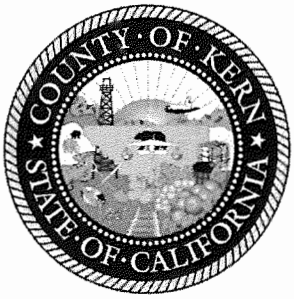
Ross Elliott
Director

Robert Barnes, M.D.
Medical Director



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DEPARTMENT OF EMERGENCY MEDICAL SERVICES

September 13, 2007

Cesar A. Aristeiguieta, M.D.
Emergency Medical Services Authority, State of California
1930 9th Street
Sacramento, California 95814-2875

RE: Transmittal of Kern County Emergency Medical Services Plan 2006 Update

Dear Dr. Aristeiguieta:

Transmitted herewith is the Kern County Emergency Medical Services Plan 2006 Update. Please approve this plan in accordance with Health and Safety Code. As you are aware, we have been working diligently to change the design of Kern County's EMS system over the past several months. Specifically, the Kern County Board of Supervisors has taken steps to create exclusive operating areas for ground ambulance service throughout the county. The 2006 plan update reflects the actions taken by the Board of Supervisors.

Operating Area 11

In your letter dated August 24, 2006, that approves the Kern County Emergency Medical Services Plan 2003 Update, it is noted that the status of operating area #11 is in question. In your follow up letter dated October 23, 2006, you seem to make a distinction between issuance of an ambulance permit and being an exclusive operator. In the context of your letter the two seem to be mutually exclusive. To us, there is no difference. The administrative mechanism (permit or contract) by which the county uses to authorize an ambulance provider exclusive operator status is irrelevant. The permit issued in 1994 authorized one ambulance company to be the exclusive ambulance provider for the area.

Hall Ambulance Service was established as the exclusive operational area provider subsequent to a legitimate competitive process for the permit. Two applications for the permit were received. Open meetings were held to receive comments from the public regarding their needs for ambulance service; one on April 11, 1994 and the second on April 14, 1994. An independent review panel was established to assess and score the applications. The panel consisted of three members from the local Emergency Medical Care Advisory Board: Dr. Nolan Anderson from the Medical Society, Mr. John Hendrickson representing the City Manager's Association, and Mr. Mike Maggard a consumer representative. Part of the criteria used for scoring the applications was based on feedback obtained during the public meetings. The panel met on April 24, 1994, and scored the applications. The panel's recommendation was then presented to the Board of Supervisors. The Board of Supervisors awarded the permit on May 19, 1994. The Board of Supervisors recently replaced the permit that was competitively obtained with a performance contract on September 21, 2006; e.g. simply changed the administrative mechanism by which ambulance service is authorized.

The original permittee, Hall Ambulance Service, was retained as the contractor. In accordance with the requirement of Health and Safety Code, section 1797.224 to hold a competitive process at periodic intervals, the performance contract will expire June 30, 2013 unless terminated, modified, or renewed by the Board of Supervisors.

In your follow up letter dated October 23, 2006, you note that Kern County seems to have failed to accurately reflect the status of operating area #11 in the 1994/95 plan update and each subsequent plan submission. The depiction of OA #11 in the 1994/95 EMS Plan Update as a non-exclusive area appears to have been an error. This error was perpetuated until the EMS Plan submission in 2006 (for 2003), when the error was finally discovered and corrected. Clearly, the extensive competitive process used in 1994 to award one permit for the area made Operational Area #11 exclusive to one ambulance provider. How the Department inaccurately reflected this in the periodic EMS Plan updates is unknown. With the submission of the Kern County Emergency Medical Services Plan 2006 Update, it is hoped that this error can now be appropriately corrected and accurately reflected in your records.

EOA Provider Selection

As allowed by 1797.224, the County opted to assign the exclusive operating areas to the existing ambulance providers if the stringent criteria required by the statute could be met. The criteria the County used meets the requirements of the statute. The statute says, "*No competitive process is required . . . that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.*" The next section of the statute goes on to clarify and further define 1797.224 by adding, *"(a) That a minor alteration in the level of life support personnel or equipment, which does not significantly reduce the level of care available, shall not constitute a change in the manner and scope of providing services. (b) That a successor to a previously existing emergency services provider shall qualify as an existing provider if the successor has continued uninterrupted the emergency transportation previously supplied by the prior provider.*" It is unclear if 1797.226 applies only to San Bernardino County or to "any other county" and "any local EMS agency" as the statute contains conflicting language.

Nonetheless, the Kern County Board of Supervisors established its own grandfather criteria consistent with the statute. Kern County Resolution No. 2005-065 adopted February 22, 2005, establishes that an ambulance provider may be selected to serve an exclusive operating area without a competitive process if:

1. The existing provider is the same service provider since January 1, 1981 in the area without interruption in service. A successor to a previously existing emergency services provider shall qualify as an existing provider if the successor has continued uninterrupted the emergency transportation previously supplied by the prior provider.

2. The existing provider is the sole contracted ground ambulance service provider authorized to provide emergency ambulance service, or emergency and non-emergency ambulance service for the operating area.

3. Any changes to the operating area boundaries since January 1, 1981 have not significantly reduced the level of care to the communities being served by the provider.

4. There have been only minor alterations in the level of life support personnel or equipment, such that it does not significantly reduce the level of care available since January 1, 1981.

There are ten exclusive operational areas in the County. All of them, with the exception of OA #11, met the eligibility criteria for grandfathering. Effective September 21, 2006, the Board of Supervisors executed performance contracts with the existing ambulance service provider of each area for the nine eligible EOAs.

The statute (Health and Safety Code, section 1797.224) provides counties with broad latitude to select exclusive operating area providers. Additionally, past major court rulings regarding creation of exclusive operating areas and provider selection continually reinforce the concept that the legislature gave county's broad latitude in these matters. Yet, it appears that EMSA veers from the statute language and attempts to reduce counties' latitude by imposing seemingly arbitrary conditions that must be satisfied to gain EMS plan approval. These "office guidelines" imposed in the past have included: conducting a competitive process at 10-year intervals; grandfathering can only be granted if there are the same number of providers, same zone structure, same economic division of call types, etc. Further, the "office guidelines" include the approval to upgrade from BLS to ALS; a change in ownership of a company is allowable unless the transaction is an asset purchase, thereby disqualifying one from being grandfathered; and approval to change the name of a company.

We are aware that the "office guidelines" are an attempt to define manner and scope, as cited in 1797.224. However, your guidelines are overly restrictive and hamper the ability of the County to manage its EMS system to achieve the greatest public benefit. The intent of 1797.224 is to provide broad immunity to counties in establishing appropriate and stable EMS systems. Kern County has developed a high-performing, stable EMS system – we have achieved this goal. Yet, your "office guidelines" may arbitrarily restrict Kern County's ability to maintain the EMS system that meets the needs of our residents.

The County of Kern is a political subdivision of the State of California. Further, the Board of Supervisors is an elected legislative body over this political subdivision with specific powers to address the needs of its citizenry. It can be argued that a resolution adopted by a legislative body, elected by the people of California, certainly has more legal authority and weight than "office guidelines" produced by staff members within the State bureaucracy. The "office guidelines" issued by EMSA have no force of law, and the guidelines are inconsistent with actual language and intent of the statute. Therefore, we respectfully request that EMSA limit the criteria it uses to review and approve this plan, with respect to EOA provider selection, to the Health and Safety Code language; not capricious "office guidelines". Kern County seeks and would enjoy the implied anti-trust immunity offered by the legislature through 1797.224, and the County deserves EMSA's approval of our plan.

Conclusion

In implementing the recent changes, the Board of Supervisors has established secure ambulance operational areas for the residents of Kern County. The changes are resulting in improved EMS services, better response times, and higher levels of service availability. It is with pleasure that we submit the local

EMS plan for your review and approval. Kern County is in compliance with the mandatory minimum standards set by EMSA, with the exception of a viable EMSC program. But, despite this one deficiency, the local EMS system is arguably one of the best in the State. The delivery of quality patient care is being achieved through the implementation of the Kern County Emergency Medical Services Plan 2006 Update, and your support and approval of our plan is respectfully requested.

Sincerely,

ROSS ELLIOTT
Director

cc: Board of Supervisors
County Administrative Officer
County Counsel
CARE Ambulance Service
Delano Ambulance Service, Inc.
Hall Ambulance Service, Inc.
Kern Ambulance Service
Liberty Ambulance Service, Inc.

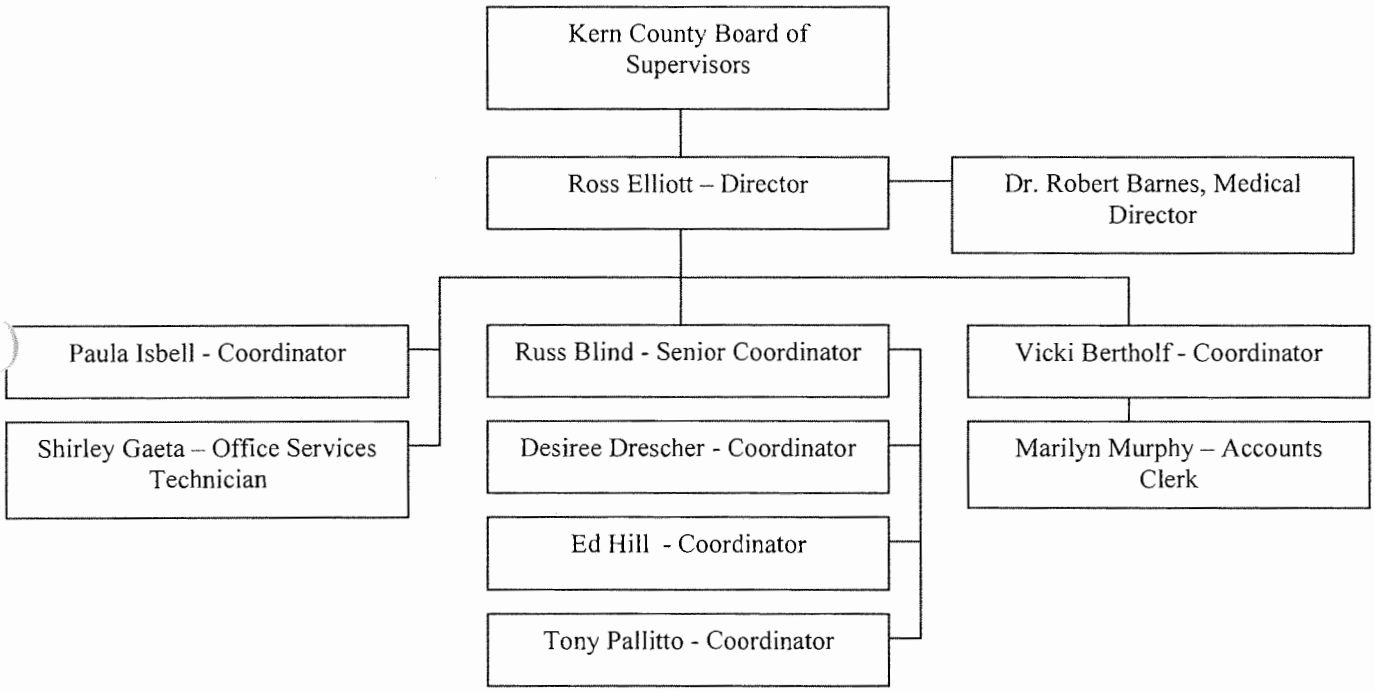
RE:\H:\Staff-Shared_EMSA\TransmitEMSPlan2006b.doc

Narrative Summary of System Changes:

In 2006-2007, the Kern County EMS System was steadily advanced. In June 2007, the Board of Supervisors approved the finalized Ambulance Service Performance Standards. Implementation of the standards has culminated the EMS system redesign process for ground ambulance service. The redesign process still continues for air ambulance service. A draft request for proposal has been developed and distributed for comment. We expect final assignment of one or more air ambulance services by March 1, 2008.

There were full-scale domestic preparedness and emergency planning efforts throughout 2006-2007 with further development of Metropolitan Medical Response System (MMRS) Plans, a Hospital Mass Casualty Surge Protocol, and further bio-terrorism preparedness planning for Kern County. The Department continues to manage the HRSA grant locally and the Regional Disaster Medical-Health Specialist (RDMHS) Program for OES Mutual Aid Region V.

Other key functions of the Kern County EMS Department remained the same. The following is a staff organization chart that is in effect for 2007:



A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

APPENDIX 1: System Assessment Form

STANDARD:

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

CURRENT STATUS:

The County implemented ambulance service exclusive operational areas in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

COORDINATION WITH OTHER EMS AGENCIES:

None indicated.

NEED(S):

None known.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

APPENDIX 1: System Assessment Form

STANDARD:

Enhanced Level: Pediatric Emergency Medical and Critical Care System: 5.10 - Pediatric System Design,5.11 – Emergency Departments, 5.12 - Public Input

CURRENT STATUS:

The Department plans to examine the viability and funding for a pediatric critical care system located within Kern County in the future. This is perhaps the greatest EMS system need. Most acute pediatric cases are transferred from Kern County to Los Angeles or Children's Hospital of Central California in Madera.

COORDINATION WITH OTHER EMS AGENCIES:

CCEMSA

NEED(S):

- Identify a Hospital that is willing to become a designated Pediatric Critical Care Center
- Determine and secure funding needs
- Develop a Pediatric Critical Care System Plan
- Obtain EMSA Approval
- Implement the plan
- Maintain the Pediatric Critical Care System

OBJECTIVE:

Implement a Pediatric Critical Care System for Kern County

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

____X_____ Long-range plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Kern County
Reporting Year: 2006

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

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

County: Kern

A.	Basic Life Support (BLS)	3.0 %
B.	Limited Advanced Life Support (LALS)	N/A %
C.	Advanced Life Support (ALS)	97.0 %

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

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

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

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

Table 2 - System Organization & Management (cont.)

Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center (for EMD compliance)	X
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: Public Awareness and Education (EMS Week and Health Fairs)	X
Other: Administration of HRSA Grants	X
Other: Administration of RDMHS program for Region V	X
Other: Participation with EMSAAC legislation and disaster committees	X
Other: Implementation of NEMSIS-compliant patient care record system	X
Other: Control of hospital closure and ambulance destination	X

5. EMS agency budget for FY 06-07

A. EXPENSES

Salaries and benefits (All but contract personnel)	$ 831,582
Contract Services (e.g. medical director)	$ 33,600
Operations (e.g. copying, postage, facilities)	$ 553,750
Travel	$ 28,588
Fixed assets	$ 10,425
Indirect expenses (overhead)	
Ambulance subsidy	$ 500,371
EMS Fund payments to physicians/hospital	$ 2,284,386
Dispatch center operations (non-staff)	
Training program operations	
Other:	
Other:	
Other:	
TOTAL EXPENSES	$ 4,424,702

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA}	
Preventive Health and Health Services (PHHS) Block Grant	$_____
Office of Traffic Safety (OTS)	_____
RDMHS Program	$ 124,598
HRSA Grant	$ 156,998
CHIP	$ 7,996
State general fund	_____
County general fund	$ 379,339
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	$ 43,258
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	$_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base/Receiving hospital fees	$ 36,622
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Ambulance service/vehicle fees	$ 51,468
Contributions from Kern Medical Center for Trauma Staff	$ 134,000
EMS Fund (SB 12/612)	$3,287,803
Other grants: CA EMSA Trauma Fund	$_____
Other fees: Bio-Terrorism Planning Reimbursement from PHD	$ 20,000
Other (specify): duplicating, jury fees, witness fees, etc..	$ 620
TOTAL REVENUE	$4,242,702

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 06-07

_____ We do not charge any fees

X Our fee structure is:

First responder certification		$_____
EMS dispatcher certification		$55.00
EMT-I certification	In-County $37.00	Out-County $87.00
EMT-I recertification	In-County $37.00	Out-County $57.00
EMT-defibrillation certification		$37.00
EMT-defibrillation recertification		_____
EMT-II certification		_____
EMT-II recertification		_____
EMT-P accreditation lapse		$64.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		$87.00
MICN/ARN recertification		$87.00
EMT-I training program approval		_____
EMT-II training program approval		_____
EMT-P training program approval		_____
MICN/ARN training program approval		_____
Base hospital designation (annual)	Urban $6,113.00	Rural $3,140.00
Receiving hospital designation (annual)		$1,806.00
Trauma center application		$3,213.00
Trauma center designation		$34,222.00
Pediatric facility approval		_____
Pediatric facility designation		_____

Ground Ambulance service license (annual)	$2,147.00
Ground Ambulance vehicle permits (annual)	$275.00
Air Ambulance service license	$2,146.00
Air Ambulance unit	$203.00
Other: classroom rental	$13 per hour
Other: training programs	$15 per hour
Other: CE programs	$8 per hour

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 06-07.

Table 2 - System Organization & Management (cont.)

EMS System: Kern Reporting year: 2003

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	44.70	41.9%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior EMS Coordinator	1	30.82	39.0%	
ALS Coord./Field Coord./ Training Coordinator	EMS Coordinator	5	26.82	41.2%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	EMS Coordinator	1	26.82	41.2%	
Medical Director	EMS Medical Director	Contract	59.59	N/A	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

Shown earlier in Report

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Services Technician	1	15.62	47.7%	
Data Entry Clerk					
Other Clerical	Fiscal Support Technician	1	16.43	47.1%	

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training Revision #3 (2/16/95)

EMS System: Kern

Reporting Year: 2006

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	4145	NA	349	203	142
Number newly certified this year	115	NA	30	2	3
Number recertified this year	502	NA	94	23	21
Total number of accredited personnel on July 1 of the reporting year	2510	NA	209	154	112
Number of certification reviews resulting in:					
a) formal investigations	2	NA	10	0	2
b) probation	0	NA	0	0	0
c) suspensions	0	NA	0	0	0
d) revocations	0	NA	0	0	0
e) denials	0	NA	0	0	0
f) denials of renewal	0	NA	0	0	0
g) no action taken	2	NA	10	0	2

1. Number of EMS dispatchers trained to EMSA standards: 142
2. Early defibrillation:
   a) Number of EMT=I (defib) certified 1042
   b) Number of public safety (defib) certified (non-EMT-I) 32

3. Do you have a first responder training program ☐ yes **X** no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Kern

County: Kern

Reporting Year: 2006

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

1. Number of primary Public Service Answering Points (PSAP) ___9___

2. Number of secondary PSAPs ___2___

3. Number of dispatch centers directly dispatching ambulances ___3___

4. Number of designated dispatch centers for EMS Aircraft ___1___

5. Do you have an operational area disaster communication system? Yes __X__ No ____
   a. Radio primary frequency ***Receive: 462.9500 Transmit: 467.950 PL: 186.2***
   b. Other methods ***Other Med Radio Frequencies, Cellular***
   c. Can all medical response units communicate on the same disaster communications system?
   Yes __X__ No ____
   d. Do you participate in OASIS? Yes __X__ No ____
   e. Do you have a plan to utilize RACES as a back-up communication system?
   Yes __X__ No ____

   1) Within the operational area? Yes __X__ No ____
   2) Between the operational area and the region and/or state? Yes __X__ No ____

6. Who is your primary dispatch agency for day-to-day emergencies? ***The Kern County Emergency Communications Center***

7. Who is your primary dispatch agency for a disaster? ***The Kern County Emergency Communications Center***

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Kern

Reporting Year: 2006

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES (ground)

1.	Number of exclusive operating areas		10
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		100 %
3.	Total number responses		83,132
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	71,779
	b) Number non-emergency responses	(Code 1: normal)	11,352
4.	Total number of transports		64,189
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	55,210
	b) Number of non-emergency transports	(Code 1: normal)	8,980

Early Defibrillation Providers

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

Air Ambulance Services (2006 data)

7.	Total number of responses	845
	a) Number of emergency responses	678
	b) Number of non-emergency responses	167
8.	Total number of transports	561
	a) Number of emergency (scene) responses	400
	b) Number of non-emergency responses	161

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1.BLS and CPR capable first responder	5 Minutes	7 Minutes	25 Minutes	7 Minutes
2.Early defibrillation responder	5 Minutes	7 Minutes	25 Minutes	7 Minutes
3.Advanced life support responder	8 Minutes	15 Minutes	50 Minutes	10 Minutes
4.Transport Ambulance	8 Minutes	15 Minutes	50 Minutes	10 Minutes

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Kern

Reporting Year: 2006

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	2382
b) Number of major trauma victims transported directly to a trauma center by ambulance	2048
c) Number of major trauma patients transferred to a trauma center	108
d) Number of patients meeting triage criteria who weren't treated at a trauma center	Pending data

Emergency Departments

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

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	4
2.	Number of base hospitals with written agreements	6

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Kern

County: Kern

Reporting Year: 2003

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? ***High Schools throughout Kern County***
   b. How are they staffed? ***Initially prehospital personnel, followed by other medical staff.***
   c. Do you have a supply system for supporting them for 72 hours? yes _X_ no____

2. CISD
   Do you have a CISD provider with 24 hour capability? yes _X_ no____

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

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

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? ____9____

3. Have you tested your MCI Plan this year in a:

a. real event? yes _X_ no ____

b. exercise? yes _X_ no ____

4. List all counties with which you have a written medical mutual aid agreement.

All counties under the California Master Mutual Aid Agreement

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes _X_ no ____

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes ____ no _X_

7. Are you part of a multi-county EMS system for disaster response? yes _X_ no ____

8. Are you a separate department or agency? yes _X_ no ____

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

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes _X_ no ____

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Kern **County:** Kern **Reporting Year:** 2006

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

Hall Ambulance Service - 1001 – 21st Street, Bakersfield, CA 93301 661-327-4111			**Primary Contact: John Surface, Operations Manager**		
Written Contract: X yes ☐ no	Service: X Ground X Air ☐ Water	X Transport ☐ Non-Transport	Air classification: ☐ auxilary rescue X air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: X Rotary ☐ Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS 141 EMT-D ____ LALS 98 ALS
Ownership: ☐ Public X Private	Medical Director: X yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? X yes ☐ no	Number of ambulances: 68

Kern Ambulance Service – 2324 – 7th Street, Wasco, CA 93280 661-758-3200			**Primary Contact: Aaron Moses**		
Written Contract: X yes ☐ no	Service: X Ground ☐ Air ☐ Water	X Transport ☐ Non-Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 9 BLS ____ EMT-D ____ LALS 6 ALS
Ownership: ☐ Public X Private	Medical Director: ☐ yes X no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? X yes ☐ no	Number of ambulances: 7

Delano Ambulance Service – 403 Main Street, Delano, CA 93216 661-758-3200			**Primary Contact: Patsy Carpenter, Manager**		
Written Contract: **X** yes ☐ no	Service: **X** Ground ☐ Air ☐ Water	**X** Transport ☐ Non-Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib _12_ BLS ____ EMT-D ____ LALS _8_ ALS
Ownership: ☐ Public **X** Private	Medical Director: ☐ yes **X** no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? **X** yes ☐ no	Number of ambulances: _6_

CARE Ambulance Service – 11345 Kernville Road, Kernville, CA 93238 760-376-2271			**Primary Contact: Anthony Bohn, Manager**		
Written Contract: **X** yes ☐ no	Service: **X** Ground ☐ Air ☐ Water	**X** Transport ☐ Non-Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib _9_ BLS ____ EMT-D ____ LALS _20_ ALS
Ownership: ☐ Public **X** Private	Medical Director: ☐ yes **X** no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? **X** yes ☐ no	Number of ambulances: _5_

Liberty Ambulance Service – 1325 West Ridgecrest Boulevard, Ridgecrest, CA 93555 760-375-6565			**Primary Contact: Peter Brandon, Manager**		
Written Contract: **X** yes ☐ no	Service: **X** Ground ☐ Air ☐ Water	**X** Transport ☐ Non-Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib __7__ BLS _____ EMT-D _____ LALS __10__ ALS
Ownership: ☐ Public **X** Private	Medical Director: ☐ yes **X** no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? **X** yes ☐ no	Number of ambulances: __9__

U.S. Borax Ambulance – 14486 Borax Road, Boron, CA 93516 760-762-7616			**Primary Contact:**		
Written Contract: **X** yes ☐ no	Service: **X** Ground ☐ Air ☐ Water	**X** Transport ☐ Non-Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib __2__ BLS _____ EMT-D _____ LALS __4__ ALS
Ownership: ☐ Public **X** Private	Medical Director: ☐ yes **X** no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? **X** yes ☐ no	Number of ambulances: __1__

Mercy Air Service – 1670 Miro Way, Rialto, CA 92376 909-357-9006			**Primary Contact: Roy Cox, Manager**		
Written Contract: **X** yes ☐ no	Service: ☐ Ground **X** Air ☐ Water	**X** Transport ☐ Non-Transport	Air classification: ☐ auxilary rescue **X** air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: **X** Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS __8__ ALS
Ownership: ☐ Public **X** Private	Medical Director: **X** yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? **X** yes ☐ no	Number of ambulances: __1__ (based in Kern County)

California City Fire Department – 20890 Hacienda Boulevard, California City, CA 93505 760-373-4841			**Primary Contact: Chris Hayes, Chief**		
Written Contract: **X** yes ☐ no	Service: **X** Ground ☐ Air ☐ Water	**X** Non-Transport ☐ Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS __15__ EMT-D _____ LALS __31__ ALS
Ownership: **X** Public ☐ Private	Medical Director: **X** yes ☐ no	If public: **X** Fire ☐ Law ☐ Other explain:_____	If public: **X** city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? **X** yes ☐ no	Number of ambulances: __0__ Cal City Fire is an ALS First Responder Provider.

Kern County Fire Department – 5642 Victor Street, Bakersfield, CA 93308 661-391-7000			**Primary Contact: Dennis Thompson, Chief**		
Written Contract: ☐ yes X no	Service: X Ground X Air ☐ Water	X Transport X Non-Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue X BLS rescue	If Air: X Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS __531_ EMT-D _____ LALS _____ ALS
Ownership: X Public ☐ Private	Medical Director: ☐ yes X no	If public: X Fire ☐ Law ☐ Other explain:_____	If public: ☐ city X county ☐ state ☐ fire district ☐ Federal	System available 24 hours? X yes ☐ no	Number of ambulances: ___1____ BLS Rescue Aircraft only

Bakersfield City Fire Department – 2101 "H" Street, Bakersfield, CA 93301 661-326-3941			**Primary Contact: Ron Fraze, Chief**		
Written Contract: ☐ yes X no	Service: X Ground ☐ Air ☐ Water	☐ Transport X Non-Transport	Air classification: ☐ auxilary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS __206__ EMT-D _____ LALS _____ ALS
Ownership: X Public ☐ Private	Medical Director: ☐ yes X no	If public: X Fire ☐ Law ☐ Other explain:_____	If public: X city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? X yes ☐ no	Number of ambulances: ___0____

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs Revision #1 [2/16/95]

EMS System: Kern **County:** Kern **Reporting Year:** 2006

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

Training Institution Name Antelope Valley Medical College – Rosamond Campus – Paramedic Training Program

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

Address 2997 Desert Street, Suite A Rosamond, CA 93560

Student Eligibility: *	**Cost of Program**	**Program Level:** Paramedic Training Program
Open to general public that meet entry requirements	Basic $8,020 plus $75.00	Number of students completing training per year: Initial training: 30 Expiration Date: June 2007 Number of courses: 2 per year Initial training: 2 per year

Training Institution Name Bakersfield College – Allied Health – Paramedic Training Program

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

Address 1801 Panorama Drive Bakersfield, CA 93305

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

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

Training Institution Name Bakersfield College – Allied Health – EMT-1 Training Program

Address 1801 Panorama Drive
Bakersfield, CA 93305

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

Student Eligibility: *	**Cost of Program**	**Program Level: EMT-1 Basic & Refresher**
Open to general public that meet entry requirements	Basic $44.00 plus books Refresher $11.00	Number of students completing training per year: Initial training: 47 Refresher: 24 Cont. Education ____ Expiration Date: December 2008 Number of courses: 5 Initial training: 3 Refresher: 2 Cont. Education: ____

Training Institution Name Bakersfield College – Fire Technology – EMT-1 Training Program

Address 1801 Panorama Drive
Bakersfield, CA 93305

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

Student Eligibility: *	**Cost of Program**	**Program Level: EMT-1 Basic & Refresher**
Open to general public that meet entry requirements	Basic $44.00 plus books Refresher $11.00	Number of students completing training per year: Initial training: 70 Refresher: 678 (modular process over 2 years) Cont. Education ____ Expiration Date: December 2008 Number of courses: 6 Initial training: 6 Refresher: Modular classes throughout year Cont. Education: ____

Training Institution Name Taft College EMT-1 Training Program

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

Address 29 Emmons Park Drive
Taft, CA 93268

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1 Basic & Refresher
Open to general public that meet entry requirements	Basic $44.00 plus books Refresher $11.00	Number of students completing training per year: Initial training: 48 Refresher: 13 Cont. Education ____ Expiration Date: December 2008 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: ____

Training Institution Name Kern County Employer's Training Resource & Hall Ambulance

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

Address 2001- 28th Street
Bakersfield, CA 93301

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1 Basic & Refresher
Open to general public that meet entry requirements	Basic Unknown Refresher Unknown	Number of students completing training per year: Initial training: 71 Refresher: 76 Cont. Education ____ Expiration Date: December 2008 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: ____

Training Institution Name San Joaquin Valley College EMT-1 Training Program

Address 201 New Stine Road
Bakersfield, CA 93309

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

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1 Basic
Open to general public that meet entry requirements	Basic Unknown Refresher _____	Number of students completing training per year: Initial training: 47 Refresher: ___ Cont. Education ____ Expiration Date: December 2008 Number of courses: 2 Initial training: 2 Refresher: ___ Cont. Education: ____

Training Institution Name China Lake NWC EMT-1 Training Program

Address Code 842
China Lake, CA 93555

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

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1 Basic & Refresher
Open to general public that meet entry requirements	Basic Unknown Refresher _____	Number of students completing training per year: Initial training: _____ Refresher: 17 Cont. Education ____ Expiration Date: December 2008 Number of courses: 1 Initial training: _____ Refresher: 1 Cont. Education: ____

Training Institution Name Cerro Coso College EMT-1 Training Program

Address 3000 College Heights Blvd
Ridgecrest, CA 93555

Contact Person telephone no. Mike Metcalf
760-384-6100 ext. 6304

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1 Basic & Refresher
Open to general public that meet entry requirements	Basic $44.00 plus books Refresher $11.00	Number of students completing training per year: Initial training: 72 Refresher: 34 Cont. Education ____ Expiration Date: December 2008 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: ____

Training Institution Name B/P-TEC EMT-1 Training Program

Address 10333 Kern River Avenue
Bakersfield, CA 93308

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

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1 Basic & Refresher
Open to general public that meet entry requirements	Basic Unknown Refresher Unknown	Number of students completing training per year: Initial training: 72 Refresher: 34 Cont. Education ____ Expiration Date: December 2008 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: ____

Training Institution Name	Kern County EMS Department – MICN Training Program	**Contact Person telephone no.**	Desiree Drescher, Paramedic 661-868-5201
Address	1400 "H" Street Bakersfield, CA 93301		

Student Eligibility: *	**Cost of Program**	**Program Level: MICN Basic & Refresher
Open to RN personnel that meet entry requirements	Basic $87.00 Refresher $87.00	Number of students completing training per year: Initial training: 6 Refresher: 12 Cont. Education ____ Expiration Date: None Number of courses: 4 Initial training: 2 Refresher: 2 Cont. Education: ____

TABLE 10: RESOURCES DIRECTORY -- Facilities Revision #1 [2/16/95]

EMS System: Kern **County**: Kern **Reporting Year**: 2006

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

Name, address & telephone: **Primary Contact:** Greg McGunigle **BAKERSFIELD HEART HOSPITAL** - 3001 Sillect Avenue - Bakersfield, CA 93308 - (661) 316-6000				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service **X** Comprehensive emergency service ☐		Base Hospital: ☐ yes **X** no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** ☐ yes **X** no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

Name, address & telephone: **Primary Contact:** Jon Van Boening **BAKERSFIELD MEMORIAL HOSPITAL** - 420 34th Street – Bakersfield, CA 93301 - (661) 327-1792				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service **X** Comprehensive emergency service ☐		Base Hospital: **X** yes ☐ no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** **X** yes ☐ no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

**** Levels I, II, III and Pediatric.

Name, address & telephone:	Primary Contact: Allan Komarek			
DELANO REGIONAL MEDICAL CENTER - 1401 Garces Hwy - Delano, CA 93215 - (661) 725-4800				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service **X** Comprehensive emergency service ☐		Base Hospital: **X** yes ☐ no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** ☐ yes **X** no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

Name, address & telephone:	Primary Contact: Toni Smith, Director of Nursing			
KERN MEDICAL CENTER - 1830 Flower Street - Bakersfield, CA 93305 - (661) 326-2000				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service **X** Comprehensive emergency service ☐		Base Hospital: **X** yes ☐ no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** **X** yes ☐ no	Burn Center: ☐ yes **X** no	Trauma Center: **X** yes ☐ no	If Trauma Center what Level:**** II

Name, address & telephone:	Primary Contact: Frank Sentell			
KERN VALLEY HEALTHCARE DISTRICT - 6412 Laurel Avenue – Mountain Mesa, CA 93240 - (760) 379-2681				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service **X** Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes **X** no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** ☐ yes **X** no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

Name, address & telephone: **Primary Contact:** Russell Judd **MERCY HOSPITAL** - 2215 Truxtun Avenue - Bakersfield, CA 93301 - (661) 327-3371				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service **X** Comprehensive emergency service ☐		Base Hospital: **X** yes ☐ no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** ☐ yes **X** no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

Name, address & telephone: **Primary Contact:** Dave Mechtenburg **RIDGECREST REGIONAL HOSPITAL** - 1081 N. China Lake Blvd. - Ridgecrest, CA 93555 - (760) 446-3551				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service **X** Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes **X** no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** ☐ yes **X** no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

Name, address & telephone: **Primary Contact:** Sue Lewis **SAN JOAQUIN COMMUNITY HOSPITAL** - 2615 Eye Street - Bakersfield, CA 93301 - (661) 395-3000				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service **X** Comprehensive emergency service ☐		Base Hospital: **X** yes ☐ no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** ☐ yes **X** no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

Name, address & telephone: **Primary Contact:** Regina Clark **TEHACHAPI VALLEY HEALTHCARE DISTRICT** - 115 W. 'E' Street - Tehachapi, CA 93561-4607 - (661) 822-3241				
Written Contract **X** yes ☐ no	Referral emergency service ☐ Standby emergency service **X** Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes **X** no	Pediatric Critical Care Center:* ☐ yes **X** no
EDAP:** ☐ yes **X** no	PICU:*** ☐ yes **X** no	Burn Center: ☐ yes **X** no	Trauma Center: ☐ yes **X** no	If Trauma Center what Level:**** _____

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency Revision #2 [9/14/95]

EMS System: Kern **County:** Kern **Reporting Year:** 2006

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

Name, address & telephone: **Primary Contact:** Robert Klinoff **KERN COUNTY EMERGENCY COMMUNICATIONS CENTER** – 2601 Panorama Drive – Bakersfield, CA 93306 – (661) 861-2521			
Written Contract: ☐ yes **X** no	Medical Director: **X** yes ☐ no	**X** Day-to-day **X** Disaster	Number of Personnel providing services: __22__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: **X** Public ☐ Private		If public: **X** Fire ☐ Law ☐ Other explain:_____	If public: **X** city; **X** county; ☐ state; ☐ fire district; ☐ Federal Joint City & County Fire Communications Center

Name, address & telephone: **Primary Contact:** Patsy Carpenter **DELANO AMBULANCE SERVICE** – 403 Main Street – Delano, CA – (661) 725-3374			
Written Contract: **X** yes ☐ no	Medical Director: **X** yes ☐ no	**X** Day-to-day **X** Disaster	Number of Personnel providing services: __2__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public **X** Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone: **Primary Contact:** John Surface **HALL AMBULANCE SERVICE** – 1001 – 21st Street – Bakersfield, CA 93301 – (661) 327-4111			
Written Contract: **X** yes ☐ no	Medical Director: **X** yes ☐ no	**X** Day-to-day **X** Disaster	Number of Personnel providing services: __18__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public **X** Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone: **Primary Contact:** Aaron Moses **KERN AMBULANCE SERVICE** – 2324 7th Street – Wasco, CA 93280 – (661) 758-3200			
Written Contract: **X** yes ☐ no	Medical Director: **X** yes ☐ no	**X** Day-to-day **X** Disaster	Number of Personnel providing services: __7__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public **X** Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #1

Name of Current Provider(s):

Kern Ambulance Service

Area or subarea (Zone) Geographic Description:

Areas including and surrounding Wasco and Lost Hills. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #1 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service

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

Kern Ambulance Service has been selected as the exclusive provider for Operational Area #1 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Kern Ambulance Service is the sole successor to a previously existing ambulance provider, who supplied ambulance transportation service uninterrupted since January 1, 1981.

2. Kern Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. Any changes to the operating area boundaries since January 1, 1981 have not significantly reduced or changed the level of care to the communities being served by the provider. There have been only minor alterations in the level of life support personnel or equipment, such that it does not significantly reduce or change the level of care available since January 1, 1981. Therefore, it is concluded that there have been no changes in the manner and scope of service provided since January 1, 1981.

Area History:

Wasco Ambulance started in 1974 at BLS level based in Wasco.

North Kern Ambulance started in November 1983 at ALS level based in Wasco. In 1984 North Kern Ambulance based a BLS ambulance in Lost Hills.

In 1985, Wasco Ambulance had a limited service area to Wasco (rotation), North Kern Ambulance's area included both Wasco (rotation) and Lost Hills (primary provider due to ALS level). At this time, EMS calls from CHP and public agencies were rotated between Wasco Ambulance and North Kern Ambulance in the Wasco area. Private calls direct to an ambulance service were not rotated.

Wasco Ambulance sold to Para-Medical EMS (owner Frank Subriar-Delano Ambulance) in 1984.

Sometime in 1985 or 1986, Wasco Ambulance became an approved ALS provider and the service area was revised to include both Wasco and Lost Hills for North Kern Ambulance and Wasco Ambulance. All area 911 and public agency EMS calls were rotated using the same methodology. Private calls direct to an ambulance service were not rotated.

Around 1987, both North Kern Ambulance and Wasco Ambulance started a substation in Lost Hills. Both withdrew from the Lost Hills area later. No service area boundary changes were made.

North Kern Ambulance sold to WestWorld Healthcare on July 14, 1987.

In 1987, Westworld Healthcare went bankrupt. David Greek secured the service resources and re-started the service as Kern Ambulance Service.

In 1996, Kern Ambulance incorporated as Kern Emergency Medical Transportation Corporation d/b/a/ Kern Ambulance Service.

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

In 2003, David Greek sold Kern Ambulance Service to Aaron Moses and Brandon Wainright. There has been no interruption in service. There have been no further changes.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Kern Ambulance Service, to be the exclusive provider for Operational Area #1 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #2

Name of Current Provider(s):

Hall Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding Shafter and Buttonwillow. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #2 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service

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

Hall Ambulance Service has been selected as the exclusive provider for Operational Area #2 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Hall Ambulance Service is the sole successor to a previously existing ambulance provider, who supplied ambulance transportation service uninterrupted since January 1, 1981.

2. Hall Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. There have been no significant changes to the operating area boundaries since January 1, 1981.

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

Area History:

Shafter Ambulance was started in the 1960's or early 1970's at BLS level.

Shafter Ambulance became an ALS provider in the late 1970's.

In March 1999, Shafter Ambulance was sold to Hall Ambulance without interruption in service.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Hall Ambulance Service, to be the exclusive provider for Operational Area #2 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #3

Name of Current Provider(s):

Delano Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding Delano and McFarland. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #3 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service.

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

Delano Ambulance Service has been selected as the exclusive provider for Operational Area #3 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Delano Ambulance Service is the sole provider that has provided ambulance service within the area uninterrupted since January 1, 1981.

2. Delano Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. There have been no significant changes to the operating area boundaries since January 1, 1981.

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

Area History:

Delano Ambulance was started in 1967 by Frank Subriar at BLS level.

In 1976, Delano Ambulance became an approved ALS provider.

Delano Ambulance has been operated by Frank Subriar as sole proprietor since 1967.

In 1985 to 1987, Kern Ambulance Service posted an ambulance in McFarland, responding to private calls and inter-facility ambulance transfers from Delano Regional Medical Center. The unit was later withdrawn.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Delano Ambulance Service, to be the exclusive provider for Operational Area #3 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #4

Name of Current Provider(s):

Hall Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding northwest, central, and west Bakersfield. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #4 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service,

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

Hall Ambulance Service has been selected as the exclusive provider for Operational Area #4 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Hall Ambulance Service is the sole successor to a previously existing ambulance provider, who supplied ambulance transportation service uninterrupted since January 1, 1981.

2. Hall Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. There have been no significant changes to the operating area boundaries since January 1, 1981.

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

Area History:

Hall Ambulance was started in 1972 by Harvey L. Hall at BLS level.

Hall Ambulance became an ALS provider in 1973 or 1974.

911 and public agency source calls were rotated in the greater Bakersfield area between Hall Ambulance and Flynn Ambulance (also an ALS provider). Private calls direct to an ambulance

service were not rotated.

Flynn Ambulance sold to Ralph Garcia in 1978 without interruption in service.

Ralph Garcia sold Flynn Ambulance to Peter Mosesian in 1980 and the name was changed to Golden Empire Ambulance.

In January 1981, Hall Ambulance and Golden Empire Ambulance, both ALS providers, rotated 911 and public agency EMS calls in the greater Bakersfield area.

In 1987, Hall Ambulance and Golden Empire Ambulance were assigned to specific fire station response areas and rotation was abolished.

In 1989, the service areas in greater Bakersfield were significantly revised, creating Operating Area #4 (assigned to Hall Ambulance) and Operating Area #5 (assigned to Golden Empire Ambulance).

On July 6, 1999, Golden Empire Ambulance was sold to Hall Ambulance Service.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Hall Ambulance Service, to be the exclusive provider for Operational Area #4 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #5

Name of Current Provider(s):

Hall Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding east and northeast Bakersfield. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #5 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service.

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

Hall Ambulance Service has been selected as the exclusive provider for Operational Area #5 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Hall Ambulance Service is the sole successor to a previously existing ambulance provider, who supplied ambulance transportation service uninterrupted since January 1, 1981.

2. Hall Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. There have been no significant changes to the operating area boundaries since January 1, 1981.

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

Area History:

Hall Ambulance was started in 1972 by Harvey L. Hall at BLS level.

Hall Ambulance became an ALS provider in 1973 or 1974.

911 and public agency source calls were rotated in the greater Bakersfield area between Hall

Ambulance and Flynn Ambulance (also an ALS provider). Private calls direct to an ambulance service were not rotated.

Flynn Ambulance sold to Ralph Garcia in 1978 without interruption in service.

Ralph Garcia sold Flynn Ambulance to Peter Mosesian in 1980 and the name was changed to Golden Empire Ambulance.

In January 1981, Hall Ambulance and Golden Empire Ambulance, both ALS providers, rotated 911 and public agency EMS calls in the greater Bakersfield area.

In 1987, Hall Ambulance and Golden Empire Ambulance were assigned to specific fire station response areas and rotation was abolished.

In 1989, the service areas in greater Bakersfield were significantly revised, creating Operating Area #4 (assigned to Hall Ambulance) and Operating Area #5 (assigned to Golden Empire Ambulance).

On July 6, 1999, Golden Empire Ambulance was sold to Hall Ambulance Service.

Operational Areas #4 and #5 currently remain as separate areas serviced by one provider.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Hall Ambulance Service, to be the exclusive provider for Operational Area #5 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #6

Name of Current Provider(s):

CARE Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding Isabella, Kernville, Wofford Heights, Bodfish, Mountain Mesa, Southlake, Onyx, Weldon and Canebrake. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #6 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service.

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

CARE Ambulance Service has been selected as the exclusive provider for Operational Area #6 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. CARE Ambulance Service is the sole provider that has provided ambulance services within the area uninterrupted since January 1, 1981.

2. CARE Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. There have been no significant changes to the operating area boundaries since January 1, 1981.

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

Area History:

On April 1, 1968 Robert Bohn purchased the ambulance operated by a group of volunteers of the local Veterans of Foreign Wars Post and started Bohn's Kern Valley Ambulance. The owners were Robert Bohn and Katherine Bohn, operating at BLS level.

In 1978, Bohn's Kern Valley Ambulance became an approved ALS provider.

Sometime in 1982, Bohn's Kern Valley Ambulance ALS provider authorization was briefly revoked, but re-issued.

In 1982 Hall Ambulance Service based an ambulance at a fire station in the area for approximately 6 months. Hall Ambulance later removed the ambulance.

On October 1, 1980, Bohn's Kern Valley Ambulance became incorporated as Community Ambulance Services Inc. d/b/a/ CARE Ambulance.

As of January 1, 1981, Bohn's Kern Valley Ambulance was based in Kernville with a service area including Kernville, Wofford Heights, much of the north side of Lake Isabella and north of Kernville into Tulare County. Progressive Ambulance (owned by A.R. Sandy Poulin of Tri-County Ambulance) was based in Isabella, servicing Isabella, Bodfish, parts of Walker Basin, Mountain Mesa, Southlake, Onyx and Weldon to Walker Pass.

In October 1981, CARE Ambulance purchased Progressive Ambulance and became the sole provider to the Kern River Valley area.

CARE Ambulance has operated without interruption since 1968.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, CARE Ambulance Service, to be the exclusive provider for Operational Area #6 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #7

Name of Current Provider(s):

Liberty Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding Ridgecrest and Inyokern. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #7 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service.

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

Liberty Ambulance Service has been selected as the exclusive provider for Operational Area #7 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Liberty Ambulance Service is the sole provider that has provided ambulance services within the area uninterrupted since January 1, 1981.
2. Liberty Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.
3. There have been no significant changes to the operating area boundaries since January 1, 1981.
4. There have been no changes in the manner and scope of service provided since January 1, 1981.

Area History:

In April 1972, A.R. Sandy Poulin purchased Ridgecrest Ambulance from Jim Crump (also owner of Progressive Ambulance based in Isabella). A.R. Sandy Poulin was the sole proprietor. The service was based in Ridgecrest, servicing Ridgecrest, Inyokern, Randsburg and parts of San Bernardino County and Inyo County.

In May 1974, the name was changed to Tri-County Ambulance without change in ownership.

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

In 1980 Tri-County became an approved ALS provider.

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

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

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

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

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

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

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

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

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

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

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Liberty Ambulance Service, to be the exclusive provider for Operational Area #7 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #8

Name of Current Provider(s):

Hall Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding Lamont. Arvin, Tehachapi, Mettler and Frazier Park. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Hall Ambulance Service, to be the exclusive provider for Operational Area #8 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

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

All ground ambulance service.

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

Hall Ambulance Service has been selected as the exclusive provider for Operational Area #8 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Hall Ambulance Service is the sole provider that has provided ambulance services within the area uninterrupted since January 1, 1981.

2. Hall Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. There have been no significant changes to the operating area boundaries since January 1, 1981.

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

Area History:

Hall Ambulance began ALS level services based in Arvin in 1975, based in Lamont in 1976, based in Frazier Park in 1976 and based in Tehachapi in 1979.

Golden Empire Ambulance Service operated within Lamont sometime after 1981.

In 1991, Operational Area #8 was formally issued to Hall Ambulance Service.

Services have been provided by Hall Ambulance in the area without interruption since January 1, 1981.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Hall Ambulance Service, to be the exclusive provider for Operational Area #8 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #9

Name of Current Provider(s):

Hall Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding Taft, Maricopa and McKittrick. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

An exclusive operating area for Operational Area #9 was enacted by the Board of Supervisors, by Ordinance Code G-7435, in accordance with California Health and Safety Code 1797.224, effective September 21, 2006.

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

All ground ambulance service.

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

Hall Ambulance Service has been selected as the exclusive provider for Operational Area #9 in strict accordance with the provisions of Health and Safety Code, Section 1797.224, and in accordance with grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005.

1. Hall Ambulance Service is the sole successor to a previously existing ambulance provider, who supplied ambulance transportation service uninterrupted since January 1, 1981.

2. Hall Ambulance Service is the sole contracted ground ambulance service provider authorized to provide ambulance service for the operating area.

3. There have been no significant changes to the operating area boundaries since January 1, 1981.

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

Area History:

As of January 1, 1981, Taft Ambulance, owned by Myron Smith Sr. was the only ambulance service operating in the Taft area at BLS level.

In 1983, Golden Empire Ambulance started an ambulance station in Taft at ALS level.

Also in 1983, Tommy Little started "Tommy's Taft Ambulance" based in Taft, initially at BLS level

and later at ALS level when Golden Empire Ambulance closed their station in Taft. Tommy's Taft Ambulance later went out of business.

Sometime after 1983, Taft Ambulance became an ALS provider.

In 1991, Operational Area #9 was formally issued to Taft Ambulance Service with Myron Smith Sr. as the sole proprietor.

On March 6, 1995, Taft Ambulance sold to Hall Ambulance Service. There was no interruption. Hall Ambulance has continued to operate within Operational Area #9 based in Taft without interruption.

Effective September 21, 2006, the Kern County Board of Supervisors selected the existing service provider, Hall Ambulance Service, to be the exclusive provider for Operational Area #9 in accordance with grandfather statutory provisions of California Health and Safety Code 1797.224.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Operational Area #11

Name of Current Provider(s):

Hall Ambulance Service

Area or subarea (Zone) Geographic Description:

Area including and surrounding California City, Mojave, Rosamond and Boron. Please refer to the attached Ground Ambulance Service Operational Area Map.

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

Exclusive, established by previous competitive process.

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

All ground ambulance service.

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

Hall Ambulance Service is established as the exclusive operational area provider subsequent to a competitive process for Operational Area #11, which was awarded May 19, 1994, in accordance with the provisions of Health and Safety Code, Section 1797.224. The date of the award was prior to the issuance of EMSA publication #141 – Competitive Process for Creating Exclusive Operating Areas, issued February 1997. The Kern County Board of Supervisors' action in 1994 was to select and authorize one, sole, exclusive ambulance provider to serve Operational Area #11. The depiction of OA #11 in the 1994/95 EMS Plan Update as a non-exclusive area appears to have been an error. This error appears to have been perpetuated until the EMS Plan submission in 2006, when the error was finally discovered and corrected. The Board of Supervisors replaced the permit with a performance contract on September 21, 2006, retaining the original permittee – Hall Ambulance Service, as the contractor. The performance contract will expire June 30, 2013 unless terminated, modified, or renewed by the Board of Supervisors.

Area History:

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

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

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

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

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

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

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

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

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

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

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

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

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

Effective September 21, 2006, the Board of Supervisors replaced the existing permit with a performance contract. Hall Ambulance Service was retained as the existing exclusive provider for Operational Area #11 in accordance with statutory provisions of California Health and Safety Code 1797.224. The only change made by the Board of Supervisors was the administrative tool used to control the EOA – a permit to a performance contract.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Air Ambulance Operational Area A

Name of Current Provider(s):

Hall Air Ambulance Service

Area or subarea (Zone) Geographic Description:

Central and Western Kern County. Please refer to the attached Air Ambulance Service Operational Area Map.

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

Currently non-exclusive. The change to create an exclusive operational area is underway.

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

Emergency and non-emergency ALS and CCT air ambulance service

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

An EMSA-approved competitive process will be used to select a service provider. The RFP process will be completed with a performance contract in place by the end of 2007 with service to commence March 1, 2008.

Area History:

EMS Aircraft Operational Area "A" was originally serviced at EMS Aircraft level by Westar from Bakersfield effective in 1985. No formalized air ambulance service operated in the Kern County area as of January 1, 1981.

On January 18, 1994, Westar went bankrupt and immediately closed all air ambulance service.

On October 1, 1994, an EMS Aircraft Permit for EMS Aircraft Operational Area "A" was issued to Golden Empire Ambulance.

On December 11, 2001, Hall Ambulance purchased the air ambulance service from Golden Empire Ambulance. The permit was transferred with no interruption in service.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Emergency Medical Services Department, County of Kern

Area or subarea (Zone) Name or Title:

Air Ambulance Operational Area B

Name of Current Provider(s):

Mercy Air Service

Area or subarea (Zone) Geographic Description:

Eastern Kern County. Please refer to the attached Air Ambulance Service Operational Area Map.

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

Currently non-exclusive. The change to create an exclusive operational area is underway.

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

Emergency and non-emergency ALS and CCT air ambulance service

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

An EMSA-approved competitive process will be used to select a service provider. The RFP process will be completed with a performance contract in place by the end of 2007 with service to commence March 1, 2008.

Area History:
EMS Aircraft Operational Area "B" was originally serviced at EMS Aircraft level by Westar from Mojave effective on February 27, 1992. No formalized air ambulance service operated in the eastern Kern County area as of January 1, 1981.

On January 18, 1994, Westar went bankrupt and immediately closed all air ambulance service. A temporary EMS Aircraft Permit was issued to Mercy Air Service to service the eastern Kern County area (EMS Aircraft Operational Area "B") from Adelanto.

On October 1, 1994, an EMS Aircraft Permit for EMS Aircraft Operational Area "B" was issued to Mercy Air Service. Mercy Air Service was still based in Adelanto (San Bernardino County).

On March 3, 2002, Mercy Air Service based an Air Ambulance at Mojave Airport in response to an air ambulance permit application from the California City Fire Department.

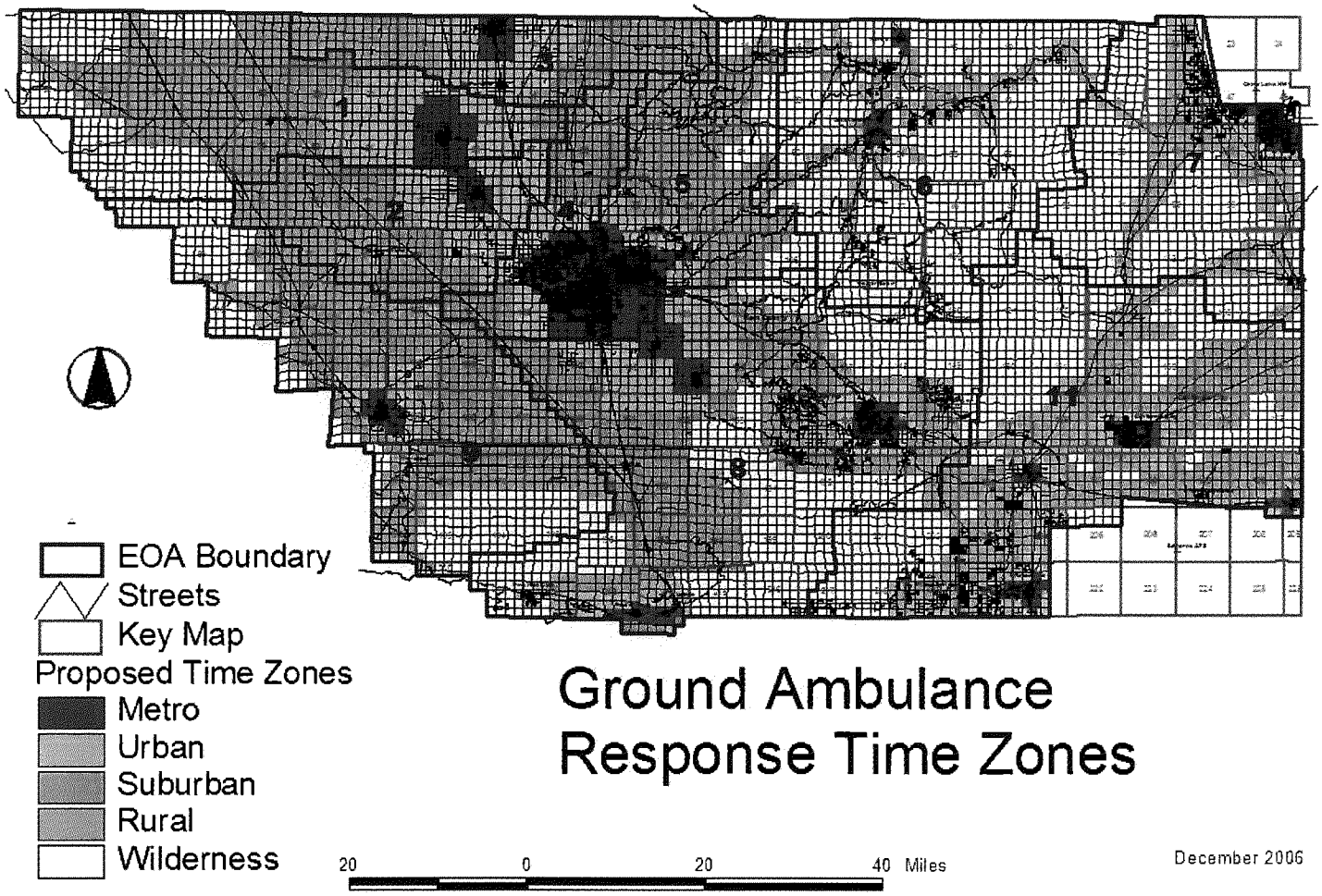
On April 5, 2002, a second permit for EMS Aircraft Operational Area "B" was issued to the California City Fire Department.

In December 2002, Mercy Air Service removed their airship from Mojave to service an area in Nevada. The permit issued to Mercy Air Service was placed on probation until Mercy Air returned to Mojave with an airship in March 2003.

California City Fire Department has provided air ambulance service to the area since April 5, 2002 with a service interruption of 60 to 90 days during 2003. In 2003, California City Fire Department did not have an available airship from their vendor. The permit issued to the California City Fire Department was placed on probation for around 60 days until the California City Fire Department secured another aircraft through another vendor. CCFD was back in service about 6 months later.

CCFD stopped providing air ambulance service in December 2005. In 2005, the California City Fire Department was unable to secure an air ambulance. The authorization to operate air ambulance service was revoked by the Board of Supervisors on July 11, 2006.

Air Ambulance Operational Area #B continues to be served by Mercy Air Service, based at the Mojave Spaceport.

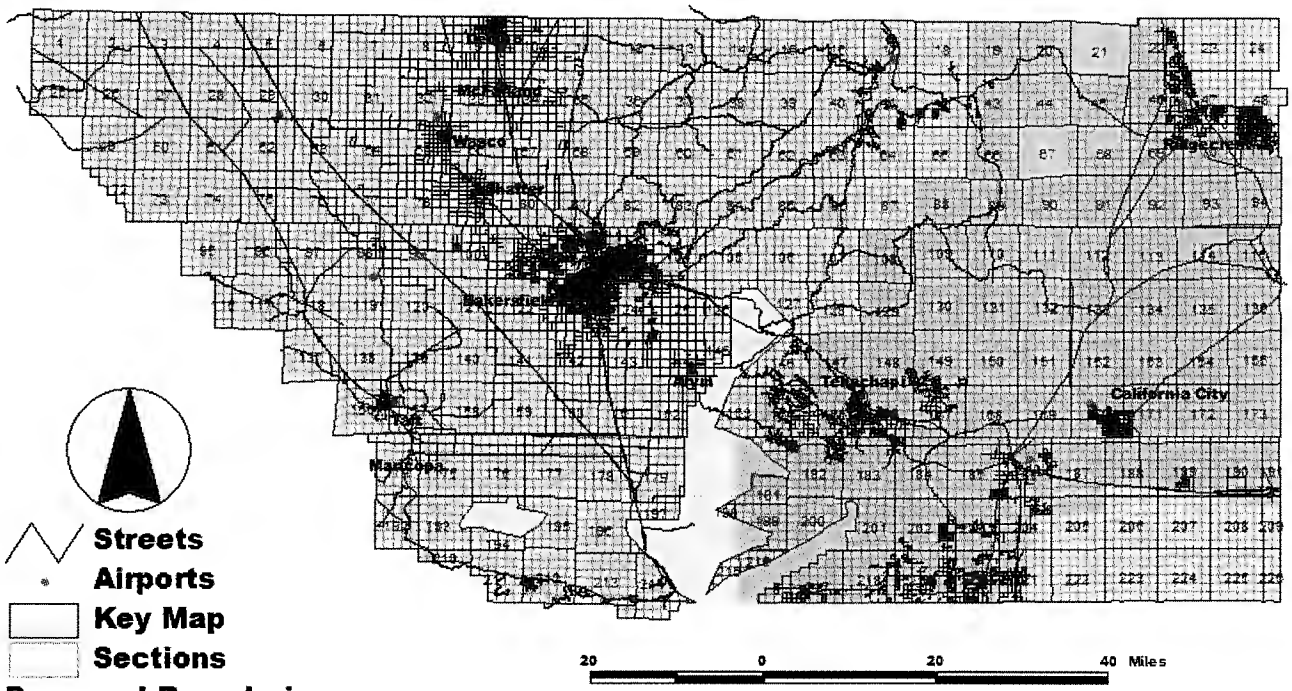


Ground Ambulance Response Time Zones

December 2006

EMS Air Operation Boundary

Kern County Emergency Medical Services Dept.
February 10, 2004



Streets
Airports
Key Map
Sections
Proposed Boundaries
Air Op Area A
Air Op Area B

Effective 12:01 AM, Feb 11, 2004

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875

April 22, 2008

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

Dear Mr. Elliott:

We have completed our review of *Kern County's Emergency Medical Services Plan 2006 Update* and have found it to be in compliance with the *EMS System Standards* and *Guidelines* and the *EMS System Planning Guidelines* with the exception of Kern County's Transportation Plan.

Standard 5.10 - Pediatric Emergency Medical and Critical Care System and System Design - Kern County's long-range plan is to examine the viability and funding for a pediatric critical care system. While this is an enhanced standard I encourage you to continue your efforts in meeting this long-range plan.

The Transportation Plan of Kern County's 2006 EMS plan update has not been approved. In reviewing the update, several Ambulance Zone Summary (AZS) forms were submitted claiming the operating area is exclusive in accordance with the grandfather criteria established by Kern County Resolution No. 2005-065 adopted February 22, 2005. The exclusivity of an operating area can only be determined based upon the criteria established in Section 1797.224 of the Health and Safety (H&S) Code. In regard to the purchasing of other ambulance entities, for a successor to maintain the exclusivity, they must meet the criteria according to Sections 1797.224 and 1797.226(b) of the Health and Safety Code. The following are the principles used by the EMS Authority to make its determination:

- H&S Code 1797.85 defines an exclusive operating area as "an EMS area or sub-area defined by the emergency, upon recommendation of a county, restricts operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support."

- H&S Code 1797.224 states when a local EMS agency creates one or more exclusive areas, the LEMSA may "continue the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981."

- H&S Code 1797.226(b) states, "that a successor to a previously existing emergency services provider shall qualify as an existing provider if the successor has continued uninterrupted the emergency transportation previously supplied by the prior provider."

Listed below are comments regarding specific areas. Additional information should be provided and/or AZS forms modified, as soon as possible, and returned to the EMS Authority for review and inclusion with your 2006 EMS Plan Update. The blank forms can be located at:

http://www.emsa.ca.gov/emsdivision/summary_form.pdf.

Operational Area 1 - As stated on the AZS form, two providers served this area, Wasco Ambulance, since 1974 and North Kern Ambulance, since 1983. For a LEMSA to create an exclusive area, the existing provider had to have operated within the area in the same manner and scope without interruption since January 1, 1981. From January 1, 1981, until November 1983, this operating area had only one provider, Wasco Ambulance. The manner and scope changed in 1983 when North Kern Ambulance began providing services and calls were rotated between the two providers. Due to the fact that this zone experienced a change in manner and scope of service in 1983, Kern Ambulance Service did not service this area in the same manner and scope without interruption since January 1, 1981, and therefore does not meet the criteria for grandfathering under H&S Code Section 1797.224.

Operational Areas 2, 4, and 5 - The information provided states that for Area 2, Hall Ambulance purchased Shafter Ambulance in 1999, and for Areas 4 and 5, Hall Ambulance purchased Golden Ambulance on July 6, 1999. In order to determine if Hall Ambulance meets the criteria for grandfathering under H&S Code Section 1797.224, please submit the following for each change since January 1, 1981:

- List changes in names;
- List dates of ownership changes (include a copy of the contract and/or sale/transfer agreements); and
- Answer the questions below:
    1) Disposition of assets: Were all assets transferred to new owner(s)? If not, please explain.
    2) Transfer of employees: Were all employees hired by new owner(s)? If not, please explain.
    3) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred? If not, please explain.

The AZS form states that Delano Ambulance began providing services in this area in 1967. From 1985 to 1987, Kern Ambulance provided services out of McFarland responding to private calls and interfacility transfers from Delano Regional Medical Center. In the 1998 Court of Appeal case, Schaefer's Ambulance Service v. County of

San Bernardino, the court concluded that, "emergency medical services" as contemplated in the EMS Act, consist of all services rendered by emergency ambulances. The court viewed that any transportation needs pursuant to a request for an emergency ambulance shall be deemed as the provision of emergency medical services.

Did Kern Ambulance have an internal contract with Delano Ambulance to respond to private calls and interfacility transfers? If so, please provide a copy of the contract. If no contract exists, then it appears that two providers serviced this area which changed the manner and scope of service. Therefore, Delano Ambulance did not service the area in the same manner and scope without interruption since January 1, 1981 and does not meet the criteria for grandfathering under H&S Code Section 1797.224. However, if the exclusivity is for 9-1-1 only, this operating area may qualify for grandfathering.

Operating Area 6 - As stated in Section 1797.224 of the H&S Code an existing provider can continue to operate within the area in the same manner and scope in which the services have been provided without interruption since January 1, 1981. In 1982 when CARE Ambulance Service license was revoked and Hall Ambulance Service served the area for six months, it changed the manner and scope of services provided. Because the license revocation caused an interruption in service, CARE Ambulance does not meet the criteria for grandfathering.

Operating Area 7 - Based upon the information provided, when Tri-County Ambulance sold the Mojave service, in 1982, the service area of this zone to Trans-Med Ambulance changed the manner and scope of the services provided. From 1982 until 1985, this zone was serviced by two providers. Due to the fact that this zone experienced a change in the manner and scope of service, Liberty Ambulance did not service the area in the same manner and scope without interruption since January 1, 1981 and therefore does not meet the criteria for grandfathering under H&S Code Section 1797.224.

Operating Area 8 - The information provided states that Hall Ambulance Service has been providing services in this zone since 1975. However, when Golden Empire Ambulance started providing service in Lamont after 1981, it changed the manner and scope of service. Since Lamont is still a part of this area, Hall Ambulance Service did not service the area in the same manner and scope without interruption since January 1, 1981 and therefore does not meet the criteria for grandfathering under H&S Code Section 1797.224.

Operating Area 9 - Based upon the information provided, Taft Ambulance has been operating in the Taft area since 1981. In 1983, Golden Empire Ambulance and Tommy's Taft Ambulance also provided service in the Taft area until they both stopped operations. Hall Ambulance Service purchased Taft Ambulance in 1995. Due to the fact that in 1983 three different providers serviced the Taft area, it changed the manner and scope of service. Since Taft is still a part of this operating area, Hall Ambulance

Service did not service the area in the same manner and scope without interruption since January 1, 1981 and therefore does not meet the criteria for grandfathering under H&S Code Section 1797.224.

Operating Area 11 - The AZS form states that this zone was established through a competitive process, awarded May 19, 1994, as an exclusive zone. H&S Code Section 1797.224 states that a local EMS Plan shall "include provisions for a competitive process held at periodic intervals". According to Assemblyman Bruce Bronzon, the author of the bill that added Section 1797.224 to the H&S Code, a contract duration of not greater than 10 years was intended. Extension of a provider contract beyond 10 years could be construed as allowing for a "de facto grandfathered" provider. Based on this, the EMS Authority is unable to assure that the ambulance contract terms do not result in an anti-competitive environment or restrict trade.

The information provided stated the Board of Supervisors replaced the permit with a performance contract on September 21, 2006 which retained Hall Ambulance Service as the provider. It further states the performance contract will expire June 30, 2013, unless terminated, modified, or renewed by the Board of Supervisors. Once a competitive process has been used to establish exclusivity, a competitive process must continue to be used to maintain the exclusivity of the operating area.

We appreciate your help in ensuring the details of the zones are complete and accurate so that grandfathering eligibility can be appropriately determined while ensuring state action immunity protection. The transportation component cannot be approved until the additional information is provided and the transportation plan review is complete.

Your EMS Plan annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

Daniel R. Smiley

Daniel R. Smiley
Interim Director

DRS:ss