



A Division of the Ventura County Health Care Agency

BARRY R. FISHER, MPPA
Director

EMERGENCY MEDICAL SERVICES

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ANGELO SALVUCCI, M.D., F.A.C.E.P
Medical Director

December 8, 2011

Sandy Salaber
EMS Systems Analyst
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Sandy,

The 2011 EMS Plan Update for Ventura County EMS Agency is submitted for your review.

Standard changes are shown in the Excel document and Tables 2 through 9, Ambulance Zone Summary Forms and the Trauma System Status Report are included as requested.

Significant changes in the 2011 reporting period include the merger of our Public Health Emergency Preparedness Office into the Ventura County EMS Agency structure. We are also currently in the process of implementing a new electronic patient care reporting system through ImageTrend, Inc. When completed, this project will also include a STEMI and Trauma registry and will be connected to CEMISIS.

Please feel free to contact me at (805) 981-5305 should you require any additional information or have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Carroll".

Steve Carroll
EMS Administrator

| Standard | EMSA Requirement | Meets Minimum Req. | Short Range (one year or less) | Long Range (more than one year) | Progress | Objective |
|----------|-------------------------|--------------------------|-------------------------------------|---------------------------------|---|-----------|
| 1.27 | Pediatric System Design | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This area remains a short range plan as we continue developing our pediatric specialty care system. | |
| 4.1 | Aircraft Availability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Air transport resources have been identified and a written MOU is on file with the Sheriff's Dept. for Air Rescue services. | |
| 4.11 | Specialty Vehicles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Through resource typing plans conducted by Ventura County, we have identified various all terrain vehicles. Resources are available through County Fire or County Sheriff's Dispatch. | |
| 5.1 | Pediatric System Design | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | We are continuing to review this specific area and have now placed this into our short range plan, which includes future development of a PICU at Ventura County Medical Center and transfer agreements with adjacent county PICU and Pediatric Trauma Centers. | |

| Standard | EMSA Requirement | Meets Minimum Req. | Short Range (one year or less) | Long Range (more than one year) | Progress | Objective |
|----------|--------------------------|-------------------------------------|-------------------------------------|---------------------------------|--|-----------|
| 5.13 | Specialty System Design | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ventura County has a well established and maintained STEMI system and a recently developed Trauma system. Services not offered in our County are provided through agreements with out-of-county specialty care hospitals. Ventura County EMS is also working with all our hospitals to develop a Stroke Care System, with projected implementation on December 2012. | |
| 5.14 | Public Input | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Prehospital and hospital providers participate in review committees for both the STEMI and Trauma Systems. The proposed Stroke System will also have a similar design when it is implemented by the end of 2012. | |
| 6.06 | System Design Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of the EMS System is conducted by the EMS Agency CQI Program, Prehospital Services Committee and the Board of Supervisors appointed EMS Advisory Committee. | |
| 6.08 | Reporting | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Design and implementation of an annual reporting process is a short range plan. | |

| Standard | EMSA Requirement | Meets Minimum Req. | Short Range (one year or less) | Long Range (more than one year) | Progress | Objective |
|----------|------------------|---|-------------------------------------|---|--|-----------|
| 6.09 | ALS Audit |  | <input checked="" type="checkbox"/> |  | <p>This is now a short range plan as the process will be further developed and implemented following the successful launch of our new electronic patient care reporting system in 2012.</p> | |
| 8.06 | Needs Assessment |  | <input checked="" type="checkbox"/> |  | <p>This process has been addressed through the development and implementation of the Public Health Emergency Response Plan, in coordination with the Office of Emergency Services and the Regional Disaster Medical Health Specialist. Short range plan is to focus on the new Emergency Operations Manual training.</p> | |

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 10-11
EXPENSES

| | |
|---|---------------------------|
| Salaries and benefits (All but contract personnel) | \$ <u>751,056</u> |
| Contract Services (e.g. medical director) | <u>325,319</u> |
| Operations (e.g. copying, postage, facilities) | <u>261,986</u> |
| Travel | <u>16,874</u> |
| Fixed assets | <u>0</u> |
| Indirect expenses (overhead) | <u>0</u> |
| Ambulance subsidy | <u>54,575</u> |
| EMS Fund payments to physicians/hospital | <u>2,209,670</u> |
| Dispatch center operations (non-staff) | <u>0</u> |
| Training program operations | <u>17,582</u> |
| Other: _____ | <u>0</u> |
| Other: _____ | <u>0</u> |
| Other: _____ | <u>0</u> |
| TOTAL EXPENSES | \$<u>3,637,062</u> |

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

| | |
|---|----------------------------|
| Special project grant(s) [from EMSA] | |
| Preventive Health and Health Services (PHHS) Block Grant | \$ _____ |
| Office of Traffic Safety (OTS) | _____ |
| State general fund | _____ |
| County general fund | <u>633,421</u> |
| Other local tax funds (e.g., EMS district) | _____ |
| County contracts (e.g. multi-county agencies) | <u>276,499</u> |
| Certification fees | <u>68,061</u> |
| Training program approval fees | _____ |
| Training program tuition/Average daily attendance funds (ADA) | _____ |
| Job Training Partnership ACT (JTPA) funds/other payments | _____ |
| Base hospital application fees | _____ |
| Trauma center application fees | _____ |
| Trauma center designation fees | <u>150,000</u> |
| Pediatric facility approval fees | _____ |
| Pediatric facility designation fees | _____ |
| Other critical care center application fees | _____ |
| Type: _____ | |
| Other critical care center designation fees | _____ |
| Type: _____ | |
| Ambulance service/vehicle fees | <u>260,410</u> |
| Contributions | _____ |
| EMS Fund (SB 12/612) | <u>2,525,170</u> |
| Other grants: _____ | _____ |
| Other fees: _____ | _____ |
| Other (specify): _____ | _____ |
| TOTAL REVENUE | \$ <u>3,637,062</u> |

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

Table 2 - System Organization & Management (cont.)

EMS System: Ventura County Reporting year 2010-2011

| CATEGORY | ACTUAL TITLE | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (%of Salary) | COMMENTS |
|---|---------------------------|--------------------------|---------------------------------|-----------------------|------------------------|
| EMS Admin./Coord./Director | EMS Administrator | 1.0 | 55.75 / hr | 36% | |
| Asst. Admin./Admin. Asst./Admin. Mgr. | Admin. Assistant III | 1.0 | 32.26 / hr | 36% | |
| ALS Coord./Field Coord./ Training Coordinator | | | | | |
| Program Coordinator/ Field Liaison (Non-clinical) | Program Administrator III | 1.0 | 38.49 / hr | 36% | |
| Trauma Coordinator | Senior Program Admin. | 1.0 | 43.37 / hr | 36% | |
| Medical Director | EMS Medical Director | 0.5 | 94.41 / hr | 0 | Independent Contractor |
| Other MD/Medical Consult/ Training Medical Director | | | | | |
| Disaster Medical Planner | | | | | |

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

Table 2 - System Organization & Management (cont.)

| CATEGORY | ACTUAL TITLE | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (%of Salary) | COMMENTS |
|--------------------------------------|-----------------------------|--------------------------|---------------------------------|-----------------------|----------|
| Dispatch Supervisor | | | | | |
| Medical Planner | | | | | |
| Data Evaluator/Analyst | | | | | |
| QA/QI Coordinator | PD Registered Nurse II | 0.6 | 40.25 / hr | 0 | |
| Public Info. & Education Coordinator | | | | | |
| Executive Secretary | | | | | |
| Other Clerical | Administrative Assistant II | 1.0 | 29.33 / hr | 36% | |
| Other Clerical | Office Assistant III | 1.0 | 19.32 / hr | 36% | |
| Data Entry Clerk | | | | | |
| Other | Courier I | 1.0 | 15.93 / hr | 0 | |

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Ventura

Reporting Year: 2010-2011

NOTE: Table 3 is to be reported by agency.

| | EMT - Is | EMT - IIs | EMT - Ps | MICN |
|--|----------|-----------|----------|------|
| Total Certified | 845 | | | 62 |
| Number newly certified this year | 154 | | | 19 |
| Number recertified this year | 692 | | | 43 |
| Total number of accredited personnel on July 1 of the reporting year | 1432 | | 233 | 112 |
| Number of certification reviews resulting in: | | | | |
| a) formal investigations | 12 | | | |
| b) probation | 2 | | | |
| c) suspensions | 0 | | | |
| d) revocations | 3 | | | |
| e) denials | 1 | | | |
| f) denials of renewal | 0 | | | |
| g) no action taken | 1 | | | |

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 0
 - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Ventura
County: Ventura
Reporting Year: 2010-2011

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 154.055
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies?
Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster?
Ventura County Sheriff's Department and Ventura County Fire Protection District

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Ventura

Reporting Year: 2010-2011

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

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

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Ventura

Reporting Year: 2010-2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

| | |
|--|-------------|
| a) Number of patients meeting trauma triage criteria | <u>1813</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>1343</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>92</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | <u>488</u> |

Emergency Departments

| | |
|---|----------|
| Total number of emergency departments | <u>8</u> |
| a) Number of referral emergency services | <u>0</u> |
| b) Number of standby emergency services | <u>1</u> |
| c) Number of basic emergency services | <u>7</u> |
| d) Number of comprehensive emergency services | <u>0</u> |

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Ventura
County Ventura
Reporting Year: 2010-2011

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Hospital Parking Lots
 - b. How are they staffed? Hospital personnel and PH nurses
 - c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD
Do you have a CISD provider with 24 hour capability? yes X no

3. Medical Response Team
 - a. Do you have any team medical response capability? yes X no
 - b. For each team, are they incorporated into your local response plan? yes X no
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 12

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

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

| | | |
|--|------------------------------------|--|
| Student Eligibility: * Open | Cost of Program | **Program Level: <u>EMT</u> |
| | Basic _____ Refresher _____ | Number of students completing training per year: Initial training: <u>27</u> Refresher: <u>2</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-15</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u> |

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

| | | |
|--|------------------------------------|--|
| Student Eligibility: * Open | Cost of Program | **Program Level: <u>EMT</u> |
| | Basic _____ Refresher _____ | Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>761</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-14</u> Number of courses: <u>12</u> Initial training: <u>0</u> Refresher: <u>12</u> Cont. Education: _____ |

- Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

Training Institution Name Moorpark College
Address 7075 Campus Road
 Moorpark, CA 93021

Contact Person telephone no. Carol Higashida
 805-378-1433

| | | |
|--|--------------------------------|---|
| Student Eligibility: * Open | Cost of Program | **Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>69</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>01-31-15</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u> |
| | Basic _____ Refresher _____ | |

Training Institution Name Oxnard College
Address 4000 S. Rose Avenue
 Oxnard, CA 93033

Contact Person telephone no. Dana Sullivan
 805-488-0911

| | | |
|--|--------------------------------|---|
| Student Eligibility: * Open | Cost of Program | **Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>169</u> Refresher: <u>43</u> Cont. Education <u>0</u> Expiration Date: <u>01-31-12</u> Number of courses: <u>9</u> Initial training: <u>6</u> Refresher: <u>3</u> Cont. Education: <u>0</u> |
| | Basic _____ Refresher _____ | |

- Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

| | | | |
|----------------------------------|---|-------------------------------------|-------------------------|
| Training Institution Name | <u>Simi Valley Adult School</u> | Contact Person telephone no. | <u>Sterling Johnson</u> |
| Address | <u>3150 School Road</u> <u>Simi Valley, CA 93062</u> | | <u>805-579-6200</u> |

| | | |
|-------------------------------|--|--|
| Student Eligibility: * | Cost of Program | **Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>107</u> Refresher: <u>4</u> Cont. Education: <u> </u> Expiration Date: <u>11-30-15</u> Number of courses: <u>7</u> Initial training: <u>6</u> Refresher: <u>1</u> Cont. Education: <u>0</u> |
| Open | Basic <u> </u> Refresher <u> </u> | |

| | | | |
|----------------------------------|--|-------------------------------------|---------------------|
| Training Institution Name | <u>Ventura City Fire Department</u> | Contact Person telephone no. | <u>Nancy Merman</u> |
| Address | <u>1425 Dowell Drive</u> <u>Ventura, CA 93003</u> | | <u>805-339-4461</u> |

| | | |
|-------------------------------|--|---|
| Student Eligibility: * | Cost of Program | **Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>06-30-14</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u> |
| Restricted | Basic <u> </u> Refresher <u> </u> | |

- Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

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

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

| | | |
|--|--|---|
| Student Eligibility: * Open | Cost of Program | **Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>77</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>11-30-15</u> Number of courses: <u>3</u> Initial training: <u>3</u> Refresher: <u>0</u> Cont. Education: <u> </u> |
| | Basic <u> </u> Refresher <u> </u> | |

Training Institution Name Ventura County Fire Department
Address 165 Durley Avenue
Camarillo, CA 93010

Contact Person telephone no. Mark Komins
805-389-9776

| | | |
|--|--|---|
| Student Eligibility: * Restricted | Cost of Program | **Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>351</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-15</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education: <u>0</u> |
| | Basic <u> </u> Refresher <u> </u> | |

- Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

| | | | |
|----------------------------------|---|-------------------------------------|---------------------|
| Training Institution Name | Oxnard Fire Department | Contact Person telephone no. | Stephanie Huhn |
| Address | <u>360 West Second St. Oxnard, CA 93030</u> | | <u>805-385-8361</u> |

| | | |
|--|--|---|
| Student Eligibility: * Restricted | Cost of Program Basic _____ Refresher _____ | **Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>33</u> Cont. Education: <u>0</u> Expiration Date: <u>1-31-12</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education: <u>0</u> |
|--|--|---|

- Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

| | | | |
|---|---|--|--|
| Name, address & telephone: Ventura County Fire Dept. 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710 | | Primary Contact: Steve McClellen | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster | Number of Personnel providing services: ___ 27 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal |

| | | | |
|---|---|--|--|
| Name, address & telephone: Oxnard Police/Fire Communications 251 S. C St., Oxnard, CA 93030 (805) 385-7722 | | Primary Contact: Danah Palmer | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster | Number of Personnel providing services: ___ 22 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal |

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

| | |
|---|---|
| Local EMS Agency or County Name: | Ventura County EMS |
| Area or subarea (Zone) Name or Title: | ASA 1 |
| Name of Current Provider(s): | LifeLine Medical Transport Serving the Ojai Valley since 1935 |
| <p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> | |
| Area or subarea (Zone) Geographic Description: | Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): | Exclusive |
| <p><small>Include intent of local EMS agency and Board action.</small></p> | |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): | Emergency Ambulance for 911 calls only |
| <p><small>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.).</small></p> | |
| Method to achieve Exclusivity, if applicable (HS 1797.224): | Grandfathered |
| <p>LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.</p> | |
| <p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> | |
| <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> | |

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

| | |
|--|---|
| Local EMS Agency or County Name: | Ventura County EMS |
| Area or subarea (Zone) Name or Title: | ASA 2 |
| Name of Current Provider(s): | American Medical Response Serving since 1962 |
| Include company name(s) and length of operation (uninterrupted) in specified area or subarea. | |
| Area or subarea (Zone) Geographic Description: Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula.. | |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Exclusive Include intent of local EMS agency and Board action. | |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance for 911 calls only Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). | |
| Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred. Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. | |

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

| | |
|---|--|
| Local EMS Agency or County Name: | Ventura County EMS |
| Area or subarea (Zone) Name or Title: | ASA 3 |
| Name of Current Provider(s): | American Medical Response Serving since 1962 |
| <p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> | |
| Area or subarea (Zone) Geographic Description: | Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): | Exclusive |
| <p><small>Include intent of local EMS agency and Board action.</small></p> | |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): | Emergency Ambulance for 911 calls only |
| <p><small>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.).</small></p> | |
| Method to achieve Exclusivity, if applicable (HS 1797.224): | Grandfathered |
| <p>American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> | |
| <p>Previous Owners: Brady Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p> | |
| <p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> | |
| <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> | |

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

| | |
|---|---|
| Local EMS Agency or County Name: | Ventura County EMS |
| Area or subarea (Zone) Name or Title: | ASA 4 |
| Name of Current Provider(s): | American Medical Response Serving since 1962 |
| Include company name(s) and length of operation (uninterrupted) in specified area or subarea. | |
| Area or subarea (Zone) Geographic Description: | Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): | Exclusive |
| Include intent of local EMS agency and Board action. | |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): | Emergency Ambulance for 911 calls only |
| Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). | |
| Method to achieve Exclusivity, if applicable (HS 1797.224): | Grandfathered |
| <p>American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p> | |
| <p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> | |

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

| | |
|--|--|
| Local EMS Agency or County Name: | Ventura County EMS |
| Area or subarea (Zone) Name or Title: | ASA 6 |
| Name of Current Provider(s): | Gold Coast Ambulance Serving since 1949 |
| Include company name(s) and length of operation (uninterrupted) in specified area or subarea. | |
| Area or subarea (Zone) Geographic Description: Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme. | |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Exclusive Include intent of local EMS agency and Board action. | |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance for 911 calls only Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). | |
| Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Prior to May 2010, Ken Cook, owned the company after purchasing it in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred. If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. | |

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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| | |
|---|--|
| Local EMS Agency or County Name: | Ventura County EMS |
| Area or subarea (Zone) Name or Title: | ASA 7 |
| Name of Current Provider(s): | American Medical Response Serving since 1962 |
| Include company name(s) and length of operation (uninterrupted) in specified area or subarea. | |
| Area or subarea (Zone) Geographic Description: | Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): | Exclusive |
| Include intent of local EMS agency and Board action. | |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): | Emergency Ambulance for 911 calls only |
| Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). | |
| Method to achieve Exclusivity, if applicable (HS 1797.224): | |
| <p>Grandfathered American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p> <p>Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.</p> | |
| If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. | |
| If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. | |

FEB 24 2012

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



February 23, 2012

Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd., Suite 130
Oxnard, CA 93036-0619

Dear Mr. Carroll:

We have completed our review of *Ventura County's 2010/11 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on the EMS plan update:

Transportation Plan: Based on the documentation you provided please see the attachment on EMS Authority's determination of the exclusivity of Ventura County's ambulance zones.

Your annual update will be due on February 23, 2013. Please submit Ventura County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in black ink that reads 'Howard Backer'.

Howard Backer, MD, MPH, FACEP
Director

HB:ss

Attachment

