an RFP process in January 2007 for ALS transport. No responses received.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #25
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Lucerne Valley Fire Department (San Bernardino County Fire Department) or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.
Area or sub area (Zone) Geographic Description: This area is comprised of Lucerne Valley and surrounding areas. (See attached map of EOA #25)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All ambulance transport
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. The area was expanded to include annexed area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Operating Area #26
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Liberty Ambulance Service has provided ALS and BLS service (mutual aid) in the area pursuant to the EMS Transportation Plan adopted 6/18/85.
Area or sub area (Zone) Geographic Description: This area is comprised of Highway 395 from the Kern County line to north of Hwy 58. (See attached map of EOA #26)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226 <input checked="" type="checkbox"/> Non-exclusive RFP process conducted in January 2007. No responses received and area remains non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. This area underwent an RFP process in January 2007. No responses were received and area remains non-exclusive. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Operating Area #27
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. No approved provider. ALS and BLS (mutual aid) from Arizona, Riverside county and EOAs 14 and 22
Area or sub area (Zone) Geographic Description: This area is comprised of Havasu Lake and surrounding areas. Borders Arizona, EOA 14 and EOA 22 and Riverside County. (See attached map of EOA # 27)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226 <input checked="" type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. This area underwent the RFP process in January 2007. No responses were received and area remains non-exclusive. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Trona Ambulance This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Panamint Valley North- Death Valley National Park South- Kern County Line East- Death Valley National Park Boundary West- China Lake Boundary
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS Ambulance – all calls requiring emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Trona Ambulance has delivered uninterrupted BLS Ambulance service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Death Valley National Monument Ambulance This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Death Valley National Park North- Death Valley National Park Boundary South- Death Valley National Park Boundary East- Nevada State Line West- Death Valley National Park Boundary, Saline Valley Road
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - Death Valley National Monument Ambulance meets grandfathering requirement of 1797.224 <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Death Valley National Monument Ambulance has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Southern Inyo Fire Protection District This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Tecopa/Shoshone North- Park Service Boundary South- San Bernardino County Line East- Nevada State Line West- Park Service Boundary
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - Southern Inyo Fire Protection District meets grandfathering requirement of 1797.224 <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Southern Inyo Fire Protection District has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Operating Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Symons Emergency Specialties, Inc. This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Bishop North- County Line, Hwy 395 South- Keough's Rd. Hwy 395 East- Mono County Line, Hwy 6 West- Roads End
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS- 9-1-1 and Interfacility transfers
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in January 2006. Awarded November 2006. Contract approved for 8 years (July 2014) .

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Big Pine Rescue This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Big Pine North- Keough's Rd., Hwy 395 South- Aberdeen Rd., Hwy 395 East- Roads end West- Roads end
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - Big Pine Rescue meets grandfathering requirement of 1797.224 <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS 9-1-1 and Interfacility- Volunteer
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Big Pine Rescue has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Independence Volunteer Fire Department This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Independence North- Aberdeen Rd., Hwy 395 South- Aqueduct crossing at George's creek, Hwy 395 East- Roads end West- Roads end
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - Independence Rescue meets grandfathering requirement of 1797.224 <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS 9-1-1 - Volunteer
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Independence Rescue has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</p> <p>Mono County Paramedic Program (ALS/BLS Ambulance Service)</p>
<p>Area or sub area (Zone) Geographic Description: All areas of Mono County (including both unincorporated and the incorporated Town of Mammoth Lakes), except that southeastern portion of the County including and surrounding the Benton, Chalfant and Hammil Valleys (the Tri-Valley area).</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive –</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>This area is exclusive to BLS, ALS, and interfacility transport ambulance services.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>The Mono County Paramedic program or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. This provider began providing paramedic service in 1975.</p> <p>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mammoth Lakes Fire Protection District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service)
Area or sub area (Zone) Geographic Description: The incorporated area of the Town of Mammoth Lakes and the observed Fire District boundaries.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). The Mammoth Lakes Fire Protection District responds to basic life support emergency calls within EOA # 2. (EOA # 2 is a subset of and overlaps EOA # 1 and, therefore, the Mono County paramedic program which is the exclusive provider for EOA # 1 also responds to advanced life support, basic life support, and interfacility transport calls within EOA # 2.)
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. The Mammoth Lakes Fire Protection District and the Mono County Paramedic Program or their predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. Mono County Paramedic Program began providing paramedic service in 1975. The Mammoth Lakes Fire Protection District began providing BLS ambulance service in 1978. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

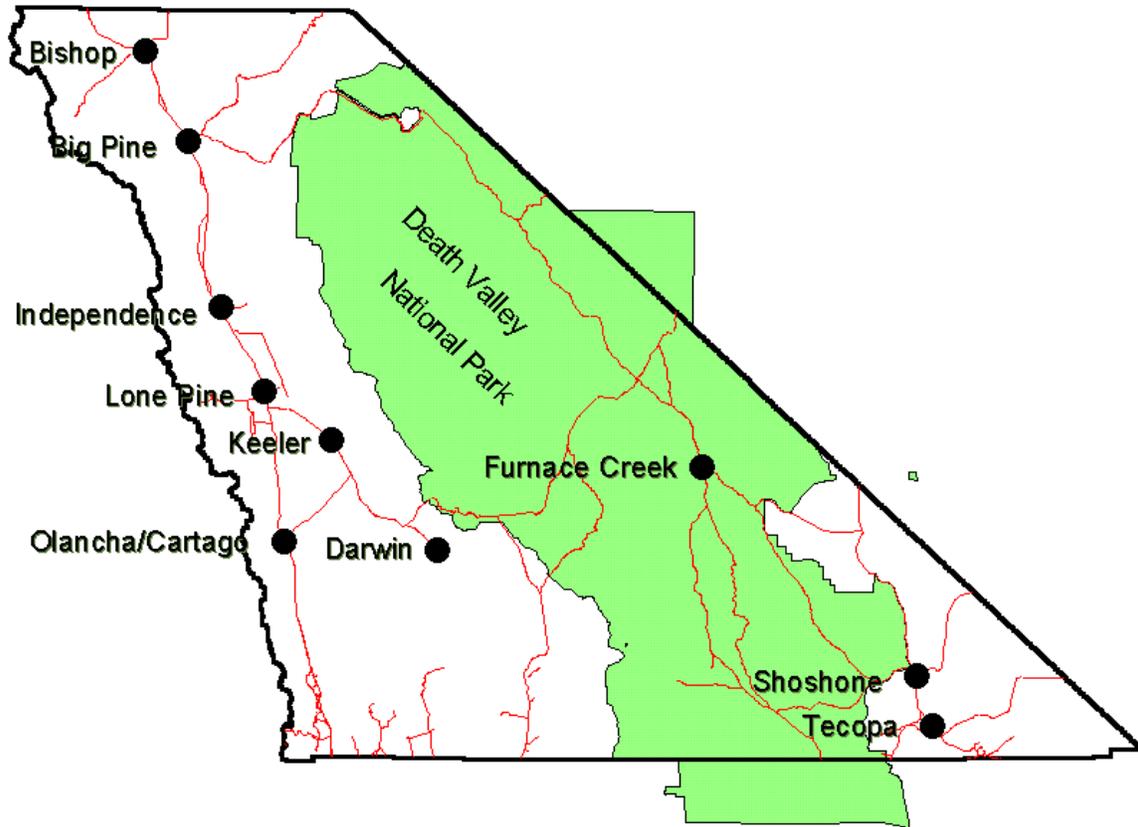
In order to evaluate the nature of each area or sub area, the following information should be compiled for each operating area individually. Please include a separate form for each exclusive and/or nonexclusive ambulance operating area.

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County
Area or sub area Name or Title: Exclusive Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. White Mountain Fire Protection District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service)
Area or sub area (Zone) Geographic Description: Those areas including and surrounding the community of Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive meets grandfathering requirement of 1797.224 & 1797.226 <input checked="" type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). This area has not been determined to be exclusive as of 10/4/04. White Mountain Fire Protection District has provided BLS ambulance service in this area since 1982. The Mono County Paramedic Program began providing ALS ambulance service in 1975.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

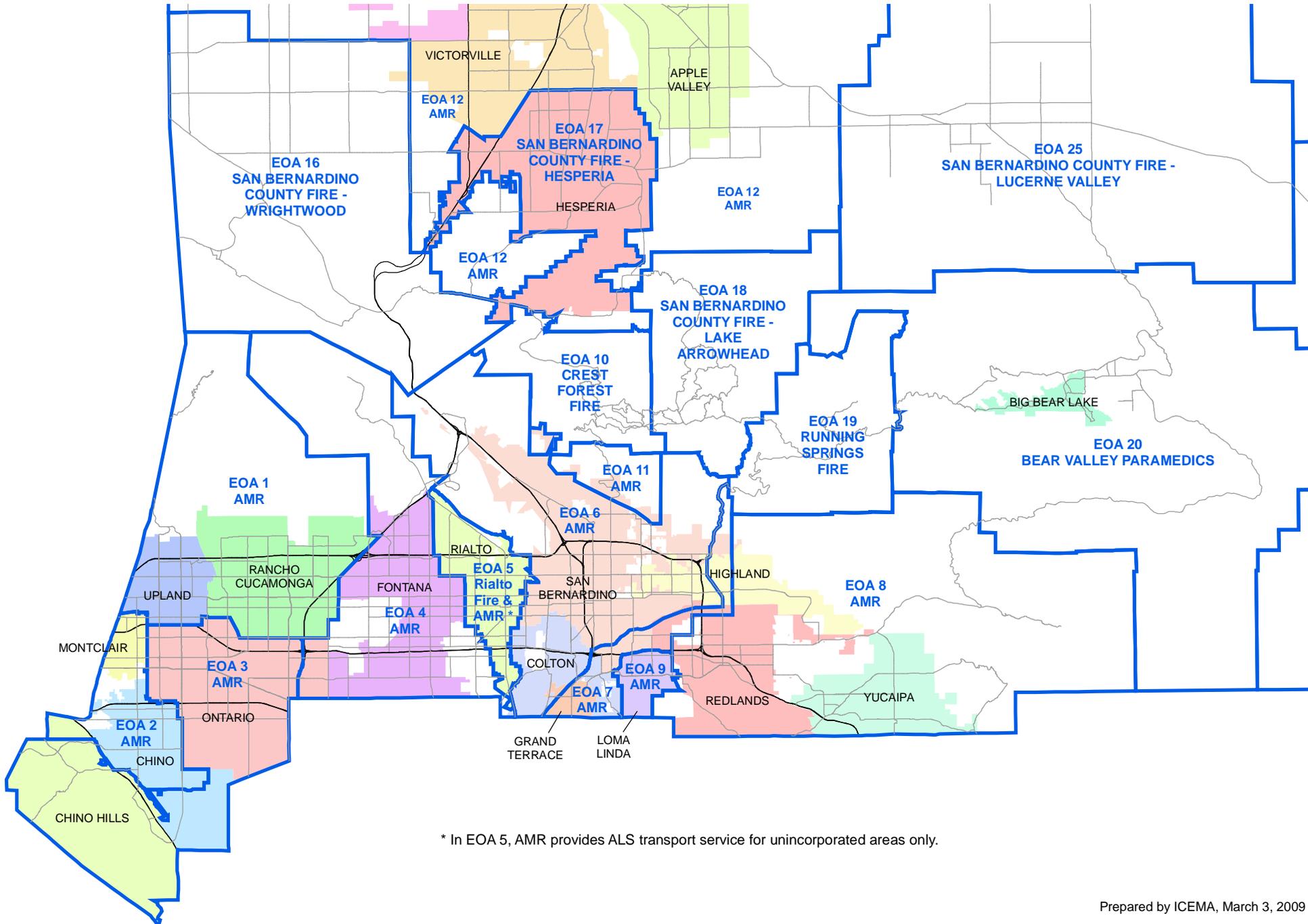
In order to evaluate the nature of each area or sub area, the following information should be compiled for each operating area individually. Please include a separate form for each exclusive and/or nonexclusive ambulance operating area.

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Exclusive Operating Area #4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Chalfant Valley Community Services/Fire District (BLS - ALS Ambulance Service as available) Mono County Paramedic Program (ALS/BLS Ambulance Service)
Area or sub area (Zone) Geographic Description: see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive - <input checked="" type="checkbox"/> Non-exclusive -
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). This area has not been determined to be exclusive as of 10/4/04. Chalfant Valley Community Services/Fire District has operated a BLS ambulance service in this area since 1985 and provides ALS service as available. The Mono County Paramedic Program has provided ALS ambulance service in this area since 1975.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

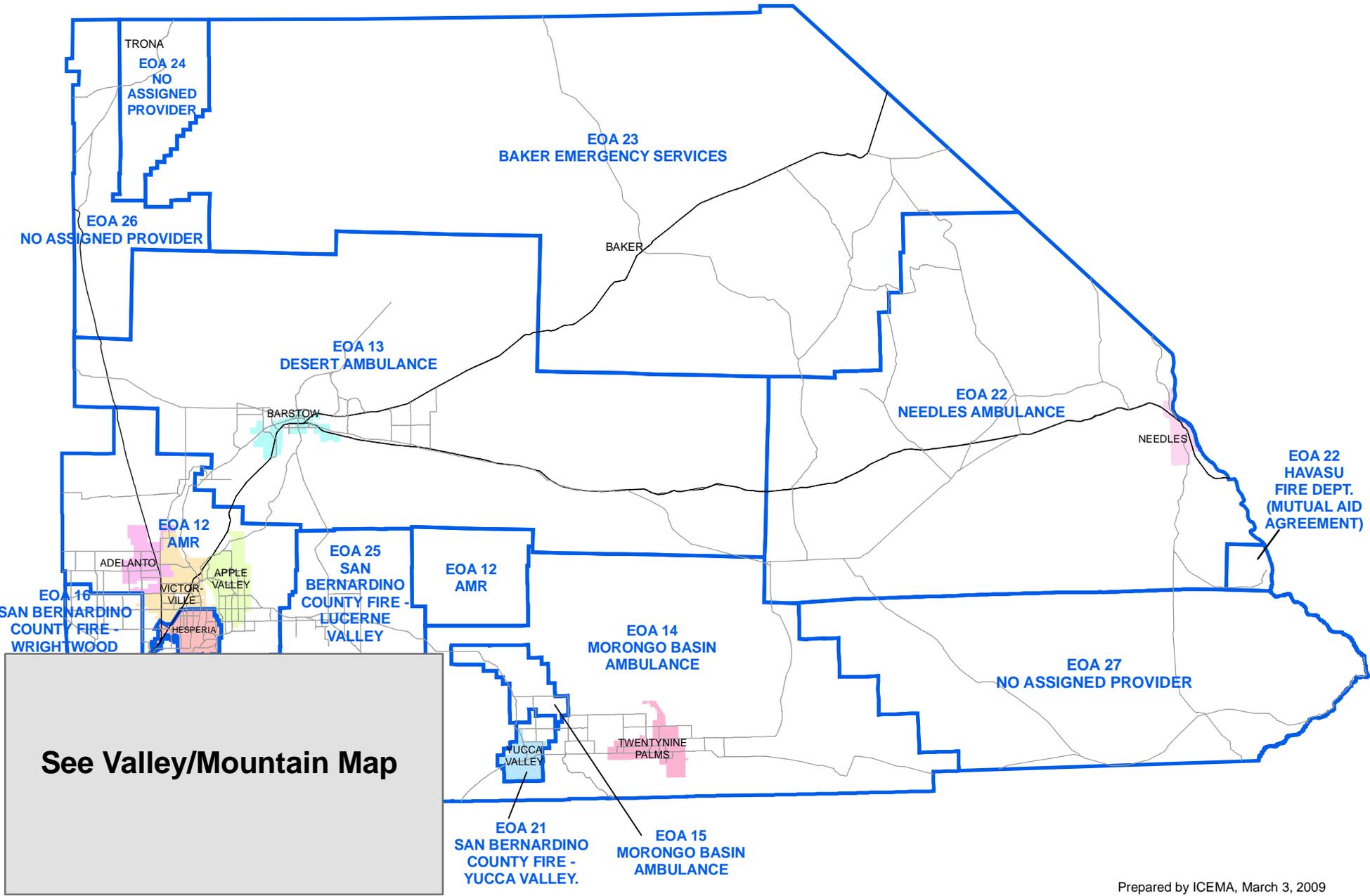


Inyo County Map

San Bernardino County ALS Ambulance Transport Service Exclusive Operating Areas and Service Providers Valley/Mountain Region



San Bernardino County ALS Ambulance Transport Service Exclusive Operating Areas and Service Providers Desert Region



Mono County Exclusive Operating Areas and Operating Areas

-  Roads and Trails
-  Lakes and Reservoirs
-  Exclusive Operating Area #1
-  Exclusive Operating Area #2
-  Operating Area #3
-  Operating Area #4

