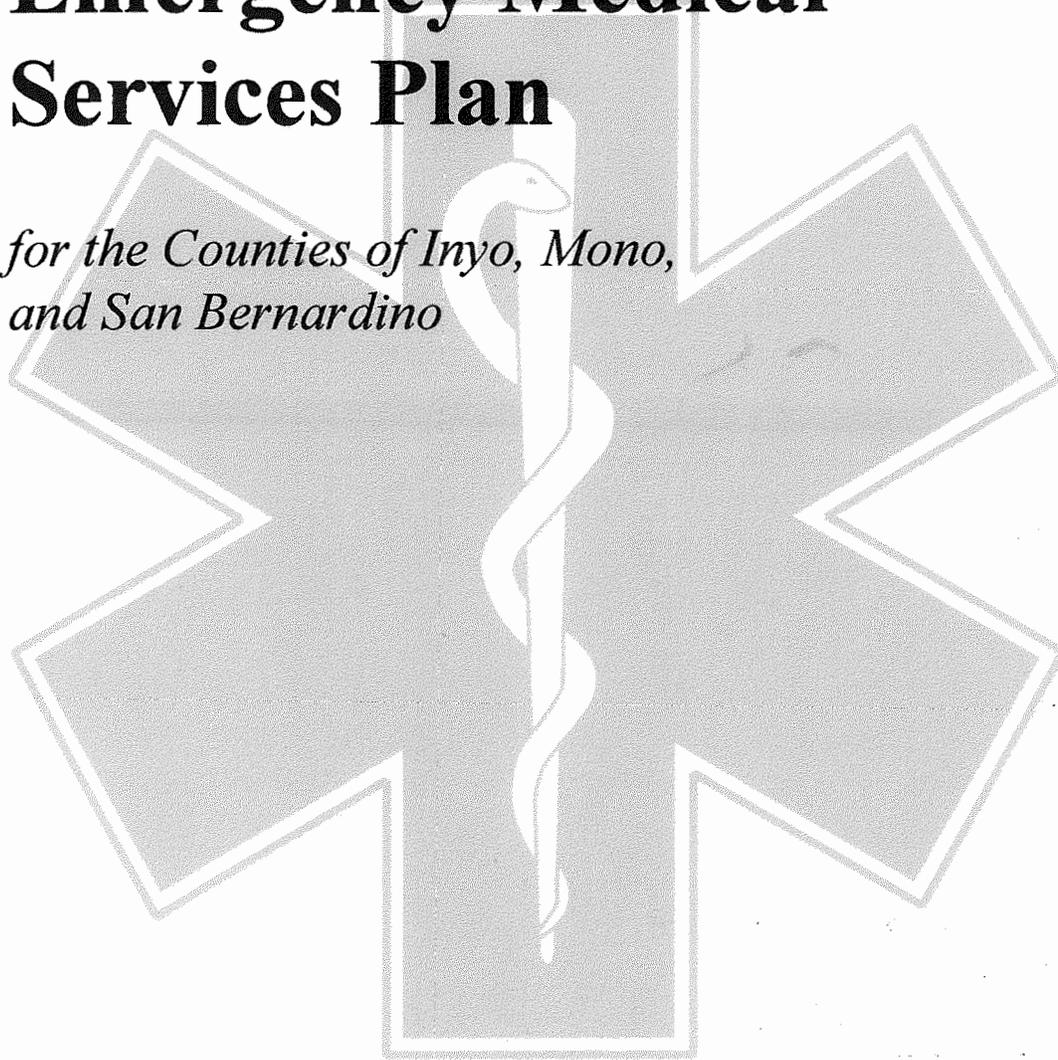


Emergency Medical Services Plan

*for the Counties of Inyo, Mono,
and San Bernardino*



November 1999

Prepared for State EMS Authority
by Inland Counties Emergency Medical Agency

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SECTION II - GEOGRAPHY AND PHYSICAL CHARACTERISTICS

A. Geographic Description:

The San Bernardino County EMS Region includes the counties of Inyo, Mono, and San Bernardino and extends over approximately 25% of the State of California. The region is approximately 210 miles at its widest point and 400 miles long.

The total land area encompasses approximately 33,365 square miles. Inyo County covers an area of 10,098 square miles of desert and mountain terrain. Mono County comprises 9.3% of the regions' area with 3,102 square miles of rugged mountains and wilderness. San Bernardino County's 20,164 square miles of varied deserts, mountains, and valleys make it the geographically largest county in the United States.

Abutting the Nevada and Arizona borders, the eastern boundary of the region forms one-half of the entire California border. With the exception of the San Bernardino/Ontario area, the region is predominantly rural.

B. Topography:

Vast areas of the region are uninhabited mountains or desert interspersed with sections of arable land. The area is so geographically diverse that a change in scenery comparable to traveling hundreds of miles in other parts of the country may be experienced in traveling only a short distance in the three-county region. Both the highest (Mount Whitney) and the lowest (Death Valley) points in the continental United States lie within the region.

East of the Sierra Nevada in Inyo and Mono Counties lie several mountain ranges which are comparatively dry. Within this sparsely populated region lies Death Valley (elevation 279 feet below sea level), an area attractive to tourists because of its mild winter climate and unusual desert scenery.

Two mountain ranges, the San Bernardino Mountains and the San Jacinto Mountains, together form the major portion of the San Bernardino National Forest in Riverside and San Bernardino Counties. The coniferous forests of these mountains make attractive spots for tourists and weekend campers. The area offers skiing in the winter and water sports, rock climbing, camping and hiking during the summer.

Most of the land in eastern San Bernardino County is sparsely populated desert. Its low mountains, valleys, and dry lakebeds are attractive to campers, motorcyclists, and dune buggy enthusiasts. The Colorado River runs along the eastern border of the county and is an attractive site for boating, water skiing, and fishing.

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY, CALIFORNIA
AND RECORD OF ACTION**

ICEMA w/Plan

December 14, 1999

FROM: THOMAS J. PRENDERGAST, M.D.
Director of Public Health

SUBJECT: **EMERGENCY MEDICAL SERVICES PLAN FOR SAN BERNARDINO, INYO
AND MONO COUNTIES**

RECOMMENDATION: Acting as the governing Board of the Inland Counties Emergency Medical Agency (ICEMA), approve regional Emergency Medical Services (EMS) Plan for the counties of Inyo, Mono, and San Bernardino. (See Board direction on Page 2).

BACKGROUND INFORMATION: The State Emergency Medical Services Authority is responsible for assessing defined EMS areas for the purpose of determining the need for additional EMS services, coordination of EMS and the effectiveness of EMS. The State provides planning guidelines for local or regional EMS systems, and reviews local EMS agency plans for the implementation of EMS and trauma care systems. This is a five year plan describing the current regional EMS system and defining long-range goals and objectives for planning and implementing consistent, high-quality emergency medical services for residents and visitors in the counties of Inyo, Mono and San Bernardino. Annual plan updates are submitted to the State.

ICEMA is the local EMS agency responsible for planning, implementing and evaluating the EMS system for the region consisting of the counties of Inyo, Mono and San Bernardino. The principal functions of a local EMS agency are specified in the California Health and Safety Code. These functions include 1) approving and monitoring Emergency Medical Technician (EMT), paramedic and mobile Intensive Care Nurse (MICN) training programs; 2) conducting certification, accreditation and recertification of EMTs, paramedics and MICNs; 3) authorizing Advanced Life Support (ALS) programs; 4) establishing policies and procedures for medical control of the EMS system, including dispatch, patient destination, patient care, and quality improvement; 5) establishing ordinances and/or exclusive operating areas for the regulation of ambulance services; 6) developing and implementing a trauma system plan; and 7) developing standards for and authorizing base and ambulance receiving hospitals. The EMS system managed by ICEMA handled over 52,000 EMS 9-1-1 first responder and ambulance responses during calendar year 1998 and performed over 40,000 transports. Air ambulances performed over 800 responses in 1998. Currently there are 2,500 certified/accredited EMTs, 528 paramedics and 141 MICNs within the ICEMA region.

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cc: Public Health-Prendergast
ICEMA c/o Public Health
HSS Admin.-Michaelson
County Counsel
File w/Plan

lw

Record of Action of the Board of Supervisors

**APPROVED BOARD OF SUPERVISORS
COUNTY OF SAN BERNARDINO**

MOTION	<u>AYE</u>	<u>ABSENT</u>	<u>SECOND</u>	<u>AYE</u>	<u>MOVE</u>
				4	5

EARLENE SPRGAN, CLERK OF THE BOARD

BY _____

DATED: December 14, 1999

ITEM 070

BOARD OF SUPERVISORS

EMS Plan

December 14, 1999

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Additional local responsibilities of ICEMA are enforcement of San Bernardino County ordinances governing ground and air ambulances, management of the San Bernardino County Transportation Plan, and development and maintenance of the Department of Public Health's medical/health disaster plan. ICEMA also implements State-funded activities related to disaster medical/health coordination for Inyo, Mono, San Bernardino, Imperial, Riverside and San Diego counties, and Disaster Medical Assistance Team (DMAT) training.

The EMS region is organized into ambulance zones, or operating areas, designated by each county's health officer. San Bernardino County currently has 24 such areas; Inyo County has nine areas and Mono County's service areas correspond to the State Fire Marshall's zones. Field delivery of emergency medical services is provided by privately owned ambulance companies, volunteer ambulance services, public ambulance services and public safety agencies which provide first responder services. Ten base hospitals provide medical control services for ALS personnel. Almost all medical emergencies in the region receive a two-tiered response. First responders provide basic or advanced life support services until an ALS ambulance arrives to assume care and transport patient to a hospital. Helicopters are used in remote areas. Trauma is the leading cause of ambulance transport in the region followed by cardiac problems, respiratory problems and behavior concerns. Arrowhead Regional Medical Center and Loma Linda University Medical Center are designated as Level II and Level I Trauma Centers, respectively.

This plan utilizes State planning guidelines which include eight components—staffing and training, communication, response/transportation, facilities/critical care, system organization and management, data collection/system evaluation, public information and education, and disaster medical response. The plan was developed with input from meetings with provider representatives, a Plan Development Retreat, and a survey of agencies, facilities and response personnel. The draft plan was reviewed by the Emergency Medical Care Committee (EMCC) of each member county. The EMCC is appointed by the Board of Supervisors in each County and acts as an advisory group to the Board and to ICEMA. This plan has been formally approved by all of the County EMCCs who recommend its approval by the governing Board.

The major recommendations in the report include 1) utilizing the recently formed Data Task Force to develop a standardized and modernized data collection system that optimally would permit the integration of prehospital response data with receiving facility data; 2) assess, improve and upgrade the communications system in Inyo and Mono counties; 3) continue to work on full implementation of the hospital-based Reddinet communication system for multi-casualty incidents/disasters; 4) assess trauma and emergency facility capabilities; and 5) working with provider group advisory committees, develop performance-based contracts with emergency responders to assure compliance with ICEMA standards, policies and procedures.

REVIEW BY OTHERS: This plan was reviewed and approved by the Emergency Medical Care Committee in each of the three member counties.

FINANCIAL IMPACT: Approval of this plan imposes no additional cost on the County.

PRESENTER: Thomas J. Prendergast, M.D., Director of Public Health

****The Board directs the policy issue be brought back to the Board for discussion within the next 30 days.**

Shores Ambulance only. The area volunteer fire department will respond only if specifically requested and if manpower is available.

Zone 4: Blythe Ambulance Service responds from Riverside County into this area of the county. They have some paramedics, EMT-D's and EMT-I's in their employ. The crew may consist of any combination on any given day. There is no first responder agency in this region.

Zone 5: The County has an agreement with Rural/Metro Corporation (based in Yuma) to respond into this area which includes the town of Winterhaven. There is a volunteer fire department in Winterhaven with firefighters who have the minimum medical training (CPR and first aid) who will respond on request. Patients from this area are transported to YRMC.

Zone 6: Bombay Beach Rescue Service, also a non-profit ambulance service that is largely supported by subscriptions and donations, provides ambulance service to the community of Bombay Beach and several health spas in the area. They also have one full-time paramedic, two Expanded-Scope EMT's, two EMT-D's, and a couple of part-time EMT-I's. There is also a volunteer fire department in the area that will respond on request.

System Problems:

A diminishing tax base has taken its toll on all county and city departmental budgets. In 1996, continuation of the utility tax was not supported at the polls in the cities of El Centro and Calexico. As a result, these fire departments have cut staffing and services. Mutual aid from these cities into the unincorporated areas can no longer be guaranteed in a timely manner. The threat of losing the utility tax looms over the Brawley Fire Department as well and will be on the June ballot.

As a result of tax cuts, ECFD is seriously considering providing ambulance service within their jurisdiction. They are anxiously awaiting the Supreme Court decision on the San Bernardino case. Approximately 36% of Gold Cross's ambulance transports come out of the city of El Centro. If they lost El Centro, Gold Cross may not be able to continue to provide ALS ambulance to the remaining cities and unincorporated areas in Zone 1 without a substantial subsidy to compensate for this loss. This could result in the system becoming further fragmented with the loss of ALS service to most of the rural areas of the county.

Both WSAS and BBRS struggle each month to collect enough money to continue their services. Donations and subscriptions fluctuate with the snowbird population. The pollution that flows into the Salton Sea from the new river along with the sea's rise and flooding of shoreline communities has resulted in

INTRODUCTION

This Emergency Medical Services (EMS) plan has been developed for ICEMA following an analysis of the EMS delivery system. The analysis followed a process that elicited input from multiple participants in the EMS system. ICEMA engaged the assistance of the EMS consultant group, The Abaris Group, to facilitate the process.

The analysis and ultimate plan development included telephone conversations, meetings, an open regional meeting, and a survey tool used to review systems goals and objectives with stakeholders, as well as the use of a survey tool and individual contacts with interested parties.

The ICEMA System Plan will be presented to the San Bernardino County Board of Supervisors, acting as the Joint Powers Board. The ultimate goal of the ICEMA System Plan is to define an effective and efficient EMS system that can assure consistent, high-quality emergency medical services to the residents and visitors of ICEMA within available resources. Other considerations are also important. These include the establishment of a fiscally stable and responsible system, provision for community involvement in defining the level of emergency medical services, and development of a system that can withstand challenges and thrive in the future.

SECTION I - EXECUTIVE SUMMARY/OVERVIEW

Introduction

The ICEMA Emergency Medical Services (EMS) system has undergone significant development since its initiation as a Joint Powers EMS Agency in the late 70's. It originally included San Bernardino, Riverside, Inyo and Mono Counties. Riverside County left the agency in 1988. At that time, San Bernardino County took over the agency responsibilities, with the San Bernardino County Board of Supervisors acting as the Joint Powers Board of Directors.

ICEMA is situated in a geographical area that covers a large urban/suburban California population, as well as a large rural area with some wilderness areas. In the rural/wilderness areas, access to routine health care is a problem. The EMS system is often used as a safety net for these needs. The ICEMA Agency continues to enhance the system and look for ways to meet the needs of its communities.

Purpose

The ICEMA System Plan is a description of the current capabilities and future goals of the EMS system in the region. The purpose of this plan is to comply with the California Health and Safety Code and provide direction for the EMS system. It is intended to provide an organized and logical guide towards assuring the highest quality of emergency care to all in ICEMA region. This plan recognizes that a vast partnership of organizations, institutions, and individuals form the nucleus of a quality EMS system. It is only through this partnership and adherence to the highest standards of care that the goals of this plan will be achieved.

Background

During 1966, the so-called EMS "White Paper" titled "Accidental Death and Disability: The Neglected Disease of Modern Society," identified deficiencies in providing emergency medical care in the country.¹ This paper was the catalyst to spurring federal leadership towards an organized approach to EMS. Through the enactment of the 1966 Highway Safety Act, the states' authority to set standards and regulate EMS was further reinforced and encouraged. This Act also provided highway-safety funds to buy equipment and train personnel.

In California, the regional concept was found especially effective in rural areas with high tourist impact, and the state legislature in 1970 established Section 419 of the Health and Safety Code,

¹ National Committee of Trauma and Committee on Shock. "Accidental Death and Disability: The Neglected Disease of Modern Society," Washington D.C., National Academy of Sciences/National Research Council, 1966

which identifies funding for regional EMS agencies with large rural areas receiving high tourist volume.

In the Region, total funding was received under the Federal Grants beginning in 1977, and the Region is recognized as eligible to receive funding from the State of California annually.

ICEMA is responsible for providing overall systems management and evaluation of the EMS Systems in San Bernardino, Inyo and Mono Counties. Specific functions are currently under a joint powers agreement with each member county.

During 1973, the Emergency Medical Services Act (PL-93-154) was enacted to promote the development of regional EMS systems. Fifteen program components were recognized as essential elements of an EMS system. During 1981, this program ended and was folded into the Preventive Health and Human Services (PHHS) Block Grant Program. The original "White Paper," the accompanying Highway Safety Act, the Emergency Medical Services Act and subsequent block-grant programs have contributed significantly to the improvement of EMS across the country. Recently, National Highway Traffic Safety Administration (NHTSA) published The EMS Agenda for the Future (1996)² and its companion guide, The EMS Agenda for the Future - Implementation Guide (1998)³. These documents seek to give EMS programs guidance and direction on EMS vision for the future. Key recommendations of these reports have been incorporated into the ICEMA plan.

Early in California, EMS program improvement took the form of increasing the standards for vehicle licensing and personnel certification. Emergency Medical Technician (EMT) training was required for ambulance personnel, as were ambulance inspections by the California Highway Patrol. Unbridled growth of ambulance services and the difficulty of monitoring ambulance providers and their personnel led some communities to limit the number of transporting ambulance services serving their communities. These communities relied on licensing ambulance services into designated service areas and limited new licensees. For the most part, this franchising was limited to monitoring equipment and controlling patient charges and did not begin to address the broad-ranged needs of an EMS system.

Significant state EMS direction and a leadership component for the development of EMS systems began occurring in 1981 with the establishment of State law and the California EMS Authority. After considerable debate, the California State Legislature enacted the "Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act" (Health and Safety code 1797, et seq.). This law specifically authorized local EMS agencies to "...plan, implement and evaluate an emergency medical services system...consisting of an organized pattern of readiness and response services..." (Health and Safety Code 1797.204). The Act further authorized local EMS

² Emergency Medical Services Agenda for the Future. NHTSA, Washington DC, August 1996

³ Emergency Medical Services Agenda for the Future - Implementation Guide. NHTSA, Washington DC, May, 1998

agencies to plan, implement, and monitor limited advanced life support and advanced life support programs.

During 1985 and pursuant to Section 1797.103 of the California Health and Safety Code, the California EMS Authority promulgated the document Emergency Medical Services System Standards and Guidelines. These guidelines (subsequently revised in 1994) describe the basic components and general function of an EMS system. The following component titles are provided.

1. Staffing/Training
2. Communication
3. Response/Transportation
4. Facilities/Critical Care
5. System Organization and Management
6. Data Collection/System Evaluation
7. Public Information and Education
8. Disaster Medical Response

Local EMS Agency Functions

The principal functions of a local EMS agency are specified in the California State Health & Safety Code. These include but are not limited to:

- Planning, implementing, and evaluating the provision of emergency medical services.
- Approving and monitoring EMT-1, paramedic, and Mobile Intensive Care Nurse (MICN) training programs.
- Conducting certification, accreditation and authorization of EMT-Is, EMT-Ps, and MICNs and training program approval.
- Authorizing advanced life support (ALS) programs.
- Establishing policies and procedures for medical control of the EMS system, including dispatch, patient destination, patient care, and quality improvement.
- Establishing ordinances and/or exclusive operating areas for the regulation of ambulance services.
- Developing and implementing a trauma system plan.
- Developing standards for and authorizing base and ambulance receiving hospitals.

Overall Program Priorities/Direction

Overview

ICEMA is responsible for planning, administering, monitoring, and evaluating the EMS system in the ICEMA Region. This plan identifies key expectations, needs, program priorities, objectives and actions for each of the eight EMS system components. It is the intent of this plan to provide a clear and orderly framework for reviewing and revising the EMS system in the ICEMA area.

New Direction/Philosophy

The overall philosophy in this plan is to proactively map a strategy for the future of this EMS system. This will involve challenging the basic assumptions of EMS system delivery, validating appropriate systems, and recommending revised approaches when the historical method cannot be documented as the most effective method for achieving quality and efficiency. To that end, the recommendations from the recent California Commission on EMS Vision Project, which brought together over 120 EMS leaders from around the State to review and make recommendations on the future of EMS in California, will be reviewed for possible incorporation into this local system.

One significant area to be explored is the existing prehospital delivery model. The health care industry and payers have been stressing the need for more accountability and documentation as to the outcome of current methods for responding to requests for emergency assistance. Other counties in the state are developing models for alternative response and treatment approaches to EMS patients that may be more appropriate for a patient's specific needs, thereby keeping emergency medical resources available for the high-risk patients.

The method to achieve this effort will be through participatory planning with extensive use of advisory committees. All planning and potential alternatives evaluated and implemented will be tied to a comprehensive management information system (MIS) and continuous quality improvement (CQI) process. Collaborative planning with all system participants, including health care providers and payers, will be encouraged. The premise will be quality and efficiency, with outcomes and validation based on parameters defined by the advisory groups.

Key ingredients to this effort are outlined below and are based on the objectives, goals and recommendations compiled following the EMS Plan Development Vision Retreat held on November 5, 1998.

System Organization and Management

Overview

To achieve the goals of this plan and obtain broad-based input, it will be necessary to review and reinforce the advisory structure for the EMS system. This review should include endorsing the role of the member counties Emergency Medical Care Committees (EMCC) membership, mission, and expectations. Medical audit committees would be the responsibility of the Medical Director. The EMCC's should continue to be advisory to the Board of Supervisors and ICEMA.

Key to this plan's success is the focus of EMS system activities on proactive planning. One key ingredient is the need to review ICEMA staff functions and assignments.

Changes have already occurred in ICEMA over the past years to enhance the provision of ALS ground and air transportation, first responder roles, EMS dispatch center operations, public access, trauma system, data collection and evaluation and prevention activities.

Needs

This section represents areas of need or direction for ICEMA. Bureaucracy needs to be minimized to ensure the effectiveness of the system; authority must be matched with accountability; assess funding/reimbursement options; increase participant involvement in issues and recommendations; research the effects of patient population out-migration on the EMS system; and revised state of the art standardized data collection. All policies and procedures of ICEMA should have an established review data.

Staffing/Training

Overview

Substantive standardization of training will require a coordinated effort between a variety of constituent groups at the State level. The State EMS Authority is reviewing the current Federal Department of Transportation Paramedic Curriculum for incorporation into the California system. The State is not, however, prepared to assume responsibilities for EMT-1 programs, certification, etc. ICEMA should, nonetheless, coordinate with other EMS agencies, through the EMS Administrator's Association of California (EMSAAC) to develop guidelines for EMT programs that

might be adopted by all systems in the state, moving us toward standardization. Access to continuing education opportunities is very limited and often requires substantial travel on the part of local personnel.

Needs

ICEMA needs to assess the efficiency of the staffing at all levels and assess funding issues for staffing/training personnel.

Communications

Overview

EMS communications systems were established with Robert Wood Johnson grant funding, which was made available in the late 70's and early 80's. The radio system used by the EMS system participants is the original medical network system distributed throughout the State of California with federal financial assistance. Much of the radio equipment in the EMS system is quite old and is nearing or at the end of its useful service life. Due to the age of the equipment, Motorola no longer supports the product. Inyo and Mono Counties still use the old Robert Wood Johnson funded equipment, while San Bernardino County changed their radio system over to 800 megahertz. The ambulance providers have replaced most of the field radios in the system, and some non-base hospitals as well as Base Hospitals have replaced the original hospital radio equipment.

Communications System: Up until a few months ago, the communications system consisted of four systems, each operating on its own independent radio frequency or group of frequency's. The current San Bernardino County system is an 800 MHz trunked/conventional radio system. This system is being used for an initial calling talk group from mobile to communications centers and for intra-county communications between medical facilities and mobile units.

The Hi-Desert Regional Fire Protection Authority 800 MHz communications system is a trunked radio system. This system currently provides EMS Radio coverage through the Victor Valley and Barstow areas.

Commercial cellular is utilized only when communication is not available by any other means. All EMS dispatching centers in San Bernardino County operate as Level 1 EMD Centers, use CAD, and have pre-arrival instructions, based on EMS protocols that are approved by ICEMA.

Training at the EMD level at dispatch centers in Mono and Inyo Counties, has yet to be accomplished.

With all primary and secondary PSAPs using enhanced 9-1-1 characteristics and with call boxes on State Highways 60 and 395, Interstates 10,15, 40 and 215, ICEMA has greatly expanded its public access system via CHP dispatch.

Needs

ICEMA needs to research new technology to improve and upgrade the communications system in Inyo and Mono Counties; assess communication system compatibility among EMS providers; support a global access frequency among law, fire and EMS that will result in increased communication abilities among providers for resource and scene coordination.

Response/Transportation

Overview

The EMS system in ICEMA handled over 52,000 EMS 9-1-1 first responder and ambulance responses during calendar year 1998 and performed over 40,000 transports (based on data submitted to ICEMA). There are multiple ground ambulance providers within the EMS system. ALS ambulance providers operating under agreements with ICEMA deliver all EMS patients transports. Air ambulances performed over 800 responses during calendar year 1998 and have become an integral part of the critical care component of EMS transportation services. Air ambulances are simultaneously dispatched to incidents within the region meeting specific criteria.

A significant scope of this component is the review and potential conceptual redesign of the current model used for response to emergency requests. An evaluation will be conducted to determine whether or not different models or approaches will be taken on issues of call triage, method and type of response, and alternatives for a patient destination and their potential effect on improving care, quality, outcome, and efficiency. Only those program concepts that are able to meet the scrutiny of these parameters and others established by the advisory committees will be recommended for implementation. Improved air medical coordination and an analysis of appropriate utilization patterns will be conducted.

Needs

ICEMA needs to continue to assess the possibilities of treat and release capabilities, assess deployment techniques for ultimate effectiveness; assess the quality of receiving facilities; research various cost controls/saving mechanisms, evaluate tiered response for cost-based analysis; use evidence-based determinations; research alternative service delivery models and franchise rights/opportunities; and continue to assess the impact of managed care on the EMS system.

Facilities/Critical Care

Overview

ICEMA has completed a trauma plan draft to contract for Major Trauma patient Receiving Centers. The trauma plan calls for the future participation of other local hospitals within the ICEMA area.

Needs

ICEMA needs to continue to identify the capabilities of facilities; attract the participation of key players when designing/partnering with facilities; obtain help from hospital administrators; decrease the duplication of services/consolidate these services; assess the technology and communications ability at the receiving facilities; train all staff, not just those at the base hospital, in understanding their role in EMS; enhance system-wide data collection through integration of the receiving facilities data with existing prehospital data and evaluate EMS for Children program enhancement opportunities.

Data Collection/System Evaluation

Overview

The current data collection/system evaluation tool used throughout the ICEMA region is the Scantron. Providers are required to submit the Scantron forms on a monthly basis. Problems associated with this method are accuracy and completeness of data submitted. ICEMA is currently working with a Data Task Force to work toward a more effective, cost efficient and accurate way of collecting and analyzing data.

*and time lapse
(8')*

Needs

There is a need to establish a seamless link between prehospital and hospital data to facilitate outcome evaluations for various system policies and procedures. The Agency needs to devise a data system that will allow for single form data reports and allow for electronic submission. Coordination with all providers for trauma data has been implemented. Finally, with the move statewide to develop standardized data and quality improvement processes, we will review the recommendations from the State Vision Project for possible implementation. Performance-based contracts need to be developed and implemented to assure compliance with ICEMA standards, policies and procedures.

Public Information and Education

Overview

There are public CPR classes offered at a variety of locations throughout the region. Hospitals, the community college, prehospital providers sponsor the traditional American Heart Association and American Red Cross classes. ICEMA has endorsed Citizen CPR, which is a two-hour multi-media CPR and First Aid class, as a method of providing the public an opportunity to learn the mechanics of CPR without the necessity of an eight-hour commitment. With the implementation of an early defibrillation program in targeted areas of the Region, coordination with local fire and ambulance services within these targeted areas increased the percentage of the local population trained in CPR.

ICEMA works closely with the Department of Aging, reviewing disaster response, the EMA system, and DNR policies. These programs increase the impact and outreach capacity of this ICEMA program.

Needs

There exists a need to educate the public about injury and illness prevention, wellness education, and the EMS system. In educating the public about the EMS system, attention needs to be concentrated on how/when/why to access the 9-1-1 system, expected response times of first responders and the ambulance, and the distinction of EMS as a separate category of health services.

Disaster Medical Response

Overview

Personnel within the ICEMA EMS system have been trained by the MCI Protocols Multi-casualty Incident Policy. The field operations component of this plan has been utilized with success.

A fire "white" frequency is available in some of the areas to providers in case of a disaster. Hospital to hospital communications utilize standard telephone landlines for the vast majority of their communications needs. Typically during multi-casualty incidents/disasters, the hospital call-downs, bed count, etc. are conducted over phone lines, and over RACES amateur radio to receive on-scene updates on patient counts, etc. There is no immediate conference calling capability and the

Command Center must contact each hospital one at a time. Reddinet should be available in most San Bernardino County hospitals by approximately December 1, 1999.

Needs

ICEMA needs to fully implement the Reddinet Communications system; improve coordination during a disaster and day to day hospital diversion reporting; and needs to continue to work with all adjacent counties to assure that a comprehensive disaster medical/health plan is completed and exercised.

Conclusions

While it is apparent that there remains work to be done within the ICEMA system, the residents within the Region are well served during emergency medical incidents. This ICEMA System Plan has a set course for improvement that is comprehensive, attainable, and financially feasible. This will result in the continuous improvement of the provisions of emergency medical services and secure the ICEMA system in a solid position for the 21st century.

C. Transportation:

The region's rugged terrain, extreme weather conditions, and long distances between population centers create barriers to the provision of emergency medical services.

At this time, 2,316 EMT-Is, 152 EMT-D's, 32 EMDs, 528 Paramedics, and 141 Mobile Intensive Care Nurses are certified or accredited within the region (a total of 3,169 certified/accredited). EMS service delivery within the region is organized into ambulance zones, or operating areas, designated by each county's Health Officer. San Bernardino currently has 24 such areas; Inyo County is divided into nine service areas, and Mono County areas correspond with State Fire Marshall's zones. Field delivery of emergency medical services is provided by privately owned ambulance companies, volunteer ambulance services, and public ambulance services, and public safety agencies which provide first responder services. Base hospitals provide medical control services for advanced life support (ALS) personnel.

Almost all medical emergencies in the region receive a two-tiered response as follows: 1) first responders provide basic or advanced life support services until, 2) an ALS ambulance arrives to assume care and transport the patient to a hospital. Helicopters are used in the remote, rural and urban areas.

D. Climate:

Climatic zones ranging from Tundra Alpine (Arctic) through dry coniferous forests to the Sonoran Desert span the Sierra Nevada mountain range, which forms the western boundary of Inyo and Mono Counties.

SECTION III - DEMOGRAPHIC INFORMATION

A. Demographic Mix:

Approximately 26% of the region's population is in rural settings while the remaining 74% reside primarily in the cities and towns. The civilian population is approximately 1,639,000.

<i>Cities over 15,000</i>	- 20
<i>Over 30,000</i>	- 16
<i>Over 50,000</i>	- 12
<i>Over 100,000</i>	- 4

Counties Served by the Inland Counties EMS Agency

Counties	Population	Sq. Miles	State Hwy. Miles	Total Public Road Miles	#Cities
Inyo	18,900	10,098	424	2,658	1
Mono	11,250	3,102	315	2,215	1
San Bernardino	1,608,200	20,164	1,217	10,968	24

B. Major Industry:

JOBS BY INDUSTRY

Services	22.7%
Retail Trade	20.2%
Government	19.6%
Manufacturing	12.6%
Construction	9.3%
Public Utilities	4.7%
Finance, Insurance & Real Estate	4.1%
Whole trade	3.8%
Agriculture	3.1%

C. Epidemiological Characteristics:

Prehospital data illustrates the following distribution of chief complaints during a twelve month period (see Table II below). Trauma continues to be the leading cause of ambulance transport in the region. Over 5,823 children (ages 1 to 14) were transported in 1996.

Epidemiology of Medical Emergencies

Trauma	18,999	Ob/Gyn	1,049
Cardiac	6,216	DOA	660
Respiratory	5,560	Burn	193
Behavior	2,004	Poison	179
Seizure	N/A	Neonatal	N/A
Spinal/Back	130	Other	31,319

D. ENVIRONMENTAL:

Environmental factors also have the potential for impact on the emergency medical services system. Earthquakes, floods, and fires are major concerns of the entire region. Eruptions of active volcanoes in Mono County also pose a significant threat. Air pollution also poses a significant health threat in the southwest portion of the region. Several earthquake faults are located within the region including major historically active faults: the San Andreas (maximum probable magnitude 8.25 on the Richter scale), the San Jacinto (7.5), the Owens Valley (6.5), and the Cucamonga (6.5). Earthquake activity is of more danger to urban developed areas than to sparsely populated desert areas.

The Region has significantly higher rates of death from motor vehicle collisions, unintentional injuries and late prenatal care than the goals established by the Year 2000 National Health Objectives.

SECTION IV - EMS SYSTEM OVERVIEW

A. Delivery of EMS Services:

The service area of the ICEMA Region providers includes the counties of San Bernardino, Inyo and Mono.

EMS services in ICEMA are typically provided in response to a medical emergency reported through the enhanced (E) 9-1-1 emergency telephone system. An E- 9-1-1 call placed from a telephone is automatically routed to a designated Public Safety Answering Point (PSAP). A dispatcher at the PSAP determines the nature of the emergency and refers it for appropriate resolution to the appropriate dispatch center, which obtains information necessary to dispatch the appropriate response units.

EMS providers currently do not have access to a statewide medical coordination channel, calling channel, dispatch channel for each EMS Agency, and there is no direct channel to hospitals. ICEMA does have a local medical coordination channel and CALCORD is used in disaster situations. Ambulance providers have access to the fire white channel during a disaster. Hospitals use the RACES system.

B. EMS System Goals:

Ambulance delivery systems are but one component of an EMS system. This system, when fully implemented, is designed to assure high-quality emergency care to all residents of ICEMA. The basic components of an EMS system and their goals are as follows.

1. System Organization and Management
Overall Goal: Endorse the role of the Emergency Medical Care Committees (EMCC's) membership, mission, and expectations.
2. Staffing and Training
Overall Goal: Implement standard training, terminology, and procedures for personnel and assess the efficiency of staffing at all levels.
3. Communications
Overall Goal: Increase communication capabilities among all EMS personnel and assess new technologies to upgrade the current communications system.
4. Response and Transportation
Overall Goal: Review the current model used for response to emergency requests and assess the benefits of a centralized/consolidated dispatch center.

5. **Facilities and Critical Care**
Overall Goal: Increase quality of services provided while decreasing duplication of services and training all staff to understand their role in EMS.
6. **Data Collection and System Evaluation**
Overall Goal: Perform standard system evaluations by having all providers assess system using a standard form; develop standardized response times.
7. **Public Information and Education**
Overall Goal: Educate the public about the EMS system.
8. **Disaster Medical Response**
Overall Goal: Implement an alternative communications routing system and the availability of funding for increased technology and disaster funding to training EMS providers.

C. Prehospital:

There are basic life support and advanced life support first responder fire departments and both public and private basic and advanced life support ground, private air ambulance and public air rescue providers serving throughout ICEMA.

D. Hospital/Physicians:

There are multiple residential and special needs homes that provide non-acute care within ICEMA as well as multiple acute - care hospitals.

ICEMA has designated one Level I Trauma Center, Loma Linda Medical Center and one Level II Trauma Center, Arrowhead Regional Medical Center.

Section V - System Assessment

The following charts describe the California EMS Authority standard (listed as "standard") for each of the eight components of the EMS Plan along with a focused local goal established for ICEMA (listed as "goal"). "Complete" and "partially complete" indicates that the component is in substantial compliance with the State requirements, lacking only locally initiated enhancements.

System Organization and Management

Agency Administration

Standard:

1.01 Each local EMS Agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

Goal:

Establish an effective organizational structure to enable the agency to plan, implement, monitor and evaluate the regional EMS system.

Current Status:

The Inland Counties Emergency Medical Agency is the designated local EMS agency for the counties of Inyo, Mono, and San Bernardino. The San Bernardino County Board of Supervisors serves as the Governing Board for the agency. Exhibit 1.01A is the current ICEMA organizational chart. ICEMA carries out the local EMS agency responsibilities as outlined in the JPA (Exhibit 1.01B). In addition, the agency has been delegated additional responsibilities for San Bernardino County: Ambulance Ordinance enforcement, the San Bernardino County Exclusive Operating Area Plan, Medical/Health Disaster Planning.

In addition to utilization of current staff, ICEMA utilizes a variety of task forces and multi-disciplinary committees to provide appropriate technical and clinical expertise.

Need(s):

This standard has been met. However, there is a need for additional staffing to adequately handle the new areas of responsibility and deal with the complexity of many issues involved in the planning, implementing and evaluating the system.

Objective:

Enhance functional and personnel components of the EMS Agency to address on-going demands and assure all current positions are staffed. Additional staffing is necessary in order to meet the requirements of the Statutes and needs of the EMS system throughout the three-county region.

Time Frame for Objective:

Short-term.

System Organization and Management

Agency Administration

Standard:

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

Goal:

Continue to implement comprehensive System-wide data collection, reporting, and evaluation of the regional EMS system.

Current Status:

The dynamics of the system are such that its management requires an ongoing, organized approach to the identification and resolution of problems while balancing the needs of all system participants and keeping patient care at the forefront. ICEMA has been effective at planning and implementing system changes to meet identified needs.

Quality assurance/improvement has been a major component of ICEMA's responsibilities since the early 1980's. An approved QI Plan was implemented in February 1995. A QI Committee will begin planning an active role with the EMS agency beginning FY 1999/2000.

QI Committees have been actively participating with the EMS agency for the last several years in evaluating the system and making recommendations for change.

Need(s):

Standard met. Advanced data collection and evaluation methods are needed to evaluate the system region wide.

Objective:

ICEMA will expand the implementation of the QI Plan through the recently appointed QI Committee to identify needed system changes. ICEMA will develop process to assure interaction with regional/local QI Committees throughout the region. The Data Task Force will also continue to work toward providing a recommendation to ICEMA to implement needed changes to allow for updated data collection, submission and retrieval by the agency and system participants. The QI System evaluation should evaluate the overall EMS system. Funding is needed to provide for appropriate staff resources, software programs, and hardware.

Time Frame for Objective:

Long-term.

System Organization and Management

Agency Administration

Standard:

1.03 Each local EMS agency shall actively seek and shall have a mechanism (including the emergency medical care committee and other sources) to receive appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

Goal:

Expand efforts to solicit broad-based input from EMS system stakeholders and evaluation of the EMS system.

Current Status:

A variety of advisory groups, task forces, and committees provide input on EMS issues, policies and protocols. The county EMCCs are comprised of physicians, nurses, consumers, public and private prehospital provided agencies, hospital representatives, dispatching agencies, and educational institutions. The EMCC members are appointed by the respective County Boards of Supervisors. A standing QI Committee has been appointed. Staff regularly attends the following external committees: San Bernardino County Fire Chiefs, EMS Officers, EMS Nurses Network and external geographically based QI Committees. All policies and protocols are submitted to stakeholders for 45-day comment period prior to presentation to the EMCCs.

Need(s):

Standard met. A standing medical advisory committee will be developed to assist the medical director in review of medical policy and procedure. An orientation workshop similar to the original workshop provided to the San Bernardino County EMCC would assist in defining roles and responsibilities.

Objective:

ICEMA will establish a medical advisory committee comprised of base hospital and provider agency medical directors to assist in the review and development of medical policies and procedures. ICEMA will also request approval of a contractual arrangement to provide EMCC workshop.

Timeframe:

Short-term

System Organization and Management

Agency Administration

Standard:

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

Goal:

Assure continued use of specialty resources, including advisory group, to assist the medical director as needed.

Current Status:

Conrad Salinas, M.D., has been the ICEMA Medical Director since 1985. He is board certified in Emergency Medicine and Internal Medicine. He has had substantial experience in emergency medicine, practicing for over 15 years. His administration experience in EMS systems includes, but is not limited to, functioning as medical director of the San Bernardino County Medical Center (now Arrowhead Regional Medical Center), and the establishment and maintenance of a DMAT team.

ICEMA staff is actively involved with nurse and prehospital provider committees who provide expertise in a variety of areas of the EMS system.

Need(s):

Minimum standard met. A medical advisory group to provide for input into the EMS system by the medical community is needed.

Objective:

Provide for the formation of a medical advisory committee to work with the Medical Director in reviewing system needs, policies, and protocols. Continue to use physicians with appropriate specialties on a consultant basis as needed.

Time Frame for Objective:

Short-term.

System Organization and Management

Planning Activities

Standard:

1.05 Each local EMS agency shall develop an EMS system plan based on community need and proper utilization of proper resources, and shall submit it to the EMS Authority. The plan shall:

- a) assess how the current system meets these guidelines,
- b) identify system needs for patients within each of the clinical target groups, and
- c) provide a methodology and time line for meeting these needs.

Goal:

Develop an updated EMS plan for the Region to meet existing and future challenges in the EMS system and provide regular status reports to Boards of Supervisors and the EMS Authority.

Current Status:

ICEMA developed a comprehensive EMS Plan in 1985 and subsequent updates were submitted until such time as the State EMS Authority published the EMS System Guidelines. This five-year plan identifies all the needs as required and methodologies to meet those needs. Annual updates will be provided as required.

Need(s):

Standard met with submission of this EMS Plan. Provide annual reports to each member Board of Supervisors.

Objective:

Identify progress in meeting objectives and provide annual updates; modify the EMS plan as needed based on evaluation of all plan components for response to community needs and utilization of proper resources and the health care industry changes through the development of a framework of accountability, performance and cost efficiency.

Time Frame for Objective:

Short-term.

System Organization and Management

Planning Activities

Standard:

1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

Goal:

Develop an updated EMS plan for the Region to meet existing and future challenges in the EMS system and provide regular status reports to Boards of Supervisors and the EMS Authority.

Current Status:

ICEMA developed a comprehensive EMS Plan in 1985 and subsequent updates were submitted until such time as the State EMS Authority published the EMS System Guidelines. This five-year plan identifies all the needs as required and methodologies to meet those needs. Annual updates will be provided as required.

Need(s):

Standard met with submission of this EMS Plan. Provide annual reports to each member Board of Supervisors and each member county EMCC.

Objective:

Identify progress in meeting objectives and provide annual updates; modify the EMS plan as needed based on evaluation of all plan components for response to the health care industry changes through the development of a framework of accountability, performance and cost efficiency.

Time Frame for Objective:

Short-term

System Organization and Management

Planning Activities

Standard:

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

Goal:

Approval and implementation of Trauma Plan.

Current Status:

The current trauma system consists of one Level 1 Trauma Center and one Level II Trauma Center. There are no formal agreements with the trauma centers. The agency has been working toward completion of the regional Trauma Plan for the past three years. The major obstacle in obtaining consensus with system participants has been the appropriate fee assessment. Agreement has been reached, and the Trauma Plan will be submitted to the Governing Board and the State EMS Authority for approval.

Need(s):

Need partially met. Formal approval of ICEMA trauma system and hiring of appropriate staff to provide ongoing evaluation of a coordinated and comprehensive trauma system. Formal agreements need to be completed with designated Trauma Centers.

Objective:

Provide for public hearing on trauma Plan due to the elapsed time since initial public hearing. Obtain approvals, distribute RFPs, survey hospitals, and select trauma centers. Due to the relocation of the county hospital and the potential for a third trauma center, the catchment areas will need to be reestablished.

Time Frame for Objective:

Short-term.

System Organization and Management

Planning Activities

Standard:

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

Goal:

Advanced life support response and transportation throughout the region if feasible.

Current Status:

Approximately 90% of the region is covered by advanced life support. The most rural wilderness areas that provide only BLS ground response are covered by ALS EMS Aircraft providers. The majority of BLS providers in Mono and San Bernardino Counties have been approved and trained at the EMT-D level.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard. Encourage and facilitate, based on economical feasibility, the provision of ALS services in areas where it is not currently provided.

Time Frame for Objective:

N/A

System Organization and Management

Planning Activities

Standard:

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

Goal:

Maintain comprehensive inventory of resources and identify resources that may be needed to meet unusual system requirements.

Current Status:

An on-going inventory is maintained of EMT-Ps, MICNs, EMT-Ds, EMT-Is, and EMDs. Through the permitting/authorization of prehospital provider agencies, an inventory is maintained on all public and private ground and air providers. The annual update of this plan will assure additional information is available for each provider. Hospital resource information is part of the database.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

System Organization and Management

Planning Activities

Standard:

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

Goal:

Develop, when need identified, services for special population groups.

Current Status:

Staff works with the appropriate county programs, hospice groups, and convalescent hospitals in dealing with the elderly. ICEMA was among the first to develop and implement a comprehensive DNR policy. Educational programs and pamphlets are provided through ICEMA in cooperation with other agencies. Most dispatch centers employ multi-lingual operators to assist non-English speaking patients. Receiving hospitals maintain rosters of bilingual personnel. Pediatric protocols have been implemented with the assistance of pediatric intensivists throughout the region.

Need(s):

Standard partially met. A formalized pediatric program needs to be established and a Pediatric Trauma Center designated.

Objective:

Reassess pediatric programs and apply for grant funding. Designate Pediatric Trauma Center.

Time Frame for Objective:

Long-term.

System Organization and Management

Planning Activities

Standard:

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

Goal:

Ensure that system participants conform to identified EMS system roles and responsibilities through mechanisms such as written agreements, facility designations, and exclusive operating areas.

Current Status:

Procedures, policies and performance standards have been developed for ALS and BLS system participants. Written agreements are currently in place with all private ambulance provider agencies, some public provider agencies, and base hospitals.

Need(s):

Need partially met. The agency needs to continue negotiations with public ALS providers and implement advanced life support provider agreements.

Objective:

Successful negotiation of advanced life support provider agreements with public providers.

Time Frame for Objective:

Long-term.

System Organization and Management

Regulatory Activities

Standard:

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

Goal:

Update data collection system for collection, storing, retrieving, reporting and evaluation of the EMS system and provision of system wide data to the QI Committee for review and recommendations for system change.

Current Status:

Within the local EMS agency, staff plans, manages, and evaluates BLS and ALS care provided by prehospital personnel, provider agencies, and hospitals. Prehospital data is obtained through Scantron forms for the majority of the ALS providers. A Task Force is currently reviewing other mechanisms for the collection, review and analysis of the prehospital data as well as methods of obtaining patient outcome data. All provider agencies are inspected annually to assure compliance with ICEMA standard drug and equipment standards. Specific geographic QI Committees meet regularly with ICEMA staff attendance. A region-wide QI Committee will assist staff in reviewing and monitoring the EMS system.

Needs:

Standard met. However, there is a need to facilitate the review and monitoring through development of an updated state-of-the-art management information system and written agreements with the various system participants. Report to the EMCCs in each county of areas under consideration for change. Encourage input from system participants regarding needed system changes.

Objective:

Continue work with Data Task Force and report to the EMCCs. Set regular meeting schedule for QI Committee and continue staff participation in area specific QI Committees. ICEMA will develop process to assure interaction with regional/local QI Committees throughout the region.

Time Frame for Objective:

Short term.

System Organization and Management

Regulatory Activities

Standard:

1.13 Each local EMS agency shall coordinate EMS system operations.

Goal:

Establish system-wide coordination through the efforts of the Emergency Medical Care Committees in each county, task forces, committees, and through staff participation in committees outside of the EMS agency, i.e., Nurses Network, Fire Chiefs Association, EMS Officers, Ambulance Association, etc.

Current Status:

The coordination of the region which encompasses approximately 40,000 sq. miles (25% of the State geographically) with a population of over 1.6 million residents, is performed in nearly all activities on a regular basis. Coordination required input and cooperation from a vast array of organizations, agencies and facilities. A variety of advisory groups and committees comprised of representatives of public and private providers and a mix of prehospital care personnel levels provide input on EMS matters.

Need(s):

Standard met.

Objective:

No further objective needed to meet standards.

Time Frame for Objective:

N/A

System Organization and Management

Regulatory Activities

Standard:

1.14 Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, transport services, and hospitals) within the system.

Goal:

Continue to update and review all policies and procedures. Provide for access of manual contents through the Internet.

Current Status:

ICEMA has developed and maintains an ALS protocol manual, a BLS protocol manual, and an Administrative Policies and Procedures Manual. Initial copies were provided to all provider agencies, and updates/changes are mailed as needed.

Need(s):

Standard met. There is a need to develop EMS Plan Manual with annual updates included to provide easy reference and access to all providers. There is also a need to restructure the Admin. Policies and Procedure Manual to assure that the information is more accessible to providers. A home page on the Internet would solve this need.

Objective:

No further objective needed to meet standard. However, an EMS Plan Manual will be developed and available.

Time Frame for Objective:

Short-term.

System Organization and Management

Regulatory Activities

Standard:

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

Goal:

Create a strong legal foundation to enable the Region to comply with state mandates and to ensure ability to enforce compliance.

Current Status:

As part of the ongoing data collection and quality improvement program, the agency audits facilities and agencies either on a routine basis or by exception with regard to compliance with system policies. Determination of compliance of EMS personnel with system policies rests primarily on daily supervision of personnel by provider agencies and base hospitals. San Bernardino County and Inyo County currently have ordinances in place regarding the monitoring and regulating of ground ambulance services. San Bernardino County also has an EMS Aircraft Ordinance. Mono County is currently researching the development of an ambulance ordinance.

Need(s):

Standard met.

Objective:

Reaffirm the legal foundation for the organizational structure, authority and scope of activities of the EMS Agency and its relationship with system providers including performance criteria and penalties with the authority to enforce compliance.

Time Frame for Objective:

Short term.

System Organization and Management

System Finances

Standard:

1.16 Each local EMS agency shall have a funding mechanism that is sufficient to ensure its continued operation and shall maximize use of the Emergency Medical Services Fund.

Goal:

Establish a strong independent financial basis for the EMS system and system participants.

Current Status:

ICEMA received the majority of its finances through the State General Funds. A portion of the EMS Fund (SB12) from San Bernardino County is utilized to cover part of the daily operations of the agency. Fees are collected for agency activities and are approved by the ICEMA Governing Board (San Bernardino County Board of Supervisors). Federal and state special projects grant funds offset specialized projects, i.e., RDMHC, DMAT. San Bernardino County does provide support through the county general fund.

Need(s):

Standard met. To explore other revenue generating sources and determine financial impact of managed care of EMS.

Objective:

No further objective needed to meet standard. Evaluate services provided, determine appropriateness of additional fees for service, and seek grant-funding sources. Ensure the financial viability of EMS services within the Region.

Time Frame for Objective:

Long-term. - On-going.

System Organization and Management

Medical Direction

Standard:

1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base hospitals and the roles, responsibilities, and relationships of prehospital and hospital providers.

Goal:

Continue to assure appropriate on-line and off-line medical control.

Current Status:

The ICEMA Medical Director provides off-line medical direction to ICEMA. All medically related issues are reviewed and approved by the Medical Director prior to implementation. In addition, each county's Health Officer prior to implementation approves all protocols. The Medical Director seeks input from Task Forces, Committees, the EMCCs and various groups and committees, i.e., Healthcare Association of Southern California, EMS Nurses Network, Fire Chief's Association, Ambulance Association, Red Cross. Currently, there are 8 base hospitals in San Bernardino County, 1 in Mono County and 1 in Inyo County. The roles and responsibilities of the base hospitals are delineated in base hospital contracts. The roles, responsibilities, and relationships of prehospital and hospital providers are contained in the ICEMA ALS, BLS and Administrative Policies and Procedures Manuals.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard. Continued ICEMA medical direction and identification of optimal base hospital configuration.

Time Frame for Objective:

N/A

System Organization and Management

Medical Direction

Standard:

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program to ensure adherence to medical direction policies and procedures, including a mechanism to review compliance with system policies. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

Goal:

Continue to encourage EMS care providers to establish and maintain in-house QI Programs to identify methods of improving the quality of care provided.

Current Status:

Individual base hospitals and prehospital providers have encompassed quality improvement programs. In addition, specific geographic areas have established QI Committees which will be tied to a region-wide quality improvement effort through the ICEMA QI Committee.

Need(s):

Standard Met. However, there is a need to assure provider-based quality improvement programs that interface with the system-wide Quality Improvement Plan and defines specific clinical indicators and outcome measures to monitor the performance of the EMS system.

Objective:

Ensure approval and implementation of QI programs by all base hospitals and prehospital provider agencies. ICEMA will implement the ICEMA QI Plan as delineated.

Time Frame for Objective:

Short-term and on-going.

System Organization and Management

Medical Direction

Standard:

1.19 Each local EMS agency shall develop written policies, procedure, and/or protocols including, but not limited to:

- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene treatment times,
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on scene physicians and other medical personnel,
- j) local scope of practice for prehospital personnel.

Goal:

Continue to encourage dispatch agencies to implement the approved program for pre-arrival instruction, priority dispatch, and standardize definitions for determining various response time segments.

Current Status:

Protocols and policies have been developed and implemented with the exception of priority dispatch and response time definitions.

Need(s):

Standard met. There is a need to continue to work with local provider agencies in the development of a priority dispatch program and response time definitions and parameters.

Objective:

In conjunction with local providers, ICEMA will develop well-defined response time standards and a standardized priority dispatch program.

Time Frame for Objective:

Short-term (response time standards/definitions)

Long -term (priority dispatch program)

System Organization and Management

Medical Direction

Standard:

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR) situations, in accordance with the EMS Authority's DNR guidelines.

Goal:

Continue to assure appropriate interpretation and use of current DNR Policy.

Current Status:

A DNR Policy is currently in effect and is in compliance with the EMS Authority's DNR Guidelines and permits prehospital personnel to use supportive measures in these circumstances.

Need(s):

Standard met. Need to provide for additional physician orientation.

Objective:

No further objective needed to meet standard. To work with physician groups in all three member counties to further educate on DNR policies.

Time Frame for Objective:

Short-term and on-going.

System Organization and Management

Medical Direction

Standard:

1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

Goal:

Continue to monitor needs associated with existing policy in conjunction with prehospital providers and coroners in each county.

Current Status:

A policy regarding determination of death exists; however, it needs to be reviewed to assure it provides appropriate guidance relating to deaths at the scene of apparent crimes.

Need(s):

Standard met. Review of current policy to address identified system needs.

Objective:

Review and update policy as needed in conjunction with prehospital providers and coroners in each county.

Time Frame for Objective:

Short-range.

System Organization and Management

Medical Direction

Standard:

1.22 Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

Goal:

Develop a policy for the reporting of child abuse, elder abuse and suspected SIDS deaths.

Current Status:

Legal counsel is currently reviewing applicable laws. Once this review is received, ICEMA will develop draft policy in conjunction with system participants.

Need(s):

Development of policy.

Objective:

Develop policy for reporting and monitoring.

Time Frame for Objective:

Short-term

System Organization and Management

Medical Direction

Standard:

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of all prehospital medical personnel during interfacility transfers.

Goal:

Reassess need for expanded scope for paramedics during interfacility transfers.

Current Status:

Policies and procedures are in place for delineating the scope of practice of prehospital personnel during interfacility transfers. ICEMA is also reviewing a proposal to include additional monitoring capabilities for paramedics during interfacility transfers.

Need(s):

Standard Met. Determine training standard to allow for monitoring of nitro and heparin drips during interfacility transfers.

Objective:

Develop standard training program and policies/procedures for additional monitoring during interfacility transfers. Revise CCT policy to reflect approved changes.

Time Frame for Objective:

Short-term.

System Organization and Management

Advanced Life Support

Standard:

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

Goal:

Implement written agreements with public agencies that do not have a written agreement with ICEMA. Revise and amend exclusive operating area plan as needed in San Bernardino County.

Current Status:

All advanced life support providers have been authorized by ICEMA; however, many public ALS providers do not have written agreements. Both Inyo and San Bernardino Counties have exclusive operating area plans approved by their County Board of Supervisors and the EMS Authority. Inyo County revised their plan in 1999. San Bernardino County will begin a process to review and revise as needed in July 1999.

Need(s):

Update existing written agreements and finalize agreements with public providers. Review and amend as necessary the San Bernardino County EOA Transportation Plan.

Objective:

Update and complete agreements with all ALS providers. Review and revise San Bernardino County EOA Plan.

Time frame for Objective:

Long-term.

System Organization and Management

Advanced Life Support

Standard:

1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) a physician or authorized registered nurse.

Goal:

Reevaluate current base hospital configuration to determine the effectiveness of the current system.

Current Status:

The 10 base hospitals within the region provide on-line medical direction by physicians or certified mobile intensive care nurses. The role of the base hospitals is defined in formal agreements with each base hospital. A formalized selection process for designation exists and allows for all eligible facilities to apply. All provider agencies are encouraged to establish in-house medical consultation/direction. There is currently no policy on the role and responsibility of the provider medical director for the ALS providers. A policy is in effect for medical directors of EMT-D programs.

Need(s):

Standard met. Assess medical direction oversight and how it can be best utilized. Develop policy on the role and responsibility of ALS provider medical director.

Objective:

Review and assess current on-line and off-line medical direction and develop necessary policies.

Time Frame for Objective:

Short-range.

System Organization and Management

Trauma Care System

Standard:

1.26 The local EMS agency shall develop a trauma care system plan that determines:

- a) The optimal system design for trauma care in the EMS area, and
- b) The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Goal:

Submit regional Trauma Plan to State EMS Authority.

Current Status:

ICEMA has an organized trauma system integrated with the emergency care system. There is currently one Level I Trauma Center and one Level II Trauma Center both located in San Bernardino County. An air ambulance transport system has been developed to serve areas of the region providing access to a Trauma Center. A draft Trauma Plan is being updated for submission to the ICEMA Governing Board and the EMS Authority for approval.

Need(s):

Complete minor changes to Trauma Plan.

Objective:

Approval of formalized Trauma Plan by the ICEMA Governing Board and the EMS Authority.

Time Frame for Objective:

Short-range.

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard:

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan that determines:

- a) The optimal system design for pediatric emergency medical and critical care in the EMS area, and
- b) The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Goal:

Assure that all children in the ICEMA Region have timely access to the most appropriate level of prehospital and hospital care.

Current Status:

The most seriously injured children are transported to a trauma center. Pediatric treatment protocols have been implemented. This component has been partially addressed, and ICEMA began the process of developing an EDAP program. This process has been halted due to issues raised by EMDAAC. Grant requests have been submitted to provide specific funding to address this area, but funds were not awarded.

Need(s):

Submit grant request for funding to address this area.

Objective:

Implement a comprehensive pediatric emergency medical and critical care system plan for the Region, including the designation of a Pediatric Trauma Center.

Time Frame for Objective:

Long-range.

System Organization and Management

Exclusive Operating Area

Standard:

1.28 The local EMS agency shall develop, and submit for state approval, a plan based on community needs and utilization of available resources for granting of exclusive operating areas which determines:

- a) The optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) The process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

Goal:

Assure that all residents and visitors have access to timely advanced life support services.

Current Status:

Both San Bernardino County and Inyo County have implemented an approved plan for the granting of exclusive operating areas for advanced life support ambulances. Inyo County revised and updated their EOA Plan in 1999. RFPs were distributed and areas awarded by the County. Advanced life support services in San Bernardino County are provided by a combination of public and private provider agencies. Inyo County provides advanced life support services through private provider agencies. Mono County's advanced life support services is provided through one public agency for the entire county.

Need(s):

The San Bernardino County EOA Plan needs to be addressed to revise as necessary the existing EOAs, the process of awarding non-competitive EOAs, and definitions, administrative procedures, etc. with input from system participants.

Objective:

Review and revise, as necessary the EOA Plan in San Bernardino County, submit to Board of Supervisors and EMS Authority for approval.

Time Frame for Objective:

Long-term.

Staffing/Training

Local EMS Agency

Standard:

2.01 The local EMS agency shall routinely assess personnel and training needs.

Goal:

Assure adequate personnel for the regional EMS system.

Current Status:

Within the ICEMA Region, manpower needs are assessed on an ongoing basis by individual prehospital provider agencies and training institutions. Identified problems are brought to the attention of ICEMA. Continuing education requirements are reviewed annually and updated as needed by ICEMA with input from system participants. Minimum staffing requirements are established as part of ICEMA policy. ICEMA staff is part of committees established by training institutions to assess curriculum needs and/or changes.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Staffing/Training

Local EMS Agency

Standard:

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve an emergency medical services education program which requires approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

Goal:

High quality training programs to support personnel involved in the EMS system.

Current Status:

ICEMA is responsible for review and approval of prehospital personnel training programs and mechanisms and policies are in effect to meet this standard.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard. Continue to assure that training programs comply with State regulations and ICEMA policy.

Time Frame for Objective:

On-going.

Staffing/Training

Local EMS Agency

Standard:

2.03 The local EMS Agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS Agency of unusual occurrences that could impact EMS personnel certification.

Goal:

Provide for qualified prehospital medical personnel to function within the ICEMA region.

Current Status:

State licensing is required for all EMT-Ps. Policies are in effect for accreditation, continuous accreditation, certification, and recertification of all prehospital personnel. Provisions are included in the QI Plan for ICEMA to be notified in the event of unusual occurrences that could impact EMS personnel certification and/or accreditation.

Need(s):

There is a need to develop and implement a policy to authorize first responder AED providers.

Objective:

Develop and implement First Responder AED authorization and/or certification process as required.

Time Frame for Objective:

Short-term.

Staffing/Training

Dispatchers

Standard:

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation. All medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Goal:

Provide for qualified prehospital medical personnel to function within the ICEMA region.

Current Status:

There are currently 18 primary PSAPs within the region. These PSAPs are maintained by public safety agencies. An Emergency Medical Dispatch program has been approved and implemented in major dispatch centers in San Bernardino County. A formal priority-dispatching program has not been implemented.

Need(s):

Develop priority dispatching program for the region, utilizing review of existing programs throughout the nation.

Objective:

Implement and train dispatchers according to State Standards.

Time frame for Objective:

Long-term.

Staffing/Training

First Responders (non-transporting)

Standard:

2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

Goal:

All first responders shall be currently certified in CPR and trained to administer first aid.

Current Status:

The majority of the public safety first responders within the region have a minimum certification standard of EMT-1 or at the very least CPR and First Aid training. The majority of the first responders in Mono County are certified as EMT-1Ds. Efforts are on-going in Inyo and San Bernardino County to continue with the training and certification of first responders at the EMT-1D level where applicable and financially feasible.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time frame for Objective:

N/A

Staffing/Training

First Responders (non-transporting)

Standard:

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

Goal:

Develop policy delineating staffing and equipment requirements for public safety agencies and industrial first aid teams responding to medical emergencies.

Current Status:

Public safety agencies provide the majority of first response to medical assistance within the region and are trained and certified at a minimum to the BLS level. There currently is no policy requiring that at a minimum at least one person on each non-transporting EMS first response unit be currently certified to provide defibrillation or that at least one personnel be currently certified at the EMT-1 level and have available equipment commensurate with such scope of practice.

Need(s):

Standard met. Develop policy delineating staffing levels and equipment standards for first responders who are not currently providing first response at the BLS level.

Objective:

Ensure the availability of first responders trained at a minimum to provide defibrillation and optimally to provide at least one personnel currently certified at the EMT-1 level to provide patient care.

Time Frame for Objective:

Long-term.

Staffing/Training

First Responders (non-transporting)

Standard:

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

Goal:

Region-wide first response capabilities with appropriate clinical levels and monitoring mechanisms.

Current Status:

Non-transporting first responders operate under medical direction policies as specified in BLS and ALS Manuals. Capabilities vary from agency to agency, but the region is covered with at a minimum of BLS first responder services. Monitoring mechanisms exist for EMT-ID provider agencies and ALS provider agencies that comply with data reporting requirements.

Need(s):

Standard met. Assure compliance with submission of necessary data for monitoring and QI purposes.

Objective:

Include to a broader extent the BLS first responder providers in the QI system.

Time Frame for Objective:

Long-term.

Staffing/Training

Transport Personnel

Standard:

2.08 All emergency medical transport vehicle personnel shall be certified at least at the EMT-I level.

Goal:

All patients requiring ALS medical transportation will be transported by ground or air units staffed to the ALS level.

Current Status:

BLS and ALS service is provided throughout the Region. BLS services are required to provide for both the driver and attendant to be EMT-I certified. ALS services are required to provide for the driver to be EMT-1 certified and the patient attendant to be ALS certified. Extensive effort has been concentrated in the last few years in the training and certification of EMT-IDs in areas where first responder ALS services are not available. ALS Air Ambulances are available throughout the region for transport of the critically ill or injured.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Staffing/Training

Hospital

Standard:

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

Goal:

All allied health personnel who provide direct emergency patient care are trained in CPR.

Current Status:

All hospitals permitted at the Basic and Comprehensive Emergency Medical Service levels are approved as receiving centers in the EMS system. Monitoring of this status is through the DHS Licensing and Certification Division. It is our understanding that allied hospital personnel in these facilities are required to be trained in CPR. Facilities approved at the "Standby" level are utilized as receiving centers in rural/remote areas.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Staffing/Training

Hospital

Standard:

2.10 All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

Goal:

Hospitals providing medical control or receiving 9-1-1 patients will be able to provide ACLS-trained personnel for direct emergency patient care at all times. All emergency department physicians will be encouraged to be American Board of Emergency Medicine (ABEM) certified.

Current Status:

All base hospitals MICNs are required to maintain current ACLS certification and all base hospital physicians are required to have Board certification or eligibility in Emergency Medicine. All hospitals accredited by JCAHO are required to comply with this ACLS training standard. Monitoring for compliance in base hospitals is conducted through DHS Licensing & Certification Division as part of the permit process.

Need(s):

Conduct a survey to determine ACLS requirements for all receiving hospitals within the region. Encourage ABEM for all emergency physicians.

Objective:

Ensure that emergency department physicians and registered nurses who provide direct emergency patient care are or will be trained in advanced cardiac life support and encourage emergency physicians to be ABEM certified.

Time frame for Objective:

Long-term.

Staffing/Training

Advanced Life Support

Standard:

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality improvement process.

Goal:

Qualified and competent advanced life support personnel and integration of personnel into the QI process.

Current Status:

Procedures are in place for the accreditation of paramedics within the region, which includes an orientation to the local EMS system and testing in the optional scope of practice. Accreditation and employment with an approved paramedic provider agency automatically ensures the personnel are part of the ICEMA QI program.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Staffing/Training

Advanced Life Support

Standard:

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

Goal:

Establish policies for accreditation of first responder public safety personnel in early defibrillation.

Current Status:

Policies are in place for EMT-I defibrillation program approval, certification of the personnel, medical control, continuing education, and reporting requirements.

Need(s):

Development of policy for certification of public safety first responder personnel.

Objective:

Develop and implement public safety first responder AED certification.

Time Frame for Objective:

Short-term.

Staffing/Training

Advanced Life Support

Standard:

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

Goal:

Assure that all base hospital personnel that provide on-line medical control are in-serviced in new or amended protocols, policies, and procedures.

Current Status:

All nurses initially certified as MICNs within the region are required to attend course segments which include an orientation of the local EMS system, testing on ICEMA protocols and policies, and radio communication techniques. MICNs recertifying, as of 6/1/99, will be required to annually attend an educational course developed by a Protocol Update Task Force. Base Hospitals are required to ensure that all base hospital physicians are knowledgeable about ICEMA protocols, policies, and procedures.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time frame for Objective:

N/A

Communications

Communications Equipment

Standard:

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

Goal:

Continue to evaluate the overall EMS communication needs of the region and consider the availability of satellite technology.

Current Status:

Prehospital providers, base and receiving hospitals utilize 800 MHz within San Bernardino County. An 800 MHz plan has been developed and implemented. Inyo County and Mono County utilize VHF and UHF where possible. Cellular telephone communications is used as a back-up communication tool if other forms of medical communication fail. ReddiNet is scheduled for implementation in December 1999 within the majority of the San Bernardino County Hospitals and will provide direct linkage to the County Communications Center, ICEMA, and between participating hospitals. MEDMARS provides for back-up disaster communications.

Need(s):

To fully implement the ReddiNet system throughout the San Bernardino County area and ensure communications capabilities with Inyo and Mono Counties in time of disaster.

Objective:

Develop comprehensive plan for the utilization of ReddiNet and consider the use of satellite technology to ensure regional communications capabilities.

Time Frame for Objective:

Long-term

Communications

Communications Equipment

Standard:

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

Goal:

Provide for linkage between responding ambulance and first responders to enable communications while enroute to scene.

Current Status:

All emergency medical services vehicles are equipped with two-way radios to assist in dispatching and all comply with the requirements of ICEMA.

Need(s):

In conjunction with dispatching agencies, public and private providers, ensure that a mechanism exists for contact between responding agencies.

Objective:

Develop enhanced EMS communications where needed.

Time Frame for Objective:

Long-term.

Communications

Communications Equipment

Standard:

3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to access both the sending and receiving facilities.

Goal:

Effective communication capability during interfacility transfers.

Current Status:

All permitted and/or authorized ground and air ambulance providers have communications capabilities with sending and receiving facilities.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Communications

Communications Equipment

Standard:

3.04 All emergency medical transport vehicles where physically possible (based on geography and technology), shall have the capability of communicating with a single dispatch center or disaster communications command post.

Goal:

Assure EMS communications capability with EOC in each member county.

Current Status:

Because of the size of the individual member counties, mountainous terrain, and the number of prehospital provider agencies, it is not feasible in a system this large to have a single dispatch center. All emergency transport vehicles are equipped with a radio system that is designed, maintained and owned by the individual provider to communicate with their dispatch centers. Prehospital providers throughout the three-county region have communications capabilities with the designated county EOCs. A centralized dispatch center has been designated in each county for dispatching of EMS Aircraft.

Need(s):

Standard met where physically possible.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Communications

Communications Equipment

Standard:

3.05 All hospitals within the EMS system shall (where physically possible) be able to communicate with each other by two-way radio.

Goal:

Implement ReddiNet within San Bernardino County.

Current Status:

ReddiNet is scheduled for implementation within San Bernardino County in December 1999, which will provide direct communications between all participating hospitals and ICEMA, and the San Bernardino County Communications Center. All hospitals have direct linkage to poison centers and can access by phone pediatric and trauma consultation.

Need(s):

Inclusion of all major hospitals within San Bernardino County in the ReddiNet system.

Objective:

Continue to work with hospitals, ReddiNet personnel, and the Healthcare Association of Southern California in implementing a county-wide ReddiNet system in San Bernardino County.

Time Frame for Objective:

Short-term.

Communications

Communication Equipment

Standard:

3.06 The local EMS agency shall review communication linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

Goal:

Establish effective disaster communications capability region-wide.

Current Status:

MEDMARS has been designated as the communications method for the rural counties during declared disasters through the RDMHC; however, technologically current systems are being contemplated. Many hospitals within the system have incorporated into their disaster plans the use of local HAM radio operators. ReddiNet will greatly enhance the capabilities within San Bernardino County providing constant polling.

Need(s):

Evaluation of the current region-wide communications linkages and update as needed.

Objective:

Encourage the use of HAM radio operators in the existing hospital emergency radio system. Evaluate the current disaster and MCI communications systems within each county and with contiguous counties as well as between public and private providers and hospitals.

Time Frame for Objective:

Long-term.

Communications

Public Access

Standard:

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

Goal:

Effective call answering, accurate transfer of dispatch information, and prompt dispatch of first responders and ambulances.

Current Status:

The 9-1-1 call is received at a public safety answering point and routed to the responsible agency (law enforcement, fire or medical). All PSAPs utilize an enhanced 9-1-1 system. In the case of a medical call, dispatchers are trained to provide pre-arrival instructions, but no formalized program of determination of the gravity of the caller's complaint and the level of response required has been implemented. In the vast majority of the region, all calls are responded to at the ALS level.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Communications

Public Access

Standard:

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service, as it impacts system access.

Goal:

Public awareness and familiarity with appropriate 9-1-1 use.

Current Status:

Brochures are available on the appropriate use of 9-1-1 and services provided. Bumper stickers or painted signs are affixed to emergency response vehicles promoting the 9-1-1 system. Telephone directories provide information and instruction in various languages. Signs are posted in public areas and public service announcements promote the appropriate use of 9-1-1.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Communications

Resource Management

Standard:

3.09 The local EMS agency shall establish guidelines for proper dispatch triage, identifying appropriate medical response.

Goal:

Develop a medical dispatch priority system.

Current Status:

An emergency Medical Dispatch program has been implemented in the majority of dispatch centers throughout the region providing appropriate caller interrogation and prearrival instructions. This has not been implemented in the rural/wilderness areas of the region and ALS is dispatched to all requests for medical aid, if available. A priority dispatching program has not been formalized and implemented within the region.

Need(s):

To establish guidelines for proper dispatch triage, which identifies appropriate medical response, based on current practice, community standard, and assurance of providing a cost-effective, medically appropriate response.

Objective:

In conjunction with system participants, develop program for priority dispatching. Continue to encourage the use of approved pre-arrival instructions throughout the region.

Time Frame for Objective:

Long-term.

Communications

Resource Management

Standard:

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

Goal:

The provision of system-wide ambulance coverage during periods of peak demand.

Current Status:

The 9-1-1 system routes all emergency medical calls to the appropriate local PSAP. Frequencies vary between each of the member counties. Provision of ambulance coverage during peak demand times is coordinated by individual provider agencies through their dispatch systems.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Response and Transportation

Standard:

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

Goal:

The establishment of emergency medical exclusive operating areas through county ordinances or similar mechanism.

Current Status:

Both Inyo and San Bernardino Counties have EOA Plans, which have been approved by respective local Boards of Supervisors and the State EMS Authority. Mono County is considering a county ordinance. ICEMA has been working with prehospital care providers over the past three years in clearly defining the existing boundaries.

Need(s):

Standard met. A review of the exclusive operating area boundaries needs to be conducted in San Bernardino County.

Objective:

Develop legal descriptions of existing exclusive areas in San Bernardino County where none currently exist and review accuracy of existing operating area boundaries in conjunction with prehospital provider agencies.

Time frame for Objective:

Long-term.

Response and Transportation

Standard:

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

Goal:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

Current Status:

Both San Bernardino County and Inyo County currently have ordinances that define minimum standards for permitting of emergency medical transport operators. Mono County is currently considering a county ordinance. Transportation services are monitored through review of data submitted by ambulance providers throughout the region and other quality improvement activities. All ambulance providers are inspected annually. Contracts have been issued to all ambulance providers within the region, which mandate compliance with appropriate statutes, regulations, policies, and procedures.

Need(s):

There is a need to develop a mechanism which imposes an immediate consequence upon ambulance providers when standards are not met.

Objective:

Develop and implement a mechanism, which will impose monetary fines when response time standards are not met.

Time Frame for Objective:

Short-term.

Response and Transportation

Standard:

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

Goal:

Patients in the ICEMA Region shall receive appropriate response resources (e.g., first responder, ALS ambulance, etc.) specific to their needs.

Current Status:

In general, 9-1-1 calls are treated as emergency events throughout the region. Region-wide tiered response protocols have not been developed and implemented. In the majority of the region, all 9-1-1 calls are responded to by ALS providers.

Need(s):

A study is needed to review the current model used for the response to emergency requests. This study should also include a review of contemporary planning efforts in similar counties or regions and assess the impact of managed care on the system and the institution of treat and release protocols.

Objective:

Conduct a comprehensive study of the prehospital care system and its positioning for the health care delivery system of the future.

Time Frame for Objective:

Long-term.

Response and Transportation

Standard:

4.04 Service by emergency medical transport vehicles that can be pre-scheduled without negative medical impact shall be provided only at levels that permit compliance with EMS agency policy.

Goal:

A total integrated medical transportation system, which would maximize performance, cost and resource efficiency.

Current Status:

Pre-scheduled emergency medical transport is provided by ALS and BLS ambulance providers. The optional scope of practice for prehospital personnel is defined in protocols. Standards are also in place for Critical Care Transport Units.

Need(s):

Standard met. There is a need to allow for additional optional scope of practice for paramedics to transport patients during interfacility transfers in order that hospital personnel or specialized CCT units would not have to be utilized and to revise CCT policy.

Objective:

Develop and approve training program and protocols for paramedics to be allowed to provide additional services during interfacility transfers.

Time Frame for Objective:

Short-term.

Response and Transportation

Standard:

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

Goal:

Response time standards established based on State guidelines and system needs for all responder levels.

Current Status:

The EMS Agency specifies that response times comply with all ICEMA Agency policies, protocols, and procedures.

Definitions are consistent with State guidelines and maps have been developed to assist ICEMA in determining compliance with the existing standards. Response time data is collected by ICEMA and reviewed through the QI process. Current response time standards are included in the appendices.

Private/public partnerships are currently being developed and will be evaluated through the QI process to determine the impact on patient care of revised response times. These programs are approved for a specific time period to allow for appropriate evaluation.

Need(s):

Review the current response time criteria and revise as appropriate based on input from both the prehospital and hospital community. Review response time standards in other areas within California and evaluation of private/public partnerships currently in existence.

Objective:

Revise, with input from the EMS community, current response time criteria to meet the needs of the current EMS system in each geographical area. Place policy in reconstructed EMS manual.

Time Frame for Objective:

Long-term.

Response and Transportation

Standard:

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current State and local EMS agency regulations.

Goal:

Assure that all emergency medical transport vehicles have appropriate staffing and equipment to provide the required level of service.

Current Status:

Regulations, ordinances, policies and protocols exist to assure that all ambulances within the region are staffed and equipped according to ICEMA standards. All ALS ambulance inspections are coordinated through ICEMA in all three counties; BLS ambulances are inspected by ICEMA in San Bernardino County and local health department personnel in Inyo County and the Sheriff's Dept. in Mono County.

Need(s):

Standards met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Response and Transportation

Standard:

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

Goal:

A region-wide first responder system for emergency medical incidents.

Current Status:

ICEMA has been integrally involved with first responder agencies in both first responder coordination, EMT training, and elevation of programs to the first responder defibrillation level of care.

Need(s):

Assist in the development of a process by which first responders participate in geographic QI Committees and assure participation in ICEMA QI Committee. Assure that first responder involvement in the EMS systems is facilitated through agreements between the EMS agency and the communities.

Objective:

Integrate first responder agencies and functions within the framework of the EMS system through agreements.

Time Frame for Objective:

Short-term.

Response and Transportation

Standard:

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care.
- b) requesting of EMS aircraft.
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination.
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

Goal:

Assure appropriate utilization of EMS Aircraft for air rescue and air ambulance response and transport of emergent patients.

Current Status:

All EMS Aircraft, both rescue and air ambulances are authorized and/or permitted within the region. An EMS Aircraft Policy exists for the region and San Bernardino County has adopted an EMS Aircraft Ordinance, which ICEMA enforces on behalf of the County. The policy includes definitions for purposes of categorization, process for requesting, and dispatching procedures. A Standard Drug & Equipment List is currently in the process of final approval by ICEMA. Response areas have been determined for San Bernardino County and guidelines provided to the EMS Aircraft Dispatch Center for the County. Due to the scarcity of available EMS Aircraft in Inyo and Mono Counties, there is no need to provide specific guidelines for dispatch. Patient destination is determined by patient needs, but the pilot approves all destinations with respect to safety factors.

Need(s):

Standard met. Develop policies and procedures regarding addressing and resolving formal complaints regarding EMS aircraft. Complaints are handled by staff following procedure utilized in handling QI issues; however, no written policy specifically addresses this area.

Objective:

Continue to review EMS aircraft responses and modify this policy as required. Develop formal policy for addressing complaints from EMS system participants and citizens.

Time Frame for Objective:

Short-term, On-going.

Response and Transportation

Standard:

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

Goal:

Prompt and efficient air medical response to designated emergencies.

Current Status:

San Bernardino County Communications Center has been designated in San Bernardino County for coordination and dispatching of EMS Aircraft. A need does not exist for a coordinated center in Inyo and Mono Counties due to the sparse population and limited health care facilities. An EMS Aircraft Ordinance is in effect in San Bernardino County.

Need(s):

Standard met. Continue to monitor for appropriate dispatch procedures and revise as necessary.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

On-going.

Response and Transportation

Standard:

4.10 The local EMS agency shall identify the availability of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with air medical services operating within the EMS system.

Goal:

Prompt and efficient air medical response to designated emergencies.

Current Status:

All EMS Aircraft have been classified and written agreement initiated. A policy is currently under review for final approval by the Medical Director specifying required equipment and drugs.

Need(s):

Standard met. There is a need to the current EMS Aircraft Policy and related county ordinances regarding differentiation in permits issued, i.e, 9-1-1, interfacility and consideration of requiring adherence to national standards. There is also need to review and revise, as necessary, the criteria for approval and classification and to delineate the role of fixed wing aircraft as part of the EMS system response.

Objective:

To continue to review the process and policy related to approval and classification and review and revise, as necessary, the San Bernardino County EMS Aircraft Ordinance.
Review and clarify the role and responsibility of ICEMA as relates to fixed wing aircraft.

Time Frame for Objective:

Long term, On-going.

Response and Transportation

Standard:

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all terrain vehicles, snow mobiles, and water rescue and other transportation vehicles.

Goal:

Incorporate to a greater extent the EMS services provided through use of all terrain vehicles, snowmobiles, and water rescue vehicles considering existing EMS resources, population density, environmental factors, dispatch procedures and catchment areas.

Current Status:

All terrain vehicles, snowmobiles and water rescue vehicles are all a part of the EMS response within the region due to the geographic diversity. The majority of these specialty vehicles are provided through public safety agencies.

Need(s):

No further objective needed to meet this standard.

Objective:

Inventory the specialized rescue vehicles within the ICEMA region.

Time Frame for Objective:

Short-term.

Response and Transportation

Standard:

4.12 The local EMS agency, in cooperation with the local office of emergency services (OES) shall plan for mobilizing response and transport vehicles for disaster.

Goal:

Assure adequate response and transport vehicles in the event of a disaster.

Current Status:

A Medical/Health Disaster Plan is currently under review by Public Health Department Staff in San Bernardino, Inyo and Mono Counties. ICEMA is actively involved in the development of these plans. The formalized process in each county to assure adequate response and transport vehicles in the event of a declared disaster is compliant with SEMS requirements. A mutual aid policy for the deployment of ambulances in San Bernardino County has been developed by an ICEMA Task Force and, hopefully, will be approved by the Medical Director following a 45-day comment period and review by the San Bernardino County EMCC. Formal agreements have been approved for medical mutual aid between all OES Region VI counties and Region I through the efforts of the RDMHC.

Need(s):

Standard partially met with existing plans; however, there is a need to finalize the Medical/Health Disaster Plans in each county and the Ambulance Mutual Aid Policy in San Bernardino County.

Objective:

ICEMA will finalize the Medical/Health Disaster Plan in San Bernardino County and assist with the finalization of the plans in Inyo and Mono Counties. Formalize Ambulance Mutual Aid Policy in San Bernardino County and monitor in order to make needed revisions based on system needs.

Time Frame for Objective:

Short-term.

Response and Transportation

Standard:

4.13 The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

Goal:

To provide for agreements which identify financial responsibilities for mutual aid responses.

Current Status:

A mutual aid policy for the deployment of ambulances in San Bernardino County has been developed by an ICEMA Task Force and, hopefully, will be approved by the Medical Director following a 45-day comment period and review by the San Bernardino County EMCC. Formal agreements have been approved for medical mutual aid between all OES Region VI counties and Region I through the efforts of the RDMHC. These policies and/or agreements identify financial responsibilities for mutual aid responses.

Need(s):

To finalize the Ambulance Mutual Aid Policy in San Bernardino County.

Objective:

Formalize Ambulance Mutual Aid Policy in San Bernardino County and monitor in order to make needed revisions based on system needs.

Time Frame for Objective:

Short-term.

Response and Transportation

Standard:

4.14 The local EMS agency shall develop multi-casualty response plans and procedures that include provisions for on-scene medical management, using the Incident Command System (ICS).

Goal:

Effective comprehensive multi-casualty response for EMS incidents within the Region.

Current Status:

A MCI Policy is in effect, which reflects the Incident Command System. A Task Force will undertake review and necessary revisions of this policy over the next year.

Need(s):

To make necessary revisions to current MCI Policy.

Objective:

ICEMA will make necessary revisions to the MCI Policy to assure it is consistent with the Incident Command System as reflected within Firescope and SEMS guidelines.

Time Frame for Objective:

Short-term.

Response and Transportation

Standard:

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines when they exist.

Goal:

Continue review and revision of MCI Policy as necessary.

Current Status:

A MCI Policy is in effect, which reflects the Incident Command System. A Task Force will undertake review and necessary revisions of this policy over the next year.

Need(s):

To make necessary revisions to current MCI Policy.

Objective:

ICEMA will make necessary revisions to the MCI Policy to assure it is consistent with state standards and guidelines when they exist.

Time Frame for Objective:

Short-term.

Response and Transportation

Advanced Life Support

Standard:

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

Goal:

To encourage any ALS unit staffed with one ALS crew member to provide for the second crew member (EMT-I) to be trained to provide defibrillation.

Current Status:

All ALS units are staffed with at least one paramedic and one EMT-I.

Need(s):

Standard met. ICEMA's QI Committee should review the need for defibrillator training for the second crew member (EMT-I) to be trained to provide defibrillation. The review should include determining potential impact on patient care and outcome.

Objective:

To study through existing data and input from ALS provider agencies the possible impact of defibrillation training for the second crew member (EMT-I) on ALS response units.

Time Frame for Objective:

Long-term.

Response and Transportation

Advanced Life Support

Standard:

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of level of staffing.

Goal:

To assure availability of all equipment and drugs necessary to provide the ALS level of care as approved by the Medical Director.

Current Status:

All paramedic response units are inspected on an annual basis by ICEMA. Adequate regulations, policies, procedures and ordinances exist to assure that ALS ambulances are appropriately equipped.

Need(s):

Standard met.

Objective:

No further objective needed to meet this standard.

Time Frame for Objective:

N/A

Response and Transportation

Ambulance Regulation

Standard:

4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

Goal:

All EMS transportation agencies are in compliance with ICEMA policies and procedures.

Current Status:

Inyo County and San Bernardino County have ambulance ordinances; ICEMA has written agreements with all ALS private ambulance companies within the region. These agreements define and require compliance with ICEMA protocols, policies, and procedures.

Need(s):

Standard partially met.

Objective:

No further objective needed to meet this standard. ICEMA will continue to work with ambulance providers to complete written agreement.

Time Frame for Objective:

Short-term.

Response and Transportation

Exclusive Operating Permits

Standard:

4.19 Any local EMS agency which desires to implement exclusive operating areas pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) Minimum standards for transportation services,
- b) Optimal transportation system efficiency and effectiveness, and
- c) Use of a competitive process to ensure system optimization.

Goal:

Optimal transportation systems will be in place within the region to assure system efficiency and effectiveness.

Current Status:

Both Inyo and San Bernardino County have EOA Plans which have been approved by respective local Boards of Supervisors and the State EMS Authority and both counties have county ordinances addressing minimum standards for both BLS and ALS transportation services. Mono County is considering a county ordinance. ICEMA has been working with prehospital care providers in San Bernardino County defining the existing boundaries as part of the current "EOA" plan.

Need(s):

Standard met. A review of the exclusive operating area plan needs to be conducted in San Bernardino County.

Objective:

Develop legal descriptions of existing exclusive areas in San Bernardino County where none currently exist and review accuracy of existing operating area boundaries in conjunction with prehospital provider agencies. Review and revise as necessary the existing San Bernardino County "EOA" Plan in conjunction with Task Force comprised of members recommended by the County's EMCC. Confer with legal counsel.

Time Frame for Objective:

Long-Term.

Response and Transportation

Exclusive Operating Permits

Standard:

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for "grand fathering" under Section 1797.224, H&SC.

Goal:

EMS transportation agencies designated for "non-competitive" exclusive operating areas under the current San Bernardino County Plan, will be appropriately selected or awarded the privilege of serving a specific geographic area.

Current Status:

Fourteen "non-competitive" exclusive operating areas were awarded in the San Bernardino County Plan. These EOA areas were awarded in compliance with Section 1797.224, H&SC. Several other provider agencies have submitted documentation indicating they meet the requirements for awarding of "non-competitive" exclusive operating areas. ICEMA has reviewed the documentation thus far and will submit this information for review and recommendation to the Task Force appointed to review the current plan.

Need(s):

To assure that the San Bernardino County plan regarding EOAs is compliant with State statute and provide input from all provider agencies.

Objective:

To amend the existing plan to reflect the findings of ICEMA staff and the Task Force relative to the awarding of "non-competitive" exclusive operating areas to assure compliance with Section 1797.224, H&SC. and identify providers who may not have been awarded an EOA, but may meet the requirements of the State statute.

Time Frame for Objective:

Long-term.

Response and Transportation

Exclusive Operating Permits

Standard:

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

Goal:

All ambulance services assigned responsibility for medical transportation within exclusive operating areas shall have a written agreement with ICEMA stipulating necessary compliance with protocols, policies, and procedures.

Current Status:

All private ALS ambulance providers have existing agreements with ICEMA and required county permits, which require compliance with protocols, policies, and procedures. Not all public agency ALS ambulance providers have written agreements with ICEMA.

Need(s):

Standard met. Current QI program responsible to ensure compliance with policies/procedures. Performance based clauses need to be incorporated into current agreements or policy, approved by the San Bernardino County Board of Supervisors, to ensure exclusive operating area providers comply with protocols, policies and procedures. Efforts need to continue to obtain written agreements with public ambulance provider agencies.

Objective:

To develop a policy, or incorporate as part of agreements, an immediate financial penalty for failure to meet response time standards within San Bernardino County, and obtain written agreements with public ambulance provider agencies.

Time Frame for Objective:

Short-term.

Response and Transportation

Exclusive Operating Permits

Standard:

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

Goal:

The exclusive operating area plan for San Bernardino County will provide for review of the efficiency and effectiveness of the plan at least every ten years.

Current Status:

The current plan provides for on-going evaluation of the transportation system through the QI process; however, the plan does not clearly provide for a formal review after a specified period of time.

Need(s):

The San Bernardino County "EOA" Plan needs to be reviewed and revised as necessary to provide definitive language relating to formal review and maximum timeframe for awarding of each EOA. In addition, several administrative procedures need to be clearly delineated, boundaries need to be clarified, and "grandfathering" providers verified.

Objective:

The Task Force appointed by the San Bernardino County EMCC upon the request of ICEMA will review the existing "EOA" Plan and make recommendations for suggested changes in order to clarify the current plan, assure compliance with Statute, and ensure an efficient and effective EMS transportation system within San Bernardino County, with EMCC input.

Time Frame for Objective:

Long-term.

Facilities and Critical Care

Standard:

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

Goal:

ICEMA, using state standards (when they exist) should assess, periodically reassess, and disseminate to EMS providers, information about the EMS-related capabilities of acute care facilities in its service area.

Current Status:

The Licensing and Certification Division of the Department of Health Services has the authority to investigate acute care facilities in the delivery of emergency care, and license accordingly. ICEMA utilizes this information to confirm the capabilities of acute care facilities in the region. The Trauma Plan establishes criteria for trauma centers and trauma receiving facilities.

Need(s):

Standard met. To develop and implement written agreements with all acute care facilities.

Objective:

Reassess the criteria outlined in the "Receiving Hospitals Policy" and revise as needed. Formalize agreements with Trauma Centers and trauma receiving facilities.

Time Frame for Objective:

Long-term.

Facilities and Critical Care

Standard:

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

Goal:

EMS patients will be delivered to the most appropriate facility to treat their needs.

Current Status:

A policy has been developed and approved, in coordination with the Licensing and Certification Division of the Department of Health Services, regarding patient transfer guidelines to assist hospitals in transferring patients. Prehospital triage guidelines have been incorporated in protocols relating to trauma patients.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time frame for Objective:

N/A

Facilities and Critical Care

Standard:

5.03 The local EMS agency, with the participation of acute care hospital administrators, physicians and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of right capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

Goal:

Trauma patients will be delivered to the most appropriate facility to treat their needs.

Current Status:

Guidelines have been developed establishing criteria to identify patients who should be considered for transport or transfer to facilities providing a higher or more appropriate level of care. Sample transfer agreements have also been disseminated to all facilities and transfer agreements are in place.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Facilities and Critical Care

Standard:

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

Goal:

ICEMA, using state standards (when they exist) should designate and monitor receiving and, when appropriate, specialty care facilities for specified groups of emergency and definitive care patients.

Current Status:

Hospitals with either a Basic or Comprehensive Emergency Department license are automatically identified as a 9-1-1 receiving hospital. Stand-by Emergency Departments have been identified as receiving hospitals in rural underserved areas. The Licensing and Certification Division of the Department of Health Services has the authority to investigate acute care facilities in the delivery of emergency care. Monitoring is conducted primarily by exception. ICEMA has designated specialty care facilities for trauma patients and will provide for monitoring through adoption of the Trauma Plan, written agreements, or by exception.

Need(s):

Review criteria for receiving hospitals and formalize Trauma Plan and begin working on pediatric trauma system and designation.

Objective:

Formalize Trauma Plan, and revise as necessary receiving hospital criteria.

Time Frame for Objective:

Short-term.

Facilities and Critical Care

Standard:

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

Goal:

ICEMA should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

Current Status:

ICEMA has actively participated in the adoption of the HEICS system and SEMS training within regional hospitals. Nearly all hospitals within San Bernardino County will have direct hospital-to-hospital, hospital-to-communication center, and hospital-to-ICEMA/DOC with the ReddiNet system to be operational in December 1999.

Need(s):

Standard met. Implement ReddiNet system.

Objective:

ICEMA will coordinate with the HealthCare Association to implement ReddiNet within San Bernardino County by June 2000.

Time Frame for Objective:

Short-term.

Facilities and Critical Care

Standard:

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

Goal:

Assure that a Medical/Health Disaster Plan is in effect in all three member counties that includes coordination of hospital evacuation needs and the impact on the EMS system.

Current Status:

Draft Medical/Health Disaster Plans are currently under review in all three counties, which address the coordination of resources needed in the event of hospital evacuation. The implementation of the ReddiNet system in San Bernardino County will greatly assist if this situation exists. In a declared disaster situation, the RDMHC will be contacted and SEMS system followed.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Time Frame for Objective:

N/A

Facilities and Critical Care

Standard:

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

Goal:

Provide for an efficient, cost-effective method of providing direct on-line medical control.

Current Status:

The Base Hospitals in San Bernardino County use 800 MHz for medical control; Inyo County and Mono County use VHF and UHF. Agreements are in place with all Base Hospitals throughout the region to provide direct on-line medical control.

Need(s):

Standard met. There is a need to review the configuration, expectations and configuration of base hospitals in San Bernardino County. Based on the review and potential configuration changes, updated agreements with base hospitals will be necessary.

Objective:

Review the overall needs, configuration, and expectations of base hospitals and develop revised agreements as necessary.

Time Frames for Objective:

Long-term.

Facilities and Critical Care

Trauma Care System

Standard:

5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system, including:

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

Goal:

Implement a plan and procedures to ensure that trauma patients will be delivered promptly to designated trauma centers.

Current Status:

Loma Linda University Medical Center functions as a Level I Trauma Center; Arrowhead Regional Medical Center functions as a Level II Trauma Center. A draft plan calls for the formal designation of the Trauma Centers through an RFP process. The plan delineates the number and level of trauma centers, the design of catchment areas, triage and transfer criteria, the role of non-trauma centers, and a plan for monitoring and evaluation of the trauma system.

Need(s):

Submit Trauma Plan for approval, implement and review effectiveness.

Objective:

Implement trauma Plan and monitor for effectiveness.

Time Frame for Objective:

Short-term.

Facilities and Critical Care

Trauma Care System

Standard:

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both providers and consumers.

Goal:

Implement a plan that has been developed as a result of input from EMS system participants and the public through a public hearing process.

Current Status:

A draft of the Trauma Plan was submitted approximately two years ago to the EMCC for comment and a public hearing conducted. The Plan was recommended for approval once agreement could be reached between ICEMA and the current Trauma Centers regarding the fees for designation and on-going costs of implementing and monitoring the system. Because of the significant amount of time lapsed since the initial public hearing, another public hearing will be held regarding the Trauma Plan prior to submittal to the ICEMA Governing Board and the EMS Authority for approval.

Need(s):

Standard met. To fully implement the Trauma Plan following a public hearing and necessary approvals.

Objective:

Finalization of the draft Trauma Plan and scheduling and holding a public hearing to ensure input from both EMS providers and consumers.

Time Frame for Objective:

Short-term.

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems

Standard:

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- a) The number and role of system participants, particularly of emergency departments.
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other critical care centers,
- d) the role of providers that are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric critical care hospitals including those which are outside of the primary triage area,
- g) a plan for monitoring and evaluation of the system.

Goal:

Develop policies, procedures and protocols as needed to ensure that pediatric patients will receive the most appropriate prehospital and in-hospital medical care.

Current Status:

Prehospital treatment protocols have been implemented specifically dealing with the treatment of the seriously ill or injured pediatric patients. There is not currently a specific pediatric emergency medical system plan to deal with conditions that are less serious than the critically ill or injured child. Procedures were developed for the designation of EDAPs (Emergency Department Approved for Pediatrics) but has been tabled awaiting position of the medical community.

Need(s):

Evaluate EMS for Children program enhancement opportunities and designation of a Pediatric Trauma Center.

Objective:

Obtain grant funds to develop a specific EMS for Children plan for the region.

Time Frame for Objective:

Long-term.

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems

Standard:

5.11 Local EMS agencies shall identify minimum standards for pediatric capability of an emergency department, including:

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance, and
- f) data reporting to the local EMS agency.

Goal:

ICEMA should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

Current Status:

Procedures were developed for the designation of EDAPs (Emergency Department Approved for Pediatrics) but has been tabled awaiting position of the medical community. Standards have also been developed for the designation of Pediatric Trauma Centers, but will not be implemented until the "basic" trauma system plan is approved and implemented. The existing Trauma Centers compile data for evaluation and monitoring purposes, but this needs to be integrated into an ICEMA Trauma Program.

Need(s):

In addition to evaluating the EMS for Children program enhancement opportunities, the criteria and designation process of a Pediatric Trauma Center should be implemented.

Assure adequate staff to monitor pediatric program.

Objective:

Implement criteria and designation process of a Pediatric Trauma Center, and implement objective outlined in 5.10.

Time Frame for Objective:

Long-term.

Facilities and Critical Care

Other Critical Care Systems

Standard:

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agencies shall ensure input from the prehospital, hospital providers and consumers.

Goal:

Provide for appropriate response and treatment of pediatric patients with input from the specified groups.

Current Status:

A specific systematic plan for a pediatric emergency medical and critical care system has not developed; however, input has been received and utilized in the development of pediatric treatment protocols, policies and criteria for pediatric trauma center designation.

Need(s):

In conjunction with the recommendation on pediatric emergency planning, ensure input from the specified groups.

Objective:

Identify and provide coordinated input from specified groups on pediatric emergency planning in conjunction with 5.10 and 5.11.

Time Frame for Objective:

Long-term.

Facilities and Critical Care

Other Critical Care Systems

Standard:

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

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

Goal:

Provide for appropriate response and treatment of patients with specific clinical conditions.

Current Status:

ICEMA has not directly examined targeted clinical conditions for the development of a systematic plan (with the exception of trauma) since the categorization of hospitals as required by the State was no longer a requirement. All basic receiving centers are capable of providing initial stabilization of burn patients. Transfer to an appropriate burn facility is coordinated through the hospital community, which may include transfer to a facility outside of the region.

Lack of specialized services due to inadequate staffing, equipment etc. is identified through the implementation of the Diversion Policy, which is monitored through the QI System.

Need(s):

In conjunction with the recommendation to focus on the specialty care area of pediatrics, other targeted patient groups may be identified which should be specifically addressed through protocols and procedures to provide a coordinated response, delivery or transfer by secondary means to the most appropriate facilities.

Objective:

Identify and provide coordinated EMS response to targeted patient groups.

Time Frame for Objective:

Long-term.

Facilities and Critical Care

Standard:

5.14 In planning other specialty care systems, the local EMS agency shall ensure input from both providers and consumers.

Goal:

Provide for appropriate response and treatment of specialty patients with input from both providers and consumers.

Current Status:

A specific systematic plan for all specialty patients (excepting trauma patients) has not developed; however, input has been received and utilized in the development of specific treatment protocols and policies.

Need(s):

The development of the system-wide specialty care plan will require input from all receiving hospitals, specialty hospitals, and various EMS providers.

Objective:

Obtain input from both providers and consumers in the development of specialty patient care plans as identified in 5.13.

Time Frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.01 The local EMS agency shall establish an EMS quality improvement/assurance (QI/QA) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines when they exist. The program shall use provider-based QI/QA programs and shall coordinate them with other providers.

Goal:

ICEMA should have the resources to evaluate the response to, and the care provided to, specific patients.

Current Status:

The current ICEMA QI Plan addresses the total EMS system, including all paramedic provider agencies, base hospitals, and receiving hospitals. The State EMS Authority approved this QI Plan in 1995. Providing needed resources to the QI Plan requires all system participants to accomplish in-house quality improvement activities. Each paramedic provider agency and base hospital is required to submit to ICEMA a Quality Improvement Program for approval. Geographic based QI Committees have been instrumental in addressing "local" QI issues; these efforts will be coordinated with those of the ICEMA QI Committee.

Need(s):

Standard met. There is a need to establish an extensive management information system to support the QI program.

Objective:

Continued encouragement of all EMS providers to submit accurate complete data, improve ICEMA management information system, and utilization of QI Committee to provide for evaluation of response to and care of specific patients. ICEMA will establish a data collection committee to establish a MIS system compatible region-wide.

Time frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

Goal:

Comprehensive documentation of all patient contacts and interventions.

Current Status:

Current policy requires that a prehospital care record will be completed for each patient contact. Base hospitals complete a record when medical control is provided. Trauma Centers complete records required for the Trauma Registry for all patients within their facilities. The ICEMA policy describes the procedure for disposition of all copies of each record and the requirements for record retention. ICEMA Scantron forms are also required for all ALS patient contacts and are submitted to ICEMA on a monthly basis. The Scantron method of data collection for QI purposes is currently under review with the goal of replacing the paper based forms with a computer based database allowing for greater access to comparative data for QI purposes.

Need(s):

Standard met. However, to meet the goal, additional emphasis needs to be placed on compliance by all provider agencies regarding submission of data and improvements in assuring accuracy of data.

Objective:

No further objective needed to meet this standard. Improve accuracy and compliance with Scantron program; continue to review potential changes in data collection to take advantage of current technology.

Time Frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.03 Audits of prehospital care, including both clinical and service delivery aspects, shall be conducted.

Goal:

ICEMA should have a mechanism to link prehospital records with dispatch, emergency department, inpatient and discharge records.

Current Status:

Current audits of prehospital care are done largely at the base hospitals and the provider levels. Currently the only mechanism to link prehospital records with dispatch and emergency department inpatient and discharge records is by a case-by-case request for information. The exception is the special review that EMT-D programs receive which are from the field to hospital discharge.

Need(s):

Standard met. Establish a comprehensive audit/review program for all aspects of EMS system. As a part of the QI program, clinical indicators and outcome measurements should be identified and studied. Patient confidentiality and disclosure issues should be protected.

Objective:

Establish an effectively linked management information system and QI program in conjunction with objective 6.02.

Time frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

Goal:

Monitoring of medical dispatch process throughout the region.

Current Status:

Minimal monitoring occurs to review medical dispatching. Dispatchers are trained and certified on a voluntary basis to provide pre-arrival instructions based on an ICEMA approved EMD program.

Need(s):

An overall evaluation plan needs to be included with EMD programs system-wide to enhance medical dispatch within the Region. Evaluation of current deployment methods needs to be analyzed for more effective methods and cost controls/saving mechanism as well as identifying responsibilities and accountability for this process.

Objective:

With system-wide participation, ICEMA shall establish a mechanism to ensure the review of medical dispatching for appropriate level of response and appropriateness of prearrival/post arrival dispatch directions.

Time Frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.05 The local EMS agency shall establish a data management system which supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA audit of the care provided to specific patients. It shall be based on state standards (when they are available).

Goal:

ICEMA should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data. Patient registries, tracer studies, and other monitoring systems should be used to evaluate patient care at all stages of the system.

Current Status:

The current data collection system captures EMS data from EMS provider agencies based on state standards. Trauma patients are tracked through the system through a trauma registry at each of the two Trauma Centers. Efforts are currently underway to revamp the current prehospital data system to allow for greater access to accurate comparative data.

Need(s):

Standard met. However, there is a need to develop a comprehensive management information system to capture accurate prehospital data elements from all prehospital providers and to capture outcome data on EMS patients transported to each paramedic receiving hospital. Patient identifiers and data sets need to be established for prehospital providers, receiving hospitals, base hospitals, dispatch centers and trauma centers. A common data set will be able to be utilized for tracer studies outcome studies and to monitor system performance.

Objective:

Establish a comprehensive management information system that integrates data from EMS system participants and enter into agreements with all EMS system participants which include language to require participation in the management information system.

Seek sources of funding to provide adequate resources for system-wide planning and evaluation.

Time Frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines when they exist.

Goal:

Establish an outcome-driven evaluation process for EMS performance.

Current Status:

ICEMA consistently evaluates its program components, but lacks a regular comprehensive review. Manual collection of information is required. Achievement of comprehensive system analysis would be time and resource consuming.

Need(s):

Standard not met. A mechanism has been established, but does not support system-wide planning and evaluation. Implementation of the EMS plan, the establishment of a comprehensive management information system and quality improvement programs, and creation of various policies and procedures will allow overall EMS system program evaluation. A review of other program models should be conducted.

Objective:

ICEMA will regularly evaluate and report on the status of the EMS system operations through the tools of the MIS system and QI program. A task force will be established to develop a comprehensive information management system that integrates data from EMS system participants, utilizes existing information management systems as much as reasonably possible, and which includes language to require participation in the information management system.

Time frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.07 The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

Goal:

All providers in the EMS system shall participate in the system-wide evaluation programs.

Current Status:

The ICEMA Quality Improvement Plan establishes a system-wide method for evaluating the ALS providers and base hospitals within the EMS system. All ALS provider agencies are required to submit their QI programs to ICEMA for approval. Refusal of some prehospital provider agencies to submit the required data elements and a method of assuring accuracy of data submitted hampers efforts to evaluate the EMS system effectively.

Need(s):

The QI Plan needs to be modified to include system-wide evaluation. Participation by all provider agencies and all hospitals is imperative in order to evaluate EMS system-wide. Additional funding sources are necessary to develop a comprehensive management information system.

Objective:

Provide adequate resources to enable system-wide EMS program evaluation.

Time Frame for Objective:

Long-term.

Data Collection and System Evaluation

Standard:

6.08 The local EMS agency shall periodically report on EMS system operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Goal:

Increase awareness of EMS system accomplishments and activities.

Current Status:

Quarterly reports are prepared and distributed to the Emergency Medical Care Committees, and updates given at regularly scheduled meetings of these Committees in each member county. A bi-monthly newsletter is circulated to over 1,000 system participants. ICEMA staff meets formally with the Mono County Board of Supervisors upon request to provide periodic reports on EMS system operations. In San Bernardino County, staff meets bi-weekly with the Health Officer. Inyo County Board of Supervisors has not requested periodic presentations.

Need(s):

To provide a formal comprehensive annual report on system design and operations to the Board of Supervisors, EMCCs and EMS constituents of each member county.

Objective:

Provide a formal comprehensive annual report on system design and operations to the Board of Supervisors, EMCCs and EMS constituents of each member county.

Time Frame for Objective:

Short-term.

Data Collection and System Evaluation

Standard:

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (and alternative base station) and prehospital activities.

Goal:

ICEMA's integrated data management system should include prehospital, base hospital, and receiving hospital data.

Current Status:

Under the current QI Plan, the majority of treatment evaluation by prehospital personnel is conducted by base hospitals. There is little global or system evaluation or outside review of non-base hospital cases. Geographic specific QI Committees and base hospital review evaluate both base hospital and prehospital activities.

Need(s):

Standard met. As addressed in previous standards, the integrated MIS plan should include prehospital, base hospital, and receiving hospital data.

Objective:

To expand the data system to capture outcome data on EMS patients and provide for system-wide review through the ICEMA QI Committee.

Time Frame for Objective:

Long-term.

Data Collection and System Evaluation

Trauma Care System

Standard:

6.10 The local EMS agency shall develop a trauma system including:

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

Goal:

Integration of the trauma system activities into the System's quality improvement/assurance program.

Current Status:

The two currently designated trauma centers maintain trauma registries. This data is used by exception to identify patients who fall outside of established criteria and for identifying potential improvements to the system design and operation.

Need(s):

To ensure adequate resources to provide for overview and monitoring of the trauma system for the region.

Objective:

Coordinate activities with the designated trauma centers to review trauma system evaluation and data collection program once a Trauma Coordinator position is funded and established.

Time frame for Objective:

Long-term.

Data Collection and System Evaluation

Trauma Care System

Standard:

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

Goal:

A functioning and comprehensive quality improvement/assurance program which includes collection of essential trauma care information.

Current Status:

The draft Trauma Plan for the region includes provisions for data to be provided to ICEMA. Data is available through the currently designated Trauma Centers upon request, but is not provided routinely.

Need(s):

To review and evaluate trauma data required for system evaluation.

Objective:

Implement a comprehensive data collection and evaluation system and assure adequate resources are available to evaluate the trauma data in conjunction with the Trauma Centers and the QI Committee.

Time Frame for Objective:

Long-term.

Public Information and Education

Standard:

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

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

Goal:

ICEMA should promote targeted community education programs on the use of emergency medical services throughout the three-county region.

Current Status:

ICEMA supports all efforts to develop and disseminate informational materials for the public on the EMS system. There is no centralized "clearinghouse" for the development, distribution, or provision of public information and educational materials related to the EMS system. Many of the public and private prehospital providers and hospitals sponsor safety programs and information on the EMS system. Staff is actively involved in health fairs, working with senior citizen groups, hospices, convalescent homes, etc. in order to provide information to specific target groups. A specific public information and education program is not available through ICEMA, but is dealt with by individual staff members as relates to their areas of responsibility.

Need(s):

Standard met. Support access to early defibrillation by the lay public.

Objective:

No further objective needed to meet this standard. Provide informational/educational material to the public regarding early defibrillation.

Time Frame for Objective:

Short-term.

Public Information and Education

Standard:

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

Goal:

ICEMA should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

Current Status:

ICEMA supports and provides resources to the injury control efforts prevention program to the extent that resources are available. (See Objective 7.01)

Need(s):

Standard met. ICEMA needs to continue to work with other agencies to support programs developed and promote preventive measures and continue injury control efforts.

Objective:

No further objective needed to meet this standard.

Time frame for Objective:

N/A

Public Information and Education

Standard:

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

Goal:

ICEMA, in conjunction with the local offices of emergency services in each member county, should produce and disseminate information on disaster medical preparedness.

Current Status:

ICEMA actively participates in San Bernardino County's disaster preparedness program, as this is an additional responsibility delegated to ICEMA, which is specifically excluded as ICEMA's responsibilities under the JPA. Staff participates and works Inyo and Mono County's in promoting citizen disaster preparedness activities. Brochures have been developed and disseminated by ICEMA targeting specific patient groups.

Need(s):

Standard met.

Objective:

No further objective needed to meet this standard.

Time Frame for Objective:

N/A

Public Information and Education

Standard:

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

Goal:

ICEMA should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high-risk groups.

Current Status:

ICEMA supports all efforts region-wide to make first aid and CPR training available to the general public. Both public and private provider agencies, as well as the hospital community and community colleges, are involved in local community education programs to promote first aid and CPR training to the public and high risk groups. The San Bernardino County EMCC has requested that efforts be initiated to support the requirement of CPR training within all high schools within the county.

Need(s):

Standard met. However, review of available data relating to percentage of population currently trained in first aid and CPR needs to be assessed. Efforts to coordinate, in conjunction with the San Bernardino County EMCC, a plan to promote mandatory requirements within the public school system for CPR training programs need to be expanded. Support access to early defibrillation by the lay public.

Objective:

Continue to evaluate the availability of CPR and first aid training and develop a plan to more actively promote this training. Provide educational/informational material to the public regarding early defibrillation.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

Goal:

Prompt and adequate medical response in the event of catastrophic disasters.

Current Status:

Disaster plans for Inyo, Mono and San Bernardino Counties are currently under review within each respective Health Department. Revisions have been made in coordination with each county's office of emergency services. The revised plans provide for the organization, mobilization, coordination and direction of medical and health services, both public and private, during a disaster and is consistent with SEMS. Toxic substance emergencies are handled in each county through public safety and local and/or county fire departments. The majority of hospitals within the region utilize the Hospital Emergency Incident Command System (HEICS). A regional medical health disaster plan and agreements are in place within Region VI through RDMHC, and agreements have been initiated with neighboring regions. Staff has provided SEMS training where required.

Need(s):

The county specific medical health disaster plans require formal approval and information disseminated to EMS system participants and health department personnel.

Objective:

Submission of final medical health disaster plans for necessary approval and distribution to agencies/departments who may be involved in responding to a medical health disaster situation.

Time Frame for Objective:

Short-term.

Disaster Medical Response

Standard:

~~8.01~~ Medical response plans and procedures for catastrophic disasters shall be applicable to *8.02* incidents caused by a variety of hazards, including toxic substances.

Goal:

Assure medical response plans are consistent with the Standardized Emergency Management System (SEMS).

Current Status:

Disaster plans for Inyo, Mono and San Bernardino Counties are currently under review within each respective Health Department. Revisions have been made in coordination with each county's office of emergency services. The revised plans provide for the organization, mobilization, coordination and direction of medical and health services, both public and private, during a disaster and is consistent with SEMS. Toxic substance emergencies are handled in each county through public safety and local and/or county fire departments.

Need(s):

Standard met. As stated in Objective 8.01, the communication of information and training relating to the County Medical Health Disaster Plans needs to occur with all providers within the system. HAZ MAT protocols/procedures need to be formalized.

Objective:

Continued development and updating of medical health response plans in each county and training provided as necessary. Develop and distribute HAZ MAT protocols and procedures in conjunction with appropriate providers.

Time Frame for Objective:

Short-term.

Disaster Medical Response

Standard:

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

Goal:

Properly trained and equipped personnel to respond to incidents involving hazardous materials.

Current Status:

All public safety providers have received HazMat training and are responsible for response to incidents involving hazardous materials. The level of training within the private sector and hospital emergency departments varies. This training is included in initial training programs.

Need(s):

Standard met. Encourage all private sector providers and hospitals to ensure appropriate training and equipment to respond to incidents involving hazardous materials.

Objective:

ICEMA will survey all EMS system providers to determine level of training and equipment geared to hazardous materials incidents and encourage additional training and equipment, if necessary.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System as the basis for field management.

Goal:

ICEMA should ensure that ICS training is provided for all medical providers.

Current Status:

The Multi-Casualty Incident Policy is consistent with the fire incident command system. All EMS responders have either received training through the training institutions or inservices provided as part of protocol updates. The majority of hospitals within the region utilize the Hospital Emergency Incident Command System (HEICS). The MCI Policy is currently under review to include any revisions necessary to assure it is consistent with the fire incident command system and EMS system needs.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Standard:

8.05 The local EMS agency, using state guidelines when they are available, shall establish written procedures for distributing disaster casualties to the most appropriate facilities in its service area.

Goal:

ICEMA, using state guidelines when they are available, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patient with radiation and chemical contamination and injuries.

Current Status:

Facilities within the region are required to identify the number of available beds to treat in-coming patients and the number of ambulatory and non-ambulatory patients that may need to be evacuated to other facilities. The Medical/Health Disaster Coordinator at the EOC coordinates the transfer of patients to appropriate facilities. Staging areas in the field are established by prehospital personnel for triage. All hospitals with a basic emergency department permit are expected to be capable of receiving and treating patients with radiation and chemical contamination and injuries. The implementation and activation of ReddiNet within San Bernardino County early in the year 2000 will greatly enhance that county's ability to appropriately manage hospital resources during a disaster. Staff has surveyed hospitals for current capability of handling radiation and chemically contaminated patients.

Need(s):

Continue to survey hospitals to determine potential capability for use as a casualty collection point and develop agreements with clinics to serve as first aid facilities during a disaster.

Objective:

Identify hospital based CCP sites appropriate for disaster response and complete agreements with hospitals and clinics to formalize disaster response activities.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

8.06 The local EMS agency, using state guidelines when they are available, shall establish written procedures for early assessment of needs and resources and an emergency means for communicating requests to the state and other jurisdictions.

Goal:

ICEMA's procedures for determining necessary outside assistance should be exercised yearly.

Current Status:

Agreements are in place with contiguous counties for mutual aid on a daily basis and agreements have been initiated through the RDMHC, in compliance with SEMS guidelines, with Region VI and Region I counties for mutual aid in the event of a declared disaster. The implementation of the ReddiNet system in San Bernardino County will facilitate assessing needs of area hospitals. The SEMS guidelines have been and will continue to be followed in communicating requests to the state and other jurisdictions. Staff participates and/or coordinates exercises to further refine and modify procedures as necessary.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Standard:

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

Goal:

Assure capability to communicate with and coordinate activities of participants in a disaster situation.

Current Status:

Fire White frequency and COMSTAR provide access in a disaster situation within San Bernardino County. The MEDMARS system also provides communications with the majority of counties within Region VI. 800 MHz radios are provided to key participants within the San Bernardino County Health Dept. for coordination during a disaster. The ReddiNet system will also enhance coordination and communications. RACES amateur radio system is also available as well as other amateur radio operators available to hospitals if needed.

Need(s):

The MEDMARS system is not available to Inyo and Mono Counties. There is a need to implement an up-to-date communications system for coordination with these counties in the event of a major disaster.

Objective:

Identify a viable communication system at least between Inyo and Mono Counties and seek funds to implement a reliable communication system for use in the event of a major disaster.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in the service area.

Goal:

ICEMA, using state guidelines when they are available, should ensure that emergency medical providers and health care facilities have written agreements with providers for the provision of appropriate resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

Current Status:

ICEMA maintains a current status of all hospitals within the region and these hospitals are polled for operational status. Draft agreements between ICEMA and the hospitals have been discussed, but not implemented. A list of ambulance companies throughout the region is maintained and contracts are in place with all private ambulance providers. An Ambulance Mutual Aid Policy has been developed for San Bernardino County for implementation when a situation presents itself when resources are not available through the permitted provider.

Need(s):

Standard met. A comprehensive inventory of medical resources to be used in disaster situations needs to be updated at least annually. Agreements with hospitals should be implemented to assure compliance with SEMS and reimbursement requirements.

Objective:

To develop and maintain a comprehensive medical resource inventory available for reference purposes at the EOCs in each county and continue to work toward completion of an agreement with hospitals. Provide comprehensive inventory of medical resources to city EOCs throughout the region.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

8.09 The local EMS agency shall establish and maintain relationships with disaster medical assistance teams (DMAT) in its area.

Goal:

ICEMA should support the development and maintenance of DMAT teams in its area.

Current Status:

San Bernardino County currently sponsors a Level I DMAT Team and staff works closely with the Team in joint field exercises. State funds have been supportive of the DMAT Team through ICEMA.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Standard:

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

Goal:

Provide adequate response resources to significant medical incidents and periods of extraordinary system demand.

Current Status:

Inter-regional medical mutual aid has been implemented between all counties in Region VI and an agreement is in place between Region VI and Region I. Additionally medical mutual aid agreements are in place where needed with contiguous counties. Efforts to formalize agreements with Nevada and Arizona have been on-going for years, and the prospect of formalizing agreements is not likely; however, the lack of agreements with these states has not had a negative effect on the provision of adequate resources.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Standard:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using State guidelines when they are available, shall designate Field Treatment Sites (FTS).

Goal:

Region wide designation of Field Treatment Sites

Current Status:

Local Casualty Collection Points have been identified both in local disaster planning efforts and county planning efforts. The feasibility of using schools in conjunction with Red Cross has been reevaluated based on experience in other counties. Efforts are currently underway to formalize arrangements with hospitals to provide field treatment sites to accommodate the sick and injured that will naturally migrate to the hospitals.

Need(s):

Evaluate and designate sites as needed, review staffing, equipment and supply needs and development in cooperation with hospitals a mechanism for assisting hospitals in obtaining disaster supplies, staff , equipment, and communications capabilities.

Objective:

ICEMA and the member county Health Departments will, within their capabilities, assist hospitals in obtaining disaster related supplies and equipment. Develop and finalize designation of Field Treatment Sites.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

8.12 The local EMS agency shall develop plans for establishing FTSs and a means for communicating with them.

Goal:

Establishment of FTSs with communication capabilities during disasters.

Current Status:

Efforts are currently underway to identify and designate FTSs within the region through the revisions of the member counties' disaster plans. Communication capabilities will be made available through the current EMS communication system, MEDMARS, or ReddiNet.

Need(s):

Evaluate and designate sites as needed and identify communications capabilities and alternatives.

Objective:

Define plans for establishing communication with FTSs, as needed.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substance.

Goal:

ICEMA should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

Current Status:

Providers utilize the Incident Command System which is incorporated into ICEMA policy. Providers throughout the region have received appropriate training in SEMS. This issue is also covered in initial training in ICEMA approved training programs. In addition, ICEMA protocols specifically address this issue.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Standard:

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

Goal:

Coordinated response and management of disaster situations.

Current Status:

As required by the State Department of Health and Human Resources, all licensed hospitals have internal disaster plans in place. All hospitals have met the training requirements as specified in the SEMS guidelines and participate with the prehospital provider agencies, the communications centers, other hospitals, and ICEMA in periodic disaster drills.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Standard:

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

Goal:

All hospitals within member counties linked through communication capability.

Current Status:

The ReddiNet system implementation scheduled for early 2000 will provide for linkages between all participants in the system. For those hospitals not participating in ReddiNet during a disaster, will use phone lines to keep the radio free to receive on-scene updates. For the more rural areas where only one or two hospitals are available within the entire county, phone lines or the radio system will provide linkage. The HEICS system has been adopted by all hospitals within the region.

Need(s):

To develop operational procedures for use of ReddiNet as it applies to a situation where a disaster has been declared. Research current technology and funding sources to provide for a linkage in the rural areas.

Objective:

Development and implementation of operational procedures on the ReddiNet and review possible technology and funding sources to link the rural areas of the region.

Time Frame for Objective:

Long-term.

Disaster Medical Response

Standard:

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

Goal:

Training in management of significant medical incidents for all prehospital medical response agencies and acute care hospital staffs in the region.

Current Status:

All prehospital providers and hospitals within the region have developed guidelines for the management of significant medical emergencies. The ICEMA MCI Policy is based on and is consistent with the Incident Command System and all hospitals have adopted HEICS. Training has been provided by the local OES or ICEMA in SEMS.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Timeframe for Objective:

N/A

Disaster Medical Response

Advanced Life Support

Standard:

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

Goal:

Ability to acquire ALS resources from outside of region during significant medical incidents.

Current Status:

Current ICEMA policies and local ambulance ordinances waive restrictions on responders during disasters. Intercounty agreements with contiguous counties provide for medical mutual aid. An Ambulance Mutual Aid Policy is in final draft form to better define procedure and to assure ambulance response in a timely fashion.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Critical Care System

Standard:

8.18 Local EMS agencies developing trauma or other critical care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

Goal:

Ensure appropriate triage and patient care capabilities during significant medical incidents.

Current Status:

Depending on the size of a major medical emergency or disaster, trauma centers may or may not function under the normal policies governing triage. The smaller the event, the greater the likelihood that the specialty centers will function as they normally do (assuming they are not directly impacted by the disaster). Disaster planning calls for the use of hospital resources outside of the impacted area to assist in meeting the needs of the impacted area.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Disaster Medical Response

Exclusive Operating Areas/Ambulance Regulation

Standard:

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

Goal:

Access to external ambulance services during significant medical incidents.

Current Status:

Current policies and agreements with ambulance providers allow waiving the exclusivity in the event of a disaster or need for mutual aid.

Need(s):

Standard met.

Objective:

No further objective necessary in order to meet this standard.

Time Frame for Objective:

N/A

Section VI – System Resources and Operations

The following tables are provided in the format required by the California EMS Authority and are labeled EMSA Table 1 – 8 respectively.

Table I: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA	X	
1.02 LEMSA Mission		X	NA		X
1.03 Public Input		X	NA	X	
1.04 Medical Director		X	X	X	

Planning Activities

1.05 System Plan		X	NA	X	
1.06 Annual Plan Update	X		NA	X	
1.07 Trauma Planning*	X			X	
1.08 ALS Planning*		X	NA		
1.09 Inventory of Resources		X	NA		
1.10 Special Populations		X	Partially met		X
1.11 System Participants		Partially met			X

Regulatory Activities

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X	NA	X	
1.13 Coordination		X	NA		
1.14 Policy & Procedures Manual		X	NA	X	
1.15 Compliance w/Policies		X	NA	X	

System Finances

1.16 Funding Mechanism		X	NA		X
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Medical Direction

1.17 Medical Direction*		X	NA		
1.18 QA/QI		X	X	On-going	
1.19 Policies, Procedures, Protocols		X	X	On-going	
1.20 DNR		X	NA	On-going	
1.21 Determination of Death		X	NA	X	
1.22 Reporting of Abuse	X		NA	X	
1.23 Interfacility Transfer		X	NA	On-going	

Enhanced Level: Advanced Life Support

1.24 ALS System		Partially met	X		X
1.25 On-Line Medical Direction		X	X	On-going	

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26 Trauma System Plan		Partially met	NA	X	

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		Partially met	NA		X
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**Enhanced Level:
Exclusive Operating Areas**

1.28 EOA Plan		X	NA		X Review
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	NA	On-going	
2.02 Approval of Training		X	NA	On-going	
2.03 Personnel		X	NA	On-going	

Dispatchers

2.04 Dispatch Training		Partially met			X
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First Responder (non-transporting)

2.05 First Responder Training		X	X		
2.06 Response		X	NA		On-going
2.07 Medical Control		X	NA		On-going

Transporting Personnel

2.08 EMT-1 Training		X	Partially met		On-going
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Hospital

2.09 CPR Training		X	NA		
2.10 Advanced Life Support		X	Partially met		X

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X	NA		
2.12 Early Defibrillation		X	NA	On-going	
2.13 Base Hospital Personnel		X	NA		

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01		X	X		
3.02 Radios		X	Partially met		X
3.03 Interfacility Transfer*		X	NA		
3.04 Dispatch Center		X	NA		
3.05 Hospitals		X		X	
3.06 MCI/Disasters		X	NA		On-going

Public Access

3.07 9-1-1 Planning/Coordination		X	X		
3.08 9-1-1 Public Education		X	NA		

Resource Management

3.09 Dispatch Triage		Partially met			X
3.10 Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		X	X		On-going
4.02 Monitoring		X	X	On-going	
4.03 Classifying Medical Requests	X				X
4.04 Pre-scheduled Responses		X		On-going	
4.05 Response Time Standards*		X			On-going review
4.06 Staffing		X	NA		
4.07 First Responder Agencies		X	NA	On-going	
4.08 Medical & Rescue Aircraft*		X	NA	On-going	
4.09 Air Dispatch Center		X	NA	On-going	
4.10 Aircraft Availability*		X	NA		On-going
4.11 Specialty Vehicles*		X	X	On-going	
4.12 Disaster Response		X	NA	On-going	
4.13 Regional Response		X	X		
4.14 Incident Command System		X	NA	On-going	
4.15 MCI Plans		X	NA	On-going	

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.16 ALS Staffing		X			X
4.17 ALS Equipment		X	NA		

Enhanced Level: Ambulance Regulation

4.18 Compliance		Partially met	NA	X	
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**Enhanced Level:
Exclusive Operating
Permits**

4.19 EOA Transportation Plan		X	NA		On-going review
4.20 "Grand fathering"		X	NA		On-going review
4.21 Compliance		X	NA	On-going	
4.22 Evaluation	X		NA		On-going

E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X			X
5.02	Triage & Transfer Protocols*		X	NA		
5.03	Transfer Guidelines*		X	NA		
5.04	Specialty Care Facilities*	X		NA	X	X
5.05	Mass Casualty Management		X	X	On-going	
5.06	Hospital Evacuation*		X	NA		

Enhanced Level: Advanced Life Support

5.07	Base Hospital Designation*		X	NA		On-going
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Enhanced Level: Trauma Care System

5.08	Trauma System Design		X	NA	On-going	
5.09	Public Input		X	NA	On-going	

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design	X		NA	X	
5.11	Emergency Departments	X				X
5.12	Public Inputs	X		NA		X

Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design	X		NA		X
5.14	Public Input	X		NA		X

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X			X
6.02 Prehospital Records		X	NA		On-going
6.03 Prehospital Care Audits		X			X
6.04 Medical Dispatch		Partially met	NA		X
6.05 Data Management System*		X	X		On-going
6.06 System Design Evaluation	X		NA	X	
6.07 Provider Participation	X				X
6.08 Reporting		X		On-going	

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X			X
----------------	--	---	--	--	---

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation	X		NA		X
6.11 Trauma Center Data	X				X

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X	X	On-going	
7.02 Injury Control		X	X		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X	X		On-going

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X	NA	On-going	
8.02 Response Plans		X	X		On-going
8.03 HAZMAT Training		X	NA		On-going
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*		X	Partially met		X
8.06 Needs Assessment		X	x		
8.07 Disaster Communications*	X		NA		X
8.08 Inventory of Resources		X	Partially met		X
8.09 DMAT Teams		X	X		
8.10 Mutual Aid Agreements*		X	NA		
8.11 FTS Designation*		X	NA		On-going
8.12 Establishment of FTSs	X		NA		X
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Inter-hospital Communications	X				X
8.16 Prehospital Agency Plans		X	X		

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.17 ALS Policies		X	NA		

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X	NA		
8.19 EOA/Disasters		X	NA		

EMSA TABLE 2: SYSTEM RESOURCES AND OPERATION

System Organization and Management

EMS System ICEMA Reporting Year 1998

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

County: San Bernardino

a. Basic Life Support (BLS)	<u>10</u> %
b. Limited Advanced Life Support (LALS)	<u>0</u> %
c. Advanced Life Support (ALS)	<u>90</u> %

2. Type of agency: d

- 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 EMS agency reports to a

- a - Public Health Officer
- b - Health Services Agency Director/Administrator
- c - Board of Directors
- d - Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>0</u>
Designation of other critical care centers	<u>0</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>

(San Bernardino County only)

Enforcement of ambulance service contracts	<u>By Permit & By Agreement</u>
Operation of ambulance service	<u>0</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	<u>HAZ-MAT</u>
Administration of critical incidents stress debriefing (CISD) team	<u>0</u>
Administration of disaster medical assistance team (DMAT)	<u>X</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>0</u>
Other <u>RDMHC</u>	
Other _____	
Other _____	

5. EMS agency budget for FY 1998/99

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$636,300.00</u>
Contract Services (e.g., extra-help person)	<u>\$ -0-</u>
Services & Supplies	<u>\$247,300.00</u>
Travel	<u>\$ -0-</u>
Fixed assets	<u>\$ -0-</u>
Indirect expenses (overhead)	<u>\$ 25,200.00</u>
Ambulance subsidy	<u>\$ -0-</u>
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	<u>\$ -0-</u>
Training program operations	<u>\$ -0-</u>
Other _____	
Other _____	
Other _____	

TOTAL EXPENSES \$908,800.00

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ -0-
Office of Traffic Safety (OTS)	\$ -0-
State general fund	\$199,100.00
County general fund	\$134,500.00
Other local tax funds (e.g., EMS district)	\$ -0-
County contracts (e.g. multi-county agencies)	\$ -0-
Certification fees	\$ 35,000.00
Training program approval fees	\$ N/A
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	\$ -0-
Base hospital application fees	\$ N/A
Base hospital designation fees	\$ N/A
Trauma center application fees	\$ -0-
Trauma center designation fees	\$ -0-
Pediatric facility approval fees	\$ -0-
Pediatric facility designation fees	\$ -0-
Other critical care center application fees	\$ -0-
Type _____	
Other critical care center designation fees	\$ -0-
Type _____	
Ambulance service/vehicle fees	\$ 65,000.00
Contributions	\$ -0-
EMS Fund (SB 12/612)	\$245,000.00
Other grants <u> RDMHC </u>	\$ 80,000.00
Other fees <u> D-MAT </u>	\$ 12,500.00
Other (specify) <u> Licenses & Permits </u>	\$ 35,000.00
Miscellaneous	\$ 6,000.00
TOTAL REVENUE	<u>\$812,100.00</u>

6. Fee structure for FY 1998/99

 We do not charge any fees

 X Our fee structure is:

First responder certification		<u>\$ 30.00</u>
EMS dispatcher certification		<u>\$ 25.00</u>
EMT-I certification		<u>\$ 30.00</u>
EMT-I recertification		<u>\$ 30.00</u>
EMT-defibrillation certification		<u>\$ 30.00</u>
EMT-defibrillation recertification		<u>\$ 30.00</u>
EMT-II certification		<u>\$ -0-</u>
EMT-P accreditation		<u>\$ 75.00</u>
EMT-P continuing accreditation		<u>\$ 75.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		<u>\$ 85.00</u>
MICN/ARN recertification		<u>\$ 85.00</u>
EMT-I training program approval		<u>\$ 575.00</u>
EMT-II training program approval		<u>\$ N/A</u>
EMT-P training program approval		<u>\$1,000.00</u>
MICN/ARN training program approval		<u>\$ 300.00</u>
Base hospital application	(Biennial)	<u>\$ 500.00</u>
Base hospital designation		<u>\$ -0-</u>
Trauma center application	To be determined	<u>\$</u>
Trauma center designation	To be determined	<u>\$</u>
Pediatric facility approval		<u>\$ -0-</u>
Pediatric facility designation		<u>\$ -0-</u>
Other critical care center application		
Type: <u> 0 </u>		
Other critical care center designation		
Type: <u> 0 </u>		
EMS Unit Inspection		<u>\$ 200.00</u>
		Per unit
Prehospital Provider permits		<u>\$ 1,425.00</u>
Other <u> 0 </u>		

Other 0

Other 0

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1998/99

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

EMS System ICEMA Reporting Year: 1998

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	ANNUAL SALARY	BENEFITS (% of salary)	COMMENTS
EMS Admin./ Coord./Dir.	Agency Admin.	1	\$69,800.00		
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.	ALS Coordinator	1	\$59,100.00	32%	
Program Coord./Field Liaison (Non- clinical)	BLS Coordinator	1	\$59,100.00	32%	
Trauma Coord.					
Med. Director	Same	.03			
Other MD/ Med. Consult./ Trng. Med. Dir.	RDMHC	1	\$59,000.00	32%	
Disaster Med. Planner	Disaster Coord. Disaster Planner	1 1	\$ 57,400.00 \$ 49,000.00	32%	

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	ANNUAL SALARY	BENEFITS (% of salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/Analys t					
QA/QI Coordinator	QA Coordinator	1	\$59,100.00	32%	
Public Info. & Ed. Coord.	Public Info Clerk	1	\$28,900.00	32%	
Ex. Secretary	Exec. Secretary	1	\$35,900.00	32%	
Other Clerical	Clerk II	1	\$27,400.00	32%	
Data Entry Clerk	Clerk III	3	\$31,800.00	32%	
Other (Extra Hire Clerical)	PAS Financial Services	.5		32%	

EMSA TABLE 3: SYSTEM RESOURCES AND OPERATIONS

Personnel/Training

EMS System: ICEMA

Reporting Year: 1998

	EMT-Is	EMT - IIS	EMT- Ps	MICN	EMS Dispatchers
Total certified	2,303	--	551	164	33
Number of certified this year	1,095	--	332	97	0
Number of certificate reviews resulting in:		--	-0-	-0-	
a) formal investigations	1				
b) probation	3				
c) suspensions	1				
d) revocations					
e) denials					
f) denials					
g) no action taken	1				

1. Number of EMS dispatchers trained to EMSA standards: 33

2. Early defibrillation:

 a) Number of EMT-I (defib) certified: 245

 b) Number of public safety (defib) certified (non-EMT I): 0

3. Do you have a first responder training program? yes **XX** no

EMSA TABLE 4: SYSTEM RESOURCES AND OPERATIONS

Communications

EMS System: ICEMA

County: San Bernadino, Inyo and Mono

Reporting Year: 1998

1. Number of primary Public Service Answering Points (PSAP) 20
 2. Number of secondary PSAPs 0
 3. Number of dispatch centers directly dispatching ambulances approx 10
 4. Number of designated dispatch centers for EMS aircraft 3
 5. Do you have an operational area disaster communication system? yes no MEDMARS
 - a. Radio primary frequency 800 MHz
 - b. Other methods N/A
 - c. Can all medical response units communicate on the same disaster communications system?
yes no MEDMARS
 - 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? MULTIPLE
-

7. Who is your primary dispatch agency for a disaster? San Bernardino Communications

Mono County Sheriff

Inyo County Sheriff

EMSA TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

EMS System: ICEMA

Reporting Year: 1998

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

TRANSPORTING AGENCIES

- | | | |
|---|-------------------|-------------------------------------|
| 1. Number of exclusive operating areas | <u>15</u> | (14 in S. B., 1 in Inyo, 0 in Mono) |
| 2. Percentage or population covered by Exclusive Operating Areas (EOA) | <u>90%</u> | |
| 3. Total number responses | <u> </u> | |
| a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren) | | <u>73,527</u> |
| b) Number non-emergency responses (Code 1: normal) | <u> </u> | |
| 4. Total number of transports | | |
| a) Number or emergency transports (Code 2: expedient, Code 3: lights and siren) | | <u>51,662</u> |
| ground | | |
| b) Number of non-emergency transports (Code 1: normal) | <u> </u> | |

Early Defibrillation Programs

- | | |
|--|----------|
| 5. Number of public safety defibrillation programs | <u>8</u> |
| a) Automated (Semi-automatic) | <u>8</u> |
| b) Manual | <u>0</u> |
| 6. Number of EMT-Defibrillation programs | <u>6</u> |
| a) Automated (Semi-automatic) | <u>6</u> |
| b) Manual | <u>0</u> |

Air Ambulance Services

7. Total number of responses	<u>736</u>
a) Number of emergency responses	<u>N/A</u>
b) Number of non-emergency responses	<u>N/A</u>
8. Total number of transports	<u>N/A</u>
a) Number of emergency (scene) responses	<u>N/A</u>
b) Number of non-emergency responses	<u>N/A</u>

EMSA TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	Meets or exceeds' 90%	Meets or Exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%
2. Early defibrillation capable responder.	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%
3. Advanced life capable responder.	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%
4. EMS transport unit.	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%	Meets or exceeds 90%

EMSA TABLE 6: SYSTEM RESOURCES AND OPERATION

Facilities/Critical Care

EMS System: ICEMA

Reporting Year: 1998

Trauma care system

1. Trauma patients:**

- a) Number of patients meeting trauma triage criteria 3006
- b) Number of major trauma victims transported directly to a trauma center by ambulance 608
- c) Number of major trauma patients transferred to a trauma center _____
- d) Number of patients meetings triage criteria who weren't treated at a trauma center unknown

Emergency departments:

- 2. Total number of emergency departments **22**
- a) Number of referral emergency services **—**
- b) Number of standby emergency services **5**
- c) Number of basic emergency services **17**
- d) Number of comprehensive emergency services **0**
- 3. Number of receiving hospitals with agreements **0**

NOTE:

**** No trauma criteria used. Paramedics use BTLS load and go protocols. Trauma numbers arrived at by using ISI 15 or greater.**

EMSA TABLE 7: SYSTEM RESOURCES AND OPERATIONS

Disaster Medical

EMS System: ICEMA

County: San Bernadino, Inyo and Mono

Reporting Year: 1998

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

SYSTEM RESOURCES

1. Field Treatment Site (FTS) 21
 - b. How are they staffed? Hospital & EMS personnel
 - c. Do you have a supply system for supporting them for 72 hours? no
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? 23
 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 written medical aid agreement.

Inyo, Mono, Riverside, Imperial, San Diego, Kern, Los Angeles, Ventura,
Santa Barbara,
Orange, 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 agreement with community clinics in your operational areas to participate in disaster planning and response?

NO

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? N/A

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

YES

124

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: ADELANTO FIRE DEPT 10370 Rancho Road Adelanto, CA 92301 (760) 246-3344			Primary Contact: Chief Brian Woodbeck		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [36] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [10] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: AMR RANCHO CUCAMONGA P O Box 3749 7925 Center Avenue Rancho Cucamonga, CA 91729 (909)948-1714 x75094			Primary Contact: Diana McCafferty		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [78] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [71] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 33

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: AMR REDLANDS P O Box 589 600 Iowa Avenue Redlands, CA 92373 (909) 793-7676			Primary Contact: Kimberly Hooper		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [48] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [39] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -8-

Name, address & telephone: AMR SAN BERNARDINO 338 W. Seventh St. San Bernardino, CA 92401 (909)884-3155			Primary Contact: Kimberly Hooper		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [Y] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [Y] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 24

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: AMR VICTORVILLE 12474 Cottonwood Avenue Suite A Victorville, CA 92392 (760)245-7051			Primary Contact: Renee Colarossi, Ops Director		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [21] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [21] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -13-

Name, address & telephone: APPLE VALLEY FIRE DEPARTMENT 22400 Headquarters Drive Apple Valley, CA 92307 (760)247-7618			Primary Contact: Fire Chief Douglas Qualls		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [78] BLS <input type="checkbox"/> [66] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: ARROWBEAR LAKE FIRE			Primary Contact:			
P O Box 4045 Arrowbear, CA 92382 (909)867-3479						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: BAKER EMS			Primary Contact: Michael Lowenthal			
P O Box 400 Baker, CA 92309 (760)733-4716						
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: BARSTOW FIRE PROTECTION DISTRICT			Primary Contact: Lance Milanez		
861 Barstow Road Barstow, CA 92311 (760)256-2254					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: BIG BEAR FIRE & PARAMEDIC SERVICE			Primary Contact: Richard Rolston		
301 W. Big Bear Blvd. Big Bear Lake, CA 92314 (909)585-2362					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Special District	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -5-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: BIG BEAR LAKE FIRE DEPARTMENT			Primary Contact: John D. Morley		
467 Knickerbocker Road P O Box 10000 Big Bear Lake, CA 92315 (909)866-7566					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: BUREAU OF LAND MANAGEMENT 2601 Barstow Road Barstow, CA 92311 (760)872-4881			Primary Contact: Scott Lowrey		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: CDF #47 CHINO HILLS (909)585-2562			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: CDF #18 CRAFTON HILLS			Primary Contact:			
(909)797-2313						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> ALS <input type="checkbox"/> EMT-D <input type="checkbox"/> BLS <input type="checkbox"/> LALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: CDF #2 DEVORE			Primary Contact:			
(909)887-3630						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> ALS <input type="checkbox"/> EMT-D <input type="checkbox"/> BLS <input type="checkbox"/> LALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: CDF #5 HESPERIA			Primary Contact:		
(760)244-2248					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: CDF #6 HIGHLAND			Primary Contact: Eric Rose		
26974 E Baseline Highland, CA 92346 (909)862-3031					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS [50] BLS [17] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: CDF #5 HIGHLAND			Primary Contact:		
(909)862-1760					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: CDF #8 LUCERNE VALLEY			Primary Contact:		
(760)248-7525					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: CDF #10 PHELAN			Primary Contact:			
(760)868-3555						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: CDF #13 YUCAIPA			Primary Contact: Eric Rose			
11416 Bryant Street Yucaipa, CA 92399 (909)797-1000						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: CDF #14 YUCCA VALLEY			Primary Contact:		
(760)365-4411					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: CALIFORNIA HIGHWAY PATROL			Primary Contact: Gary Hulen		
33251 Hidden Springs Road P O Box 237 Daggett, CA 92327 (760)254-2956					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: CALIFORNIA SPEEDWAY			Primary Contact: Jeff T. Grange			
9300 Cherry Avenue Fontana, CA 92335 (909)429-5000						
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [25] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: CHINA LAKE NAVAL AIR WEAPONS CENTER			Primary Contact:			
(760)939-2146						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [Y] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: CHINO VALLEY INDEPENDENT FIRE DISTRICT 2005 Grand Avenue Chino Hills, CA 91709 (909) 902-5260			Primary Contact: Division Chief Tom Maxham		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [21] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: COLE SCHAEFER AMBULANCE SERVICE INC. 324 N Towne Ave Pomona, CA 91767 (909)622-1273			Primary Contact: Manny Galvez		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [22] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -7-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: COLTON FIRE DEPARTMENT 303 East E Street Colton, CA 92324 (909)370-5100			Primary Contact: Chief Greg Turner		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [28] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [24] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law explain: <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: COMBAT CENTER FIRE DEPARTMENT P O Box X-4 Marine Corps Air Ground Combat Center 29 Palms, CA 92278 (760)830-5239			Primary Contact: Fire Chief C. E. Methvin		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [42] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law explain: <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: CREST FOREST FIRE PROTECTION DISTRICT 24385 Lake Drive P O Box 3220 Crestline, CA 92325 (909)338-0625			Primary Contact: Captain Jerry Ringhofer		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [41] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [6] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-

Name, address & telephone: DAGGETT COMMUNITY SERVICE DISTRICT P O Box 308 Daggett, CA 92327 (760)254-2415			Primary Contact: Chief Joseph Morris		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [Y] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: DESERT AMBULANCE			Primary Contact: Virginia Tedesco		
831 W Main Street Barstow, CA 92311 (760)256-6854					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -6-

Name, address & telephone: HESPERIA FIRE DEPARTMENT			Primary Contact: Ron Walls		
17288 Olive Street Hesperia, CA 92345 (760)947-1601					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -4-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: LOMA LINDA FIRE DEPARTMENT			Primary Contact: Jeff Bender			
25541 Barton Road Loma Linda, CA 92354 (909)799-2850						
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [55] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [38] EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: MARINE CORPS LOGISTICS BASE FIRE DEPARTMENT			Primary Contact: Dennis Moore			
MCLB, Public&Safety Department, P O Box 110500 Barstow, CA 92311 (760)577-6099						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [44] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: MED-EVENT MEDICAL SERVICES 18592 Cajon Blvd. Devore, CA 92407 (909)880-2979			Primary Contact: Carl Haddon		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [20] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [12] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -9-

Name, address & telephone: MERCY AIR SERVICE 8190 Mango Avenue Fontana, CA 92335 (909)357-9006			Primary Contact: Mary Davis, RN		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [31] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -4-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: MOLYCORP 67750 Bailey Road Mountain Pass, CA 92366 (760)856-7610			Primary Contact: M. Nelson Anderson		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [4] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-

Name, address & telephone: MONTCLAIR FIRE DEPARTMENT 8901 Monte Vista P O Box 2308 Montclair, CA 91763 (909)626-1217			Primary Contact: Division Chief Steve Shull		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [29] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: MORONGO BASIN AMBULANCE 6335 Park Blvd. P O Box 460 Joshua Tree, CA 92252 (760)366-8274			Primary Contact: Mr. Hugh Barnett		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [11] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law explain: <input checked="" type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -8-

Name, address & telephone: NEEDLES AMBULANCE SERVICE 904 E Broadway Street Needles, CA 92363 (760)326-5299			Primary Contact: Michael Lowenthal		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [Y] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [Y] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law explain: <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: NEWBERRY SPRINGS FIRE DEPARTMENT 30884 Newberry Road P O Box 6 Newberry Springs, CA 92365 (760)257-4342			Primary Contact: Captain David Worsley		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> [13] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: NORTH AMERICAN CHEMICAL COMPANY P O Box 367 Trona, CA 93592 (760)372-2295			Primary Contact: Dinah Yarbrough, Security Supervisor		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [Y] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: ONTARIO AIRPORT FIRE DEPARTMENT 1230 Tower Drive Ontario, CA 91761 (909)937-2815			Primary Contact: Captain Delbert Patschull		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [50] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: ONTARIO FIRE DEPARTMENT 425 East B Street Ontario, CA 91764 (909)986-4579			Primary Contact: Captain Joseph Hatfield		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [65] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [48] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: RANCHO CUCAMONGA FIRE DEPARTMENT			Primary Contact: Captain Ron Mayfield			
6623 Amethyst Rancho Cucamonga, CA 91701 (909)944-7117						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [48] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [18] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: REDLANDS FIRE DEPARTMENT			Primary Contact: Chief Mitchall McKee			
35 Cajon Suite 12 Redlands, CA 92373 (909)798-7600						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [27] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [21] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: RIALTO FIRE DEPARTMENT			Primary Contact: Division Chief William Soqui			
131 South Willow Rialto, CA 92376 (909)820-2501						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [68] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [31] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -6-	

Name, address & telephone: RUNNING SPRINGS FIRE DEPARTMENT			Primary Contact: Captain Tony Grabow			
31250 Hilltop Blvd. P O Box 2206 Running Springs, CA 92382 (909)867-2630						
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [18] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [12] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-BALDY MESA			Primary Contact: Division Chief Robert Munsey		
(760)949-0502					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-BIG RIVER			Primary Contact: Division Chief Robert Munsey		
(760)665-2303					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-DEVORE (909)382-7440			Primary Contact: Division Chief Robert Munsey		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-EL MIRAGE (760)388-4011			Primary Contact: Division Chief Robert Munsey		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-FAWNSKIN			Primary Contact: Division Chief Robert Munsey		
(909)866-4878					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-FONTANA			Primary Contact: Division Chief Robert Munsey		
(909)829-4441					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-FOREST FALLS			Primary Contact: Division Chief Robert Munsey			
(909)794-4413						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-GRAND TERRACE			Primary Contact: Division Chief Robert Munsey			
(909)825-0221						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-GREEN VALLEY LAKE Primary Contact: Marvin Neville 33596 Green Valley Lake Road Green Valley Lake, CA 92341 (909)867-2176					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [16] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-HARVARD Primary Contact: Division Chief Robert Munsey (760)257-4576					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [Y] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-HAVASU LAKE			Primary Contact: Captain William Massey		
148808 Havasu Lake P O Box 1590 Havasu Lake, CA 92363 (760)858-4395					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-HELENDALE			Primary Contact: Division Chief Robert Munsey		
(760)245-5022					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-HINKLEY			Primary Contact: Captain William Massey		
37284 Flower P O Box 218 Hinkley, CA 92347 (760)253-7704					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-JOSHUA TREE			Primary Contact: Division Chief Robert Munsey		
(760)366-8423, (760)366-9085					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-LAKE ARROWHEAD Primary Contact: Captain Patrick Dennen P O Box 130 Lake Arrowhead, CA 92352 (909)337-8586					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [37] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [13] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; [x] county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-LUCERNE VALLEY Primary Contact: Division Chief Robert Munsey 33269 Hwy 247E P O Box 459 Lucerne Valley, CA 92356 (760)248-7322					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [11] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [6] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; [x] county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-LYTLE CREEK			Primary Contact: Division Chief Robert Munsey		
(909)887-2212					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-MENTONE			Primary Contact: Division Chief Robert Munsey		
(909)794-1284					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-MOUNTAIN VIEW ACRES Primary Contact: Division Chief Robert Munsey (760)241-2081					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-NEEDLES Primary Contact: Division Chief Robert Munsey (760)326-2833					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-OAK HILLS			Primary Contact: Division Chief Robert Munsey			
(760)949-0324						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-PARK MOABI			Primary Contact: Division Chief Robert Munsey			
(760)326-4280						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-PARKER STRIP			Primary Contact: Division Chief Robert Munsey			
(760)663-3008						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-PINON HILLS			Primary Contact: Division Chief Robert Munsey			
(760)868-6565						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-PIONEER TOWN			Primary Contact: Division Chief Robert Munsey		
(760)365-3650					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> ALS <input type="checkbox"/> EMT-D <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-RED MOUNTAIN			Primary Contact: Division Chief Robert Munsey		
(760)249-3206					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> ALS <input type="checkbox"/> EMT-D <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-SEARLES VALLEY			Primary Contact: Captain David Groat			
83732 Trona Road Trona, CA 93562 (760)372-5988						
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> [14] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-	

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-SPRING VALLEY LAKE			Primary Contact: Division Chief Robert Munsey			
(760)245-1100						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-SUMMIT VALLEY			Primary Contact: Division Chief Robert Munsey		
(760)389-4878					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-UPLAND			Primary Contact: Division Chief Robert Munsey		
(909)982-2611					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-WONDER VALLEY			Primary Contact: Starlene Javier		
80526 Amboy Road HC02 Box 325 29 Palms, CA 92277 (760)367-3761					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO COUNTY FIRE-WRIGHTWOOD			Primary Contact: Battalion Chief Thom Wellman		
P O Box 1953 Wrightwood, CA 92397 (760)249-3206					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -4-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: SAN BERNARDINO COUNTY FIRE DEPT-YUCCA VALLEY						Primary Contact: Division Chief Robert Munsey					
P O Box 2109 Yucca Valley, CA 92286 (760)365-3337											
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [18] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [16] ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:		If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: -4-	

Name, address & telephone: SAN BERNARDINO COUNTY TWENTY-NINE PALMS FIRE DEPT						Primary Contact: Dale Waddell					
6560 Adobe Road 29 Palms, CA 92277 (760)367-7524											
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [15] BLS <input type="checkbox"/> [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: Special District		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: SAN BERNARDINO COUNTY SHERIFF AVIATION 1776 Miro Way Rialto, CA 92376 (909)356-3800			Primary Contact: Deputy Colleen C. Kuhn		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> LALS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -11-

Name, address & telephone: SAN BERNARDINO CITY FIRE 200 E Third Street San Bernardino, CA 92410 (909)384-5286			Primary Contact: Tim Smith		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: UPLAND FIRE DEPARTMENT 475 N Second Avenue Upland, CA 91786 (909)931-4180			Primary Contact: Division Chief Ed Gebelein		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> [41] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: SAN BERNARDINO NATIONAL FOREST U.S. FOREST SERVICE 1209 Lytle Creek Road Lytle Creek, CA 92358 (909)887-2576			Primary Contact: Kathleen Opliger		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [100] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: San Bernardino _____

Reporting Year: 1998 _____

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

Name, address & telephone: VICTORVILLE FIRE DEPARTMENT			Primary Contact: Division Chief David Leaf			
P O Box 5001 Victorville, CA 92393 (760)955-5227						
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [45] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: WHEELER CREST FIRE DEPT			Primary Contact:			
(760)387-2955						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: WEST VALLEY SAN BERNARDINO COUNTY FIRE DEPT			Primary Contact: Chief Dan Wurl			
P O Box 1040 Fontana, CA 92335 (909)829-4441						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [72]BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [9] ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: YERMO FIRE DEPARTMENT			Primary Contact: Tom Yates			
38321 Yermo Road P O Box 196 Yermo, CA 92398 (760)254-2331						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: Ssan Bernardino

Reporting Year: 1998

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

Name, address & telephone: FORT IRWIN FIRE DEPARTMENT BLDG 400 Langford Lake Road Fort Irwin, CA 92310 (760)380-3496			Primary Contact: Doug Nelson		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [26] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: GOLDSTONE EMERGENCY RESPONSE 850 E. Main Street Barstow, CA 92311 (760)255-8344			Primary Contact: Chief Kevin King		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [87] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: IMC CHEMICAL 13200 Main Street Trona, CA 93562 (760)372-4311			Primary Contact: Captain Michael McBride		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [16] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [1] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -?-

Name, address & telephone: SAN BERNARDINO CITY FIRE DEPARTMENT 200 E Third Street San Bernardino, CA 92410 (909)384-5286			Primary Contact: Chief Dennis Reichardt		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [111] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [33] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: San Bernardino

Reporting Year: 1998

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

Name, address & telephone: MT. BALDY FIRE DEPARTMENT			Primary Contact: Chief William Stead			
6730 Mt. Baldy Road, Box 488 Mt. Baldy, CA 91759 (909)982-8686						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:	

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Inyo _____

Reporting Year: 1998 _____

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

Name, address & telephone: BIG PINE FIRE DEPARTMENT			Primary Contact: Dave Calloway		
181 N. Main P O Box 669 Big Pine, CA 93513 (760)938-2600					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7]BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [2] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: CDF #58 BISHOP			Primary Contact:		
(760)387-2565					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [Y] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Inyo _____

Reporting Year: 1998 _____

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

Name, address & telephone: CDF #59 INDEPENDENCE			Primary Contact:			
(760)878-2258						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: CDF #58 BISHOP			Primary Contact:			
(760)387-2565						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: Inyo

Reporting Year: 1998

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

Name, address & telephone: CHALFANT VALLEY AMBULANCE			Primary Contact: Chief Richard Mitchell			
Route 4 Box 137 Bishop, CA 93514 (760)873-5402						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-	

Name, address & telephone: DEATH VALLEY NATIONAL MONUMENT			Primary Contact:			
(760)786-2342						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Inyo _____

Reporting Year: 1998 _____

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

Name, address & telephone: INDEPENDENCE VOLUNTEER FIRE DEPARTMENT 102 S. Jackson Street P O Drawer B Independence, CA 93526 (760)878-2113			Primary Contact: Bill Michael		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [11] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: --

Name, address & telephone: LIBERTY AMBULANCE 1325 W. Ridgecrest Blvd. Ridgecrest, CA 93555 (760)375-6565			Primary Contact: Steve Davis		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [25] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -6-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Inyo _____

Reporting Year: 1998 _____

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

Name, address & telephone: LONE PINE FIRE PROTECTION DISTRICT 130 N. Jackson St. P O Box 1007 Lone Pine, CA 93545 (760)876-5577			Primary Contact: Chief Le Roy Kritz		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [13] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [1] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -4-

Name, address & telephone: OLANCHA FIRE DEPARTMENT 600 Highway 395 Olancha, CA 93549 (760)764-2370			Primary Contact: Steve Davis		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [11] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [2] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: Inyo

Reporting Year: 1998

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

Name, address & telephone: SIERRA LIFEFLIGHT			Primary Contact: Brian Coakley, RN			
487 Grove Street Bishop, CA 93514 (760)872-2201						
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-	

Name, address & telephone: SOUTHERN AMARGOSA VALLEY EMERGENCY SERVICES (S.A.V.E.S.)			Primary Contact: Bruce Stevenson			
P O Box 51 Tecopa, CA 92389 (760)852-5406						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: Inyo

Reporting Year: 1998

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

Name, address & telephone: SYMONS EMERGENCY SERVICES			Primary Contact: Sally Lehr			
214 W. Line Street Bishop, CA 93514 (760)873-8904						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [10] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [4] ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-	

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: --	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Mono _____

Reporting Year: 1998 _____

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

Name, address & telephone: JUNE LAKE FIRE DEPARTMENT P O Box 144 June Lake, CA 93529 (760)648-7390			Primary Contact: Tad Roberts		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: LEE VINING FIRE DEPARTMENT P O Box 207 Lee Vining, CA 93541 (760)647-6358			Primary Contact: Tom Strazdins		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Mono _____

Reporting Year: 1998 _____

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

Name, address & telephone: LONG VALLEY FIRE DEPARTMENT Route 1 Box1145 Crowley Lake, CA 93546 (760)935-4545			Primary Contact: Jon Sweeny		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: MAMMOTH LAKES FIRE PROTECTION DISTRICT 3150 Main Street P O Box 5 Mammoth Lakes, CA 93546 (760)934-2300			Primary Contact: Harold Ritter		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport (as backup) <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Mono _____

Reporting Year: 1998 _____

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

Name, address & telephone: MONO CITY FIRE DEPARTMENT P O Box 156 Lee Vining, CA 93541 (760)647-6601			Primary Contact: Randy DeBaillets		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

Name, address & telephone: MONO COUNTY SHERIFF'S DEPT-EMS DIVISION 100 Bryant St. Bridgeport, CA 93517 (760)932-5210			Primary Contact: Chris Mokracek		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS Division	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -5-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Mono _____

Reporting Year: 1998 _____

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

Name, address & telephone: PARADISE FIRE DISTRICT			Primary Contact: Leroy Johnson			
4916 Westridge Road Bishop, CA 93514 (760)387-2720						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: WHITE MOUNTAIN FIRE DISTRICT			Primary Contact: Captain Marion Dunn			
Route 4 Box 31 Benton, CA 93512 (760)933-2617						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: Mono

Reporting Year: 1998

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

Name, address & telephone: ANTELOPE VALLEY FIRE DISTRICT			Primary Contact: Chris Mokracek			
P O Box 30 Coleville, CA 96107 (530)495-2900						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: BRIDGEPORT FIRE DEPARTMENT			Primary Contact: Mike Booher			
P O Box 375 Bridgeport, CA 93517 (760)932-7101						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -1-	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA _____

County: Mono _____

Reporting Year: 1998 _____

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

Name, address & telephone: CHALFANT VALLEY COMMUNITY SERVICES DISTRICT/FIRE DEPARTMENT Route 4 Box 205 Bishop, CA 93514 (760)873-3990			Primary Contact: Tim Lefever		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-

Name, address & telephone:			Primary Contact: Chief Kevin King		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: Mono

Reporting Year: 1998

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

Name, address & telephone: USMC MOUNTAIN WARFARE TRAINING CTR NAVAL BRANCH CLINIC			Primary Contact: Robert Longbottom		
P O Box 5010 Bridgeport, CA 93517 (760)932-7761					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: U.S. NAVY	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -3-

Name, address & telephone: USMC MOUNTAIN WARFARE TRAINING CTR FIRE DEPARTMENT			Primary Contact: Richard Wilson		
P O Box 5010 Bridgeport, CA 93517 (760)932-7101					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: ICEMA

County: Mono

Reporting Year: 1998

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

Name, address & telephone: WHEELER CREST FIRE DISTRICT			Primary Contact: Dale Schmidt			
Route 2 Box 385 Bishop, CA 93515 (760)387-2955						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -0-	

Name, address & telephone: MAMMOTH HOSPITAL			Primary Contact: Lori Baitx			
P O Box 660 Mammoth Lakes, CA 93546 (760)934-8311						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: -2-	

FACILITY LISTING BY SUPPLEMENTAL SERVICES

SUPPLEMENTAL SERVICE CODE - 002 Basic Emergency

<u>FACILITY NAME</u>	<u>ADDRESS</u>	<u>ADDRESS</u>
DESERT VALLEY HOSPITAL	16850 BEAR VALLEY ROAD	VICTORVILLE
ST. MARY REGIONAL MEDICAL CENTER	18300 HIGHWAY 18, P.O. BOX 7025	APPLE VALLEY
VICTOR VALLEY COMMUNITY HOSPITAL	15248 11TH ST.	VICTORVILLE
SAN ANTONIO COMMUNITY HOSPITAL	999 SAN BERNARDINO	UPLAND
ST. BERNARDINE MEDICAL CENTER	2101 N. WATERMAN AVE	SAN BERNARDINO
LOMA LINDA UNIVERSITY COMMUNITY MEDICAL CENTER	25333 BARTON ROAD	LOMA LINDA
NORTHERN INYO HOSPITAL	150 PIONEER LANE	BISHOP
ARROWHEAD REGIONAL MEDICAL CENTER	400 N. PEPPER AVENUE	COLTON
KAISER FOUNDATION HOSPITAL, FONTANA	9961 SIERRA AVENUE	FONTANA
LOMA LINDA UNIVERSITY MEDICAL CENTER	11234 ANDERSON STREET	LOMA LINDA
REDLANDS COMMUNITY HOSPITAL	350 TERRACINA BLVD.	REDLANDS
COMMUNITY HOSPITAL OF SAN BERNARDINO	1805 MEDICAL CENTER DRIVE	SAN BERNARDINO
HI-DESERT MEDICAL CENTER	6601 WHITEFEATHER RD	JOSHUA TREE
COLORADO RIVER MEDICAL CENTER	1401 BAILEY AVENUE	NEEDLES
BARSTOW COMMUNITY HOSPITAL	555 SOUTH SEVENTH AVENUE	BARSTOW
CHINO VALLEY MEDICAL CENTER	5451 WALNUT AVE.	CHINO
U.S. FAMILY CARE MEDICAL CENTER, MONTCLAIR	5000 SAN BERNARDINO STREET	MONTCLAIR

Total for Supplemental Service Code 002 - Basic Emergency: 17

SUPPLEMENTAL SERVICE CODE - 027 Standby Emerg Med Svs

<u>FACILITY NAME</u>		<u>ADDRESS</u>
CALIFORNIA INSTITUTION FOR MEN HOSPITAL	14901 S. CENTRAL AVE.	CHINO
SOUTHERN INYO HOSPITAL	501 E. LOCUST	LONE PINE
BEAR VALLEY COMMUNITY HOSPITAL	41870 GARSTIN DRIVE	BIG BEAR LAKE
MOUNTAINS COMMUNITY HOSPITAL	29101 HOSPITAL ROAD	LAKE ARROWHEAD
MAMMOTH HOSPITAL	85 SIERRA PARK RD., P.O. BOX 3399	MAMMOTH LAKES

Total for Supplemental Service Code 027 - Standby Emerg Med Svs: 5

FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR	TELEPHONE NO.	ACCLAIMS ID. PROVIDER NO. FACILITY TYPE COUNTY STATUS PERSON ASSIGNED TO	OSHPD NO. TOTAL CAPACITY ACCREDITATION CLOSURE DATE	LICENSEE NAME STREET ADDRESS CITY / STATE / ZIP LICENSE NUMBER	LICENSEE TYPE --- LICENSE DATES --- EFFECTIVE EXPIRATION LICENSE STATUS
ARROWHEAD REGIONAL MEDICAL CENTER 400 N. PEPPER AVENUE COLTON CA 92324-1801 JERVIS, CHARLES R	(909) 580-1000	000000100 05-0245 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	373	COUNTY OF SAN BERNARDINO 780 E. GILBERT ST SAN BERNARDINO CA 92404 0000197	COUNTY 03/30/1999 01/31/2000 ACTIVE
BARSTOW COMMUNITY HOSPITAL 555 SOUTH SEVENTH AVENUE BARSTOW CA 92311 JUDD, RUSSELL	(760) 256-1761	000000001 05-0298 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	56	HOSPITAL OF BARSTOW, INC. P.O. BOX 1120 BARSTOW CA 92312 0000110	PROFIT CORPORATION 07/13/1999 07/12/2000 ACTIVE
BEAR VALLEY COMMUNITY HOSPITAL 41870 GARSTIN DRIVE BIG BEAR LAKE CA 92315 NORMAN, MARY	(909) 866-6501	000000002 05-0618 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	30	BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT P.O. BOX 1649 BIG BEAR LAKE CA 92315 0000111	OTHER PUBLIC AGENCY 12/21/1999 12/20/2000 ACTIVE
CALIFORNIA INSTITUTION FOR MEN HOSPITAL 14901 S. CENTRAL AVE. CHINO CA 91710 GARLEB, PAT	(909) 597-1821	000000273 NO-NE GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	80	STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS 14901 CENTRAL AVE CHINO CA 91708 0000004	OTHER PUBLIC AGENCY 08/20/1998 08/19/1999 ACTIVE
CHINO VALLEY MEDICAL CENTER 5451 WALNUT AVE. CHINO CA 91710 CHU, DAVID	(909) 627-6111	000000003 05-0586 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	126	CHINO COMMUNITY CORPORATION, INC. 4525 HARDING ROAD NASHVILLE TN 37205 0000125	PROFIT CORPORATION 09/29/1999 09/28/2000 ACTIVE
COLORADO RIVER MEDICAL CENTER 1401 BAILEY AVENUE NEEDLES CA 92363 ARP, JAMES	(760) 326-4531	000000034 05-0469 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	53	PRINCIPAL-NEEDLES, INC. 109 WESTPARK DRIVE, SUITE 180 BRENTWOOD TN 37027 0000227	PROFIT CORPORATION 07/31/1999 07/30/2000 ACTIVE
COMMUNITY HOSPITAL OF SAN BERNARDINO 1805 MEDICAL CENTER DRIVE SAN BERNARDINO CA 92411 SATZGER, BRUCE G	(909) 887-6333	000000082 05-0089 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	291	SAN BERNARDINO COMMUNITY HOSPITAL 1805 MEDICAL CTR DR SAN BERNARDINO CA 92411 0000198	NONPROFIT CORPORATION 07/01/1999 06/30/2000 ACTIVE

FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR	TELEPHONE NO.	ACCLAIMS ID. FACILITY TYPE COUNTY STATUS PERSON ASSIGNED TO	PROVIDER NO. TOTAL CAPACITY ACCREDITATION CLOSURE DATE	LICENSEE NAME STREET ADDRESS CITY / STATE / ZIP LICENSE NUMBER	LICENSEE TYPE --- LICENSE DATES --- EFFECTIVE EXPIRATION LICENSE STATUS
DESERT VALLEY HOSPITAL 16850 BEAR VALLEY ROAD VICTORVILLE GASSAWAY, ROSS	CA 92392 (760) 241-8000	000001330 05-0709 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	83	DESERT VALLEY HOSPITAL, INC. 16850 BEAR VALLEY RD VICTORVILLE CA 92392 0000562	PROFIT CORPORATION 08/31/1999 08/30/2000 ACTIVE
HERITAGE HOSPITAL 10841 WHITE OAK AVENUE RANCHO CUCAMONGA CHARLTON, DRANE	CA 91730 (909) 484-6465	000001515 05-2040 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	55	HERITAGE RANCHO HEALTHCARE, INC. 10841 WHITE OAK AVENUE RANCHO CUCAMONGA CA 91730 0000652	NONPROFIT CORPORATION 06/06/1999 06/05/2000 ACTIVE
HI-DESERT MEDICAL CENTER 6601 WHITEFEATHER RD JOSHUA TREE LARSON, JAMES R	CA 92252 (760) 366-3711	000000014 05-0279 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	175 JCAHO	HI-DESERT MEMORIAL HEALTH CARE DISTRICT 6601 WHITEFEATHER RD JOSHUA TREE CA 92252 0000231	OTHER PUBLIC AGENCY 12/01/1999 11/30/2000 ACTIVE
KAISER FOUNDATION HOSPITAL, FONTANA 9961 SIERRA AVENUE FONTANA MCCALL, GERALD	CA 92335 (909) 427-5000	000000024 05-0140 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	424 JCAHO	KAISER FOUNDATION HOSPITAL 393 E. WALNUT CENTER PASADENA CA 91188 0000159	NONPROFIT CORPORATION 03/31/1999 03/30/2000 ACTIVE
LOMA LINDA UNIVERSITY COMMUNITY MEDICAL CENTER 25333 BARTON ROAD LOMA LINDA MONTAGUE, ROB	CA 92354 (909) 825-8601	000000025 05-0587 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	120 JCAHO	LOMA LINDA UNIVERSITY MEDICAL CENTER, INC. 11234 ANDERSON STREET LOMA LINDA CA 92354 0000169	NONPROFIT CORPORATION 08/27/1999 06/30/2000 ACTIVE
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON STREET LOMA LINDA BEHRENS, M.B.B.S., B.LYN	CA 92354 (909) 558-4000	000000027 05-0327 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	669 JCAHO	LOMA LINDA UNIVERSITY MEDICAL CENTER, INC. 11234 ANDERSON STREET LOMA LINDA CA 92354 0000169	NONPROFIT CORPORATION 08/27/1999 06/30/2000 ACTIVE
MAMMOTH HOSPITAL 85 SIERRA PARK RD., P.O. BOX 3399 MAMMOTH LAKES MYERS, GARY L	CA 93546 (760) 934-3311	000000005 05-0638 GENERAL ACUTE CARE HOSPITAL 26 MONO OPEN	15 JCAHO	SOUTHERN MONO HOSPITAL DISTRICT 460 SIERRA MANOR 205 MAMMOTH LAKES CA 93546 0000008	OTHER PUBLIC AGENCY 09/15/1999 09/14/2000 ACTIVE

FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR	TELEPHONE NO.	ACLAIMS ID. FACILITY TYPE COUNTY STATUS PERSON ASSIGNED TO	PROVIDER NO. OSHPD NO. TOTAL CAPACITY ACCREDITATION CLOSURE DATE	LICENSEE NAME STREET ADDRESS CITY / STATE / ZIP LICENSE NUMBER	LICENSEE TYPE --- LICENSE DATES --- EFFECTIVE EXPIRATION LICENSE STATUS
MOUNTAINS COMMUNITY HOSPITAL 29101 HOSPITAL ROAD LAKE ARROWHEAD LOWELL, SUSAN F	CA 92352 (909) 336-3651	00000052 05-0260 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	JCAHO 35	SAN BERNARDINO MOUNTAINS COMMUNITY HOSP. DISTRICT P.O. BOX 70 LAKE ARROWHEAD 0000176	CA 92352 OTHER PUBLIC AGENCY 09/23/1999 09/22/2000 ACTIVE
NORTHERN INYO HOSPITAL 150 PIONEER LANE BISHOP SPENCER, HERMAN J	CA 93514 (760) 873-5811	00000037 05-0015 GENERAL ACUTE CARE HOSPITAL 14 INYO OPEN	JCAHO 32	NORTH INYO COUNTY LOCAL HOSPITAL DISTRICT 150 PIONEER LANE BISHOP 0000179	CA 93514 OTHER PUBLIC AGENCY 11/01/1998 10/31/1999 ACTIVE
REDLANDS COMMUNITY HOSPITAL 350 TERRACINA BLVD. REDLANDS HOLMES, JAMES R	CA 92373 (909) 335-5500	00000046 05-0272 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	JCAHO 172	REDLANDS COMMUNITY HOSPITAL 350 TERRACINA BLVD. REDLANDS 0000191	CA 92373 NONPROFIT CORPORATION 11/01/1999 10/31/2000 ACTIVE
SAN ANTONIO COMMUNITY HOSPITAL 999 SAN BERNARDINO UPLAND KUYKENDALL, GEORGE	CA 91786 (909) 985-2811	00000053 05-0099 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	JCAHO 332	SAN ANTONIO COMMUNITY HOSPITAL INC. 999 SAN BERNARDINO UPLAND 0000196	CA 91786 NONPROFIT CORPORATION 03/31/1999 03/30/2000 ACTIVE
SOUTHERN INYO HOSPITAL 501 E. LOCUST LONE PINE DONALD, DONNA M	CA 93545 (760) 876-5501	00000102 05-0388 GENERAL ACUTE CARE HOSPITAL 14 INYO OPEN	NON ACCREDITED 37	SOUTHERN INYO CO. LOCAL HEALTH CARE DISTRICT 501 E. LOCUST LONE PINE 0000205	CA 93545 OTHER PUBLIC AGENCY 07/24/1998 06/30/1999 ACTIVE
ST. BERNARDINE MEDICAL CENTER 2101 N. WATERMAN AVE SAN BERNARDINO SATZGER, BRUCE G	CA 92404 (909) 883-8711	00000103 05-0129 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	JCAHO 443	CATHOLIC HEALTHCARE WEST - SOUTHERN CALIFORNIA 3630 E. IMPERIAL HIGHWAY LYNWOOD 0000206	CA 90262 NONPROFIT CORPORATION 05/30/1999 05/29/2000 ACTIVE
ST. MARY REGIONAL MEDICAL CENTER 18300 HIGHWAY 18, P.O. BOX 7025 APPLE VALLEY CARUTH, CATHERINE R	CA 92307-0725 (760) 242-2311	00000104 05-0300 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	JCAHO 186	ST. MARY DESERT VALLEY HOSPITAL 18300 HIGHWAY 18 APPLE VALLEY 0000207	CA 92307 NONPROFIT CORPORATION 12/22/1998 12/21/1999 ACTIVE

FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR	TELEPHONE NO.	ACCLAIMS ID. FACILITY TYPE COUNTY STATUS PERSON ASSIGNED TO	PROVIDER NO. TOTAL CAPACITY ACCREDITATION CLOSURE DATE	LICENSEE NAME STREET ADDRESS CITY / STATE / ZIP LICENSE NUMBER	LICENSEE TYPE --- LICENSE DATES --- EFFECTIVE EXPIRATION LICENSE STATUS
SUN HEALTH ROBERT H. BALLARD REHABILITATION HOSP 1760 WEST 16TH STREET SAN BERNARDINO CA 92411 HERRICK, ROBERT	(909) 473-1276	000001218 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO OPEN	60	SAN BERNARDINO REHABILITATION HOSPITAL, INC. 101 SUN AVENUE, N.E. ALBUQUERQUE NM 87109 0000502	PROFIT CORPORATION 05/05/1999 05/04/2000 ACTIVE
U.S. FAMILY CARE MEDICAL CENTER, MONTCLAIR 5000 SAN BERNARDINO STREET MONTCLAIR CA 91763 PORTER, RONALD W	(909) 625-5411	000000009 05-0584 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	102	MEDPARTNERS 5000 AIRPORT PLAZA DRIVE LONG BEACH CA 90815 0000141	PROFIT CORPORATION 02/22/1999 02/21/2000 ACTIVE
VENCOR HOSPITAL - ONTARIO 550 NORTH MONTEREY AVENUE ONTARIO CA 91764 TROUTMAN, ROBERT	(909) 391-0333	000000040 05-0041 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	91	VENCOR OPERATING, INC. 3300 PROVIDIAN CENTER, 400 W. MARKET STREET LOUISVILLE KY 40202 0000561	PROFIT CORPORATION 12/15/1998 12/14/1999 ACTIVE
VICTOR VALLEY COMMUNITY HOSPITAL 15248 11TH ST. VICTORVILLE CA 92392 PHILLIPS, JOAN	(760) 245-8691	000000054 05-0517 GENERAL ACUTE CARE HOSPITAL 36 SAN BERNARDINO JCAHO OPEN	115	VICTOR VALLEY COMMUNITY HOSPITAL 15248 11TH ST. VICTORVILLE CA 92392 0000218	NONPROFIT CORPORATION 07/01/1999 06/30/2000 ACTIVE

TOTAL NUMBER OF FACILITIES LISTED: 25

Annex II

AB 3153 Compliance (Section 1797.224 H&SC)

**Annex II – AB 3153 Compliance (Section 1797.224 H&SC)
(To be completed for each exclusive operating area)**

**ICEMA
EXCLUSIVE OPERATING AREAS FACT SHEET**

- 1. Area of subarea (zone) name and title:**
 - 2. Name(s) of current provider(s):**
 - 3. Area of subarea (zone) geographical description:**
 - 4. Statement of exclusivity (exclusive or non-exclusive):**
 - 5. Method to achieve exclusivity:**
 - 6. Type of exclusivity:**
 - 7. Addendum:**
-

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: center;">EXCLUSIVE OPERATING AREA #1</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> A. AMR (ALS) B. Schaefer Ambulance Service (BLS). The providers have operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #1.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> A. AMR responds to advanced life support and basic life support emergency and non-emergency transport calls. B. Schaefer Ambulance Services responds to basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> These providers have delivered uninterrupted service. Date of name change from MedTrans to AMR was approximately January 1997.

• Since what date?
 • WAS TRANSPORT SERVICE PROVIDED?

Area 1: Beginning at the intersection of the San Bernardino County line with the North line of Section 7, T.2N., R.7W., S.B.M.; thence East along section lines to the Northeast corner of Section 8; thence South along section lines to the Northwest corner of Section 21; thence East along the North line of said Section 21 to the Northeast corner thereof; thence South along section lines to the Northwest corner of Section 34; thence East along the North line of said Section 34 to the Northeast corner thereof; thence South along section lines to the Northwest corner of Section 11, T.1N., R.7W., S.B.M.; thence East along the North line of said Section 11 to the Northeast corner thereof; thence South along the East line of said Section 11 to the Northwest corner of Section 13; thence East along the North line of said Section 13 to the Northeast corner thereof; thence South along the East line of said Section 13 to the Northwest corner of Section 19, T.1N., R.6W., S.B.M.; thence East along the North line of said Section 19 to the Northerly prolongation of the center line of Rochester Avenue; thence Southerly along said prolongation and center line to the Southerly city limits of Rancho Cucamonga; thence Westerly along said city limits to the city limits of Upland; thence Westerly along the Southerly city limits of Upland to the San Bernardino County line; thence Northerly along said County line to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: center;">EXCLUSIVE OPERATING AREA #2</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> A. AMR (ALS) B. Schaefer Ambulance Service (BLS). The providers have operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #2.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> A. AMR responds to advanced life support and basic life support emergency and — non-emergency transport calls. B. Schaefer Ambulance Services responds to basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> These providers have delivered uninterrupted service. Date of name change from MedTrans to AMR was approximately January 1997.

- since what date
- was transport service provided

Area 2: Beginning at the intersection of the San Bernardino County line with the city limits line of Upland and Montclair; thence Easterly and Southerly along the city limits of Upland to the city limits of Ontario; thence Southerly along said city limits of Ontario to the center line of Philadelphia Avenue, said point being also in the city limits of Chino; thence Easterly, Southerly, Westerly, and Northerly along said city limits of Chino, following all of its various courses to the Easterly prolongation of the South line of Section 7, T.25., R.8W., S.B.M., as said Section would be extended into the Rancho Santa Ana Del Chino; thence West along said prolongation and South line to the San Bernardino County line; thence Northerly and Easterly along said County line, following all of its various courses to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right;">EXCLUSIVE OPERATING AREA #3</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #3.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service. Date of name change from MedTrans to AMR was approximately January 1997.

Since when
 - WAS TRANS PROVIDED

Area 3: Beginning at the intersection of the center line of Benson Avenue with the common boundary of the cities of Montclair, Upland and Ontario; thence Easterly along the Northerly city limits of Ontario to the center line of Rochester Avenue; thence Southerly along said center line and its Southerly prolongation to the San Bernardino County line; thence Westerly, Southerly and Northerly along said County line, following all of its various courses to the Northwest corner of Section 18, T.2N., R.8W., S.B.M., as said Section would be extended into the Rancho Santa Ana Del Chino; thence East along the North line of said Section 18 and its Easterly prolongation to the city limits of Chino; thence Southerly, Easterly and Northerly along said city limits of Chino, following all of its various courses to the city limits of Ontario; thence Westerly and Northerly along said city limits of Ontario, following all of its various courses to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right; padding-right: 50px;">EXCLUSIVE OPERATING AREA #4</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #4.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

- since when
- TRANS?

Area 4: Beginning at the intersection of the San Bernardino County line with the North line of Section 6, T.2N., R.7W., S.B.M.; thence East along section lines to the Southwest corner of Section 35, T.3N., R.7W., S.B.M.; thence North along the West line of said Section 35 to a point due West of Stockton Flat Campground on the Lytle Creek Road; thence East to said campground; thence East to the East line of said Section 35; thence South to the North line of the South half of the South half of Section 36; thence East along said North line to the East line of said Section 36; thence South along said East line to the Northwest corner of Section 6, T.2N., R.6W., S.B.M.; thence East along section lines to the Northeast corner of Section 5; thence South along the East line of said Section 5 to the Northwest corner of Section 9; thence East along section lines to the Northeast corner of Section 10; thence South along the East line of said Section 10 to the Northwest corner of Section 14; thence East along the North line of said Section 14 to the Northeast corner thereof; thence South along section lines to the Northwest corner of Section 25; thence East along the North line of said Section 25 to the Northeast corner thereof; thence South along section lines to the Northwest corner of Section 6, T.1N., R.5W., S.B.M.; thence East along the North line of said section 6 to the Northeast corner thereof; thence South along the East line of said Section 6 to the Northwest corner of Section 8; thence East along the North line of said Section 8 to the Southeasterly right of way line of Interstate 15E; thence Southwesterly along said Southeasterly line to the city limits of Rialto; thence Southerly along the Westerly city limits of Rialto, following all of its various courses to the East line of Riverside Avenue; thence Southerly along said East line to the San Bernardino County line; thence Westerly along said County line to the Southerly prolongation of the center line of Rochester Avenue; thence northerly along said prolongation and center line and its Northerly prolongation to the South line of Section 18, T.1N., R.6W., S.B.M.; thence West along said South line to the Southwest corner of said Section 18; thence North along the West line of said Section 18 to the Southeast corner of Section 12, T.1N., R.7W., S.B.M.; thence West along the South line of said Section 12 to the Southwest corner thereof; thence North along the West line of said Section 12 to the Southeast corner of Section 2; thence West along the South line of said Section 2 to the Southwest corner thereof; thence North along section lines to the Southeast corner of Section 27, T.2N., R.7W., S.B.M.; thence West along the South line of said Section 27 to the Southwest corner thereof; thence North along section lines to the Southeast corner of Section 14; thence West along the South line of said Section 14 to the Southwest corner thereof; thence North along section lines to the Southeast corner of Section 5; thence West along section lines to the San Bernardino County line; thence Northerly along said county line to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: center;">EXCLUSIVE OPERATING AREA #5</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #5.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

Since when
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 - any other providers?

Area 5: Beginning at the intersection of the Easterly line of Interstate 15E with the center line of the Lytle Creek Wash; thence Southeasterly along said center line of the Lytle Creek Wash to a point due North of the most Northeasterly corner of the City of Rialto; thence South to said Northeasterly corner; thence Southerly along the city limits of Rialto to the city limits of Colton; thence Southerly along said city limits of Colton to the Northerly line of Agua Mansa Road; thence Southeasterly along said Northerly line to the East line of Riverside Avenue; thence Northerly along said East line to the city limits of Rialto; thence Northerly and Westerly along the Westerly city limits of Rialto to the Southeasterly line of Interstate 15E; thence Northeasterly along said Southeasterly line to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right; padding-right: 50px;">EXCLUSIVE OPERATING AREA #6</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #6.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

- Since when
 - transport services?

Area 6: Beginning at the intersection of the Northerly line of State Highway 138 with the Easterly line of Interstate 15; thence Southeasterly along said Easterly line of Interstate 15 to the North line of Section 35, T.3N., R.6W., S.B.M.; thence East along section lines to the Northeast corner of Section 36; thence South along the East line of said Section 36 to the North line of Section 6, T.2N., R.5W., S.B.M.; thence East along said North line to the Northeast corner of said Section 6; thence South along the East line of said Section 6 to the Northwest corner of Section 8; thence East along section lines to the Northeast corner of Section 9; thence South along the East line of said Section 9 to the Northwest corner of Section 15; thence East along section lines to the Northeast corner of Section 14; thence South along the East line of said Section 14 to the Northwest corner of Section 24; thence East along the North line of said Section 24 to the Northeast corner thereof; thence South along the East line of said Section 24 to the Southeast corner thereof; thence West along the South line of said Section 24 to the North quarter corner of Section 25; thence South to the San Bernardino National Forest Boundary; thence Southeasterly along said boundary, following all of its various courses to the West line of the East half of Section 19, T.1N., R.3W., S.B.M.; thence North along North-South center section lines to the North line of Section 6; thence East along said North line to the Northeast corner of said Section 6; thence South along the East line of said Section 6 to the North line of the South half of Section 5; thence East along said North line to the East line of said Section 5; thence South along said East line to the Northwest corner of Section 9; thence East along section lines to a point due North of the City Creek Forest Station and the West line of State Hwy 30; thence Southerly along the Westerly line of State Hwy 330, Boulder Avenue and Orange Street to the center line of the Santa Ana River; thence Westerly along said center line to the Westerly line of Interstate 215; thence Southerly along said Westerly line to the San Bernardino County line; thence West along said County line to the East line of Riverside Avenue; thence Northerly along said East line to the North line of Agua Mansa Road; thence Northeasterly along said North line to the city limits of Colton; thence Northerly along said city limits to the city limits of Rialto; thence Northerly along said city limits of Rialto to the most Northeasterly corner of the city of Rialto; thence North to the center line of the Lytle Creek Wash; thence Northwesterly along said center line to the Southeasterly line of Interstate 15E; thence Northeasterly along said Easterly line to the South line of Section 5, T.1N., R.5W., S.B.M.; thence West along said South line to the Southwest corner of said Section 5; thence North along the West line of said Section 5 to the Southeast corner of Section 31, T.2N., R.5W., S.B.M.; thence West along the South line of said Section 31 to the Southwest corner thereof; thence North along section lines to the Southeast corner of Section 24, T.2N., R.6W., S.B.M.; thence West along the South line of said Section 24 to the Southwest corner thereof; thence North along section lines to the South line of Section 36, T.3N., R.6W., S.B.M.; thence West along said South line to the West line of the East half of said Section 35; thence North along the West line of the East half of Sections 35 and 26 to the North line of State Highway 138; thence Easterly along said North line to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right;">EXCLUSIVE OPERATING AREA #7</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #7.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, <input type="checkbox"/> Emergency Ambulance, <input type="checkbox"/> ALS, <input type="checkbox"/> or <input type="checkbox"/> LALS <input type="checkbox"/> (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

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Area 7: Beginning at the intersection of the San Bernardino County line and the Westerly right of way of Interstate 215; thence Northerly along said Westerly right of way to the center line of the Santa Ana River; thence Northeasterly along said center line to the West line of Orange Street; thence North along said West line to the West line of Boulder Avenue; thence Northerly along said West line to the Westerly line of State Highway 330; thence Northerly along said Westerly line to the City Creek Forest Station; thence due East to the East line of Section 10, T.1N., R.3W., S.B.M.; thence Southerly along section lines to the South line of Section 10, T.1S., R.3W., S.B.M.; thence West along section lines to the East line of Alabama Avenue; thence South along said East line to the South Line of San Bernardino Avenue; thence West along said South line to the East line of California Street; thence South along said East line to the city limits of Loma Linda; thence Westerly along said city limits and continuing along said city limits to the South line of Section 35, T.1S., R.4W., S.B.M.; thence South to the San Bernardino County line; thence West to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right; padding-right: 50px;">EXCLUSIVE OPERATING AREA #8</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #8.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

- since
- travels

Area 8: Beginning at the Northwest corner of Section 14, T.1N., R.3W., S.B.M.; thence East along section lines to the Northeast corner of Section 15, T.1N., R.1E., S.B.M.; thence South along section lines to the San Bernardino County line; thence Westerly along said county line to the city limits of Loma Linda; thence Northerly along the Easterly city limits of Loma Linda to an intersection of the East line of Mountain View Avenue with the North line of Interstate 10; thence North along said East line of Mountain View Avenue to the South line of San Bernardino Avenue; thence East along said South line to the East line of Alabama Avenue; thence North along said East line to the South line of Section 8, T.1S., R.3W., S.B.M., thence East along section lines to the Southeast corner of Section 10; thence North along section lines to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: center;">EXCLUSIVE OPERATING AREA #9</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #9.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

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Area 9: This area is comprised of the corporate limits of the City of Loma Linda, as said city now or in the future exists.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: center;">EXCLUSIVE OPERATING AREA #10</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Crest Forest Fire Protection District (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #10.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Crest Forest Fire Protection District responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

- when
- transport?

Area 10: Beginning at the Northwest corner of Section 31, T.3N., R.4W., S.B.M.; thence East along section lines to the Northeast corner of Section 36; thence South along the East line of said Section 36 to the Northwest corner of Section 31, T.3N., R.3W., S.B.M.; thence East along the North line of said Section 31 to the North quarter corner thereof; thence South along North-South center section lines to the South line of Section 31, T.2N., R.3W., S.B.M.; thence West along section lines to the Southwest corner of Section 36, T.2N., R.4W., S.B.M.; thence North along the West line of said Section 36 to the South line of the North half of Section 35; thence West along said South line to the West line of said Section 35; thence North along said West line to the Southeast corner of Section 27; thence West along section lines to the Southwest corner of Section 28; thence North along the West line of said Section 28 to the South line of the North half of Section 29; thence West along said South line to the West line of the East half of Said Section 29; thence North along said West line to the South line of said Section 20; thence West along said South line to the Southwest corner of said Section 20; thence North along the West line of said Section 20 to the South line of North half of Section 19; thence West along said South line to the West line of said Section 19; thence North along section lines to the Northwest corner of Section 6; thence East along the North line of said Section 6 to the Southwest corner of aforesaid Section 31, T.3N., R.4W.; thence North along the West line of said Section 31 to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right;">EXCLUSIVE OPERATING AREA #11</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> A. AMR (ALS) B. Crest Forest Fire Protection District (BLS). The providers have operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #11.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> A. AMR responds to advanced life support and basic life support emergency and non-emergency transport calls. B. Crest Forest Fire Protection District responds to basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> These providers have delivered uninterrupted service.

- since
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Area 11: Beginning at the North quarter corner of Section 25, T.2N., R.5W., S.B.M.; thence East along the North line of said Section 25 to the Southwest corner of Section 19, T.2N., R.4W., S.B.M.; thence North along the West line of said Section 19 to the North line of the South half of said Section 19; thence East along said North line to the East line of said Section 19; thence South along said East line to the Northwest corner of Section 29; thence East along the North line of said Section 29 to the East line of the West half of said Section 29; thence South along said East line to the North line of the South half of said Section 29; thence East along said North line to the East line of said Section 29; thence South along said East line to the Northwest corner of Section 33; thence East along section lines to the Northeast corner of section 34; thence South along the East line of said Section 34 to the North line of the South half of Section 35; thence East along said North line to the East line of said section 35; thence South along said East line to the Northwest corner of Section 1, T.1N., R.4W., S.B.M.; thence East along section lines to the North quarter corner of Section 6, T.1N., R.3W., S.B.M.; thence South along the East line of the West half of Sections 6, 7, 18 and 19 to the San Bernardino National Forest Boundary; thence Northwesterly along said boundary, following all of its various courses to a point due South of the point of beginning; thence North to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right;">EXCLUSIVE OPERATING AREA #12</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> AMR (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #12.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, <input type="checkbox"/> Emergency Ambulance, <input type="checkbox"/> ALS, <input type="checkbox"/> or <input type="checkbox"/> LALS <input type="checkbox"/> (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> AMR responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

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Area 12: Beginning at the intersection of the Northwest corner of T.8N., R.7W., S.B.M.; with the San Bernardino County line; thence East along the township line between Townships 8 and 9 North to the East boundary of Edwards Air Force Base; thence North along said boundary to the township line between Townships 9 and 10 North; thence East along said township line to the range line between Ranges 5 and 6 West; thence South along said range line to the township line between Townships 8 and 9 North; thence East along said township line to the range line between Ranges 3 and 4 West; thence South along said range line to the township line between Townships 7 and 8 North; thence East along said township line to the range line between Ranges 2 and 3 West; thence South along said range line to the Northwest corner of Section 19, T.7N., R.2W of S.B.M.; thence East along section lines to the range line between Ranges 1 and 2 East; thence South along said range line to the township line between Townships 6 and 7 North; thence East along said township line to the range line between Ranges 5 and 6 East; thence South along said range line to the Southeast corner of Section 13, T.4N., R.5E., S.B.M.; thence West along section lines to the range line between Ranges 2 and 3 East; thence South along said range line to the San Bernardino National Forest boundary; thence Westerly along said National Forest boundary, following all of its various courses to the center line of State Highway 138; thence Westerly along said center line to the West line of Section 28, T.3N., R.5W., S.B.M.; said point being in the San Bernardino National Forest boundary; thence Westerly along said National Forest boundary to the range line between Ranges 5 and 6 West; thence North along said range line to the center line of Palmdale Road; thence Westerly along said center line to the San Bernardino County line; thence Northerly along said county line to the Point of Beginning. EXCEPT ANY PORTION WITHIN COUNTY SERVICE AREA #56.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: right;">EXCLUSIVE OPERATING AREA #13</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Desert Ambulance Service (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #13.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Desert Ambulance Service responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service.

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Area 13: Beginning at the intersection of the San Bernardino and Kern County line with the township line between Townships 31 and 32 South, M.D.M.; thence East along said township line to the center line of U.S. Highway 395; thence Northerly along said center line to the North line of Section 20, T.31S., R.41E., M.D.M.; thence East along section lines to the range line between Ranges 42 and 43 East; thence South along said range line to the township line between Townships 31 and 32 South; thence East along said township line to the San Bernardino Meridian line; thence South along said Meridian line to the township line between Townships 12 and 13 North, S.B.M.; thence East along said township line to the range line between Ranges 6 and 7 East; thence South along said range line to the township line between Townships 11 and 12 North; thence East along said township line to the range line between Ranges 14 and 15 East; thence South along said range line to the township line between Townships 10 and 11 North; thence West along said township line to the range line between Ranges 13 and 14 East; thence South along said range line to the center line of Hidden Hills Road; thence Westerly along said center line to the center line of Kelbaker Road; thence Southerly along said center line to the township line between Townships 5 and 6 North; thence West along said township line to the range line between Ranges 7 and 8 East; thence North along said Range line to the Northeast corner of Section 24, T.6N., R.7 East, S.B.M.; thence West along section lines to the range line between Ranges 5 and 6 East, S.B.M.; thence North along said range line to the township line between Townships 6 and 7 North; thence West along said township line to the range line between Ranges 1 and 2 East, S.B.M.; thence North along said range line to the Northeast corner of Section 24, T.7N., R.1 East; thence West along section lines to the range line between Ranges 2 and 3 West; thence North along said range line to the township line between Townships 7 and 8 North; thence West along said township line to the range line between Ranges 3 and 4 West; thence North along said range line to the township line between Townships 8 and 9 North; thence West along said Township line to the range line between Ranges 5 and 6 West; thence North along said range line to the township line between Townships 9 and 10 North; thence West along said township line to the Edwards Air Force Base boundary; thence North and West along said boundary to the San Bernardino County line; thence Northerly along said County line to the Point of Beginning.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: center;">EXCLUSIVE OPERATING AREA #14</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Morongo Basin Ambulance Association (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #14.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Morongo Basin Ambulance Association responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service. Joshua Tree Ambulance Association changed name to Morongo Basin Ambulance Association in 1992.

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- TRALS

Area 14: Beginning at the Northwest corner of Section 19, T.6N., R.6E., S.B.M.; thence East along section lines to the range line between Ranges 7 and 8 East; thence South along said range line to the township line between Townships 5 and 6 North; thence East along said township line to the Northeast corner of Section 4, T.5N., R.12E., S.B.M.; thence South along section lines to the township line between Townships 4 and 5 North; thence East along said township line to the range line between Ranges 12 and 13 East; thence South along said range line to the township line between Townships 3 and 4 North; thence East along said township line to the range line between Ranges 13 and 14 East; thence South along said range line to the township line between Townships 2 and 3 North; thence East along said township line to the range line between Ranges 14 and 15 East; thence South along said range line to the township line between Townships 1 and 2 North; thence East along said township line to the range line between Ranges 15 and 16 East; thence South along said range line to the township line between Townships 1 South and 1 North; thence East along said township line to the range line between Ranges 16 and 17 East; thence South along said range line to the San Bernardino County line; thence Westerly along said county line to the San Bernardino National Forest boundary; thence Northerly along said boundary to the Southwest corner of Section 31, T.3N., R.3E., S.B.M.; thence North along the range line between Ranges 2 and 3 East to the Northwest corner of Section 19, T.4N., R.3E., S.B.M.; thence East along section lines to the range line between Ranges 5 and 6 East; thence North along said range line to the Point of Beginning. EXCEPT SERVICE AREAS #15 AND YUCCA VALLEY FIRE PROTECTION DISTRICT.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

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

Local EMS Agency or County Name: ICEMA
Area or subarea (Zone) Name or Title: <div style="text-align: center;">EXCLUSIVE OPERATING AREA #15</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Morongo Basin Ambulance Association (ALS) The provider has operated in the area pursuant to the EMS Transportation Plan adopted 6-18-85.
Area or subarea (Zone) Geographic Description: Please see attached description of Exclusive Operating Area #15.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): <small>Include intent of local EMS Agency and Board Action.</small> This is an exclusive operating area pursuant to the EMS Transportation Plan for San Bernardino County adopted on 6-18-85.
Type of Exclusivity, [Emergency Ambulance], [ALS], or [LALS] (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Morongo Basin Ambulance Association responds to advanced life support and basic life support emergency and non-emergency transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> The provider has delivered uninterrupted service. Joshua Tree Ambulance Association changed name to Morongo Basin Ambulance Association in 1992.

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Area 15: Beginning at the Northwest corner of Section 6, T.3N., R.4E., S.B.M.; thence East along section lines to the range line between Ranges 5 and 6 East; thence South along said range line to the Northwest corner of Section 18, T.3N., R.6E., S.B.M.; thence East along section lines to the Northeast corner of Section 17; thence South along the East line of said Section 17 to the Northwest corner of Section 21; thence East along the North line of said Section 21 to the Northeast corner thereof; thence South along section lines to the Northwest corner of Section 3, T.2N., R.6E., S.B.M.; thence East along the North line of said Section 3 to the Northeast corner thereof; thence South along section lines to the Northwest corner of Section 14; thence East along section lines to the Northeast corner of Section 13; thence South along section lines to the Southeast corner of Section 25; thence West along the South line of said Section 25 to the Northeast corner of Section 35; thence South along the East line of said Section 35 to the Southeast corner thereof; thence West along the South line of said Section 35 to the North quarter corner of Section 2, T.1N., R.6E., S.B.M.; thence South along the East line of the West half of said Section 2 to the South line thereof; thence West along said South line to the Southwest corner of said Section 2; thence North along section lines to the Southeast corner of Section 27, said T.2N., R.6E.; thence West along section lines to the Southwest corner of Section 29; thence North along the West Line of said Section 29 to the Southeast corner of Section 19; thence West along the South line of said Section 19 to the Northeast corner of Section 25, T.2N., R.5E., S.B.M.; thence South along section lines to the Southeast corner of Section 36; thence West along section lines to the Southwest corner of Section 34; thence North along section lines to the Southeast corner of Section 33, T.3N., R.5E., S.B.M.; thence West along the South line of said Section 33 to the Southwest corner thereof; thence North along the West line of said Section 33 to the Southeast corner of Section 29; thence West along the South line of said Section 29 to the Southwest corner thereof; thence North along the West line of said Section 29 to the Southeast corner of Section 19; thence West along section lines to the Southwest corner of Section 24, said T.3N., R.4E.; thence North along the West line of said Section 24 to the Southeast corner of Section 14; thence West along section lines to the Southwest corner of Section 18; thence North along section lines to the Point of Beginning.

Section VII – Appendices

APPENDIX I

Definitions and Abbreviations

The following terms and abbreviations are utilized throughout this plan. The definitions are provided for clarification and enhanced understanding of the ambulance systems mentioned herein.

Advanced Life Support (ALS) - Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital.

Ambulance - Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, infirmed or otherwise incapacitated person and capable of supporting BLS or a higher level of care.

Ambulance Unit - An ambulance staffed with qualified personnel and equipped with appropriate medical equipment and supplies.

Basic Life Support (BLS) - As defined in Health and Safety Code Section 1797.60. Emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the patient may be transported or until advanced life support is available.

Code-One Call - Any non Code-3 or Code-2 request for service which are scheduled or unscheduled where a physician has determined a need for an ambulance because of a potential for an emergency.

Code-Three Call - Any request for service perceived or actual life threatening, as determined by dispatch personnel, in accordance with County policy, requiring immediate dispatch with the use of lights and sirens.

Code-Two Call - Any request for service designated as non-life threatening by dispatch personnel in accordance with County policy, requiring the immediate dispatch of an ambulance without the use of lights and sirens.

Computer-Aided Dispatch (CAD) - Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

Emergency Medical Dispatch (EMD) - Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, resource priority and pre-arrival instruction.

Emergency Medical Technician-I (EMT-I) - An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued pursuant to this part. This definition shall include, but not be limited to, EMT-I (FS) and EMT-I.

Emergency Medical Technician-Defibrillator (EMT-D) - Personnel trained to initiate automatic or semiautomatic defibrillator procedures.

Emergency Medical Technician-Paramedic (EMT-P) - Individual whose scope of practice to provide advanced life support is according to the California Code of Regulations and whom has a valid certificate/license issued pursuant to this division.

EMS Agency - ICEMA Emergency Medical Services Agency, established by the County of San Bernadino, which monitors the medical control and standards of the EMS system and the counties of Mono and Inyo.

Exclusive Operating Area (EOA) - An EMS area or subarea defined by an EMS plan for which a local EMS agency, upon the recommendations of the county, restricts operations to one or more emergency ambulance services or providers of Limited Advanced Life Support or Advanced Life Support.

Disaster Medical Assistance Team (DMAT) - Disaster medical assistance teams as defined by the Federal Emergency Management Association.

First Responder - An agency with equipment and staff (e.g. fire department, police or non-transporting ambulance unit) with personnel capable of providing appropriate first responder prehospital care.

First Responder - Defibrillator - Personnel trained to initiate automatic or semiautomatic defibrillator procedures.

Field Treatment Site (FTS) - Field Treatment Site as defined by the California EMS Authority.

Limited Advanced Life Support (LALS) - Special services designed to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support.

Mobile Intensive Care Nurse (MICN) - A registered nurse who is authorized to give medical direction to advanced life support personnel from a base hospital under direction of a base hospital physician.

Paramedic Unit - An ambulance or first-responder unit staffed and equipped to provide advanced life support at the scene of a medical emergency and during transport in an ambulance of a patient(s) and designated as a paramedic unit by the Medical Director.

Regional Disaster Medical Health Coordination (RDMHC) - Health officers (selected by the health officers of other counties in their respective regions) coordinating the request and receipt of medical and health mutual aid in the event of State declared disasters involving mass casualties or public and environmental health emergencies.

Rural Area - All census places with a population density of 7 to 50 persons per square mile; or census tracts or enumeration districts without census tracts which have a population density of 7 to 50 persons per square mile.

Standardized Emergency Management System (SEMS) - Standardized Emergency Management System as required by California State Statute.

Suburban Area - All census places with a population density of 51 to 100 persons per square mile; or census tracts or enumeration districts without census tracts which have a population density of 51 to 100 persons per square mile.

System Status Management or Systems Status Plan (SSP) - A management tool to define the "unit hours" of production time, their positioning and allocation, by hour and day of week to best meet demand patterns.

Urban Area - All census places with a population density of 101 to 500 persons or more per square mile; or census tracts and enumeration districts without census tracts which have a population density of 101 to 500 persons or more per square mile.

Urgent - A situation in which there is a real or perceived need for immediate action, attention, or decision making to reduce morbidity, but where no life threatening situation appears to exist.

Wilderness - Census tracts or enumeration districts without census tracts that have a population less than 7 persons per square mile.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 1, 2005

Virginia Hastings, Executive Director
 ICEMA
 515 N. Arrowhead
 San Bernardino, CA 92415-0060

Dear Ms. Hastings:

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

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION		COMMENT
1.20	DNR Policy	1) Under "Procedure", why would a family member's objection to DNR order take precedence over the patients' DNR wish?
1.22	Reporting of Abuse	Need to develop a policy for the reporting of child abuse, elder abuse and suspected SIDS deaths.
1.27	Pediatric System Plan	Consider reapplying for an EMSC Grant to improve the delivery of care to pediatric patients.
5.10	Pediatric System Design	Perform an EMSC Needs Assessment.
5.13	Specialty System Design	Need to identify and provide coordinated EMS response to targeted patient groups.

Ambulance Zones

EMSA has reviewed the information provided in the ambulance zone forms. Comments regarding specific areas are provided to you for your consideration in making a determination with regard to exclusivity and for consistency with regard to the ambulance zone forms. Ambulance zone forms should be modified as soon as possible and sent to EMSA to be included in the EMS Plan (blank forms are enclosed for your use).

San Bernardino

- Area 1 – The zone form indicates the zone is “exclusive/nonexclusive”. In order to make a determination regarding this zone, further information is necessary. Do both providers provide emergency ambulance service? Do they both participate in the 911 system? Historically how have calls been distributed between the two providers; how are they distributed now?
- Area 2 - The zone form indicates the zone is “exclusive/nonexclusive.” In order to make a determination regarding this zone, further information is necessary. Do both providers provide emergency ambulance service? Do they both participate in the 911 system? Historically how have calls been distributed between the two providers; how are they distributed now?
- Area 12 – It appears that this zone has been modified to reflect the Lucerne Valley Fire annexation. It should be noted that municipality annexation does not dictate exclusivity and that modification of this zone may impact the grandfathering ability of the current provider under H&S 1797.224 because it appears to change the scope and manner of the zone due to the significant boundary change, including non-contiguous areas.
- Area 19 – Area’s exclusivity has yet to be determined. This will be reflected as nonexclusive until your determination is made and a new ambulance zone form is submitted.
- Area 20 – It should be noted that the maximum interval between competitive bids is 10 years and this area appears to exceed that time frame. If the zone is to remain exclusive, a new bid process should be initiated.
- Area 24 - Area's exclusivity has yet to be determined. This will be reflected as nonexclusive until your determination is made and a new ambulance zone form is submitted.
- Area 25 - It appears that this zone has been modified to reflect the Lucerne Valley Fire annexation. It should be noted that municipality annexation does not dictate exclusivity and that modification of this zone may impact the grandfathering ability of the current provider under H&S 1797.224 because it may change the scope and manner of the zone.

Inyo County

- EOA 7 – Form indicates that the area is exclusive; however, it contains a comment indicating that it is “to be determined.” If transportation service has been provided in the same scope and manner since prior to January 1, 1981, the form should be modified to remove that statement, otherwise, the zone should be indicated as nonexclusive. This will be reflected as nonexclusive until your determination is made and a new ambulance zone form is submitted.

Mono County – Approved

All comments, excluding those regarding “Ambulance Zones”, are for your information and may be addressed in your annual update (due one year from your approval date). If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 413.

Sincerely,



Richard E. Watson
Interim Director

REW:ss
Enclosures