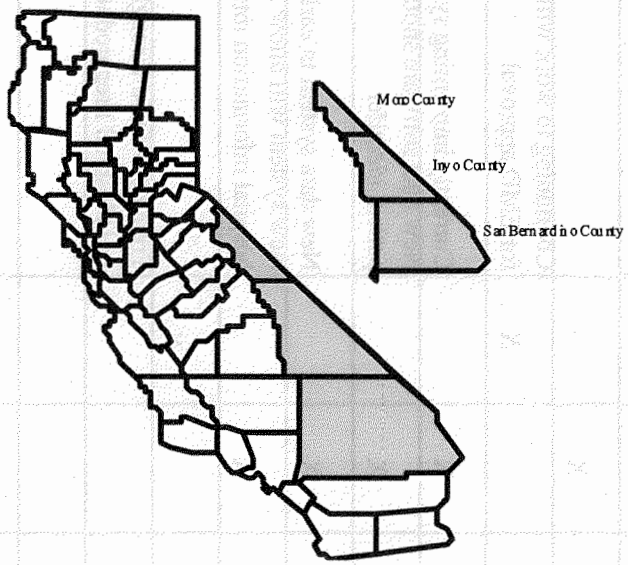
EMS PLAN UPDATE
2010-2011



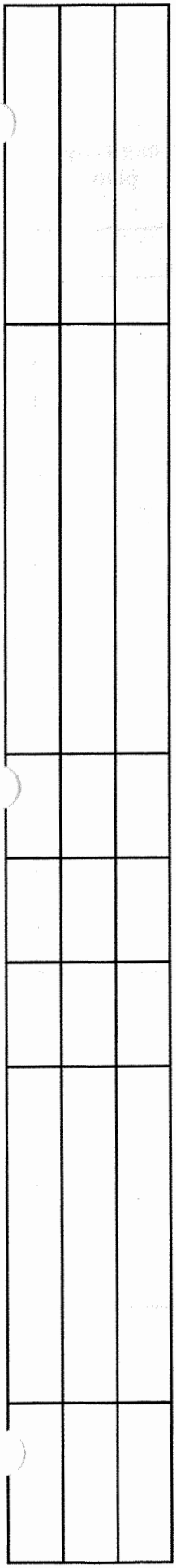
Prepared for:
State EMS Authority

By:
Virginia Hastings, Executive Director
Inland Counties Emergency Medical Agency
August 2011

LEMSA: Inland Counties Emergency Medical Agency

FY: 2010-11

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.1	Special Populations			X		SB County has special bariatric transport
1.27	Pediatric System Plan			X		Implementation of EMS for Children
1.28	EOA Plan				Waiting for EOA guidance prior to conducting bid process	
2.04	Dispatch Training		X			Establish training requirements for EMD
3.09	EMD	X		X	Continuing to work with additional providers for EMD approval	
6.01	QI		X		Currently implenting system wide QI process	
6.03	Patient Care Audits		X		New data software should facilitate system patient identifer	Implement Image Trend to replace existing data system
6.05	Data Management		X		New data system in early 2012	
6.09	ALS Audit		X		New system will allow for base and receiving hospital information integration	
7.01	Public Information			X		Develop public information programs
8.03	HazMat Training	X			Training offered through fire departments and Hospital Preparedness program	



SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X			
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management			X		
5.06 Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X			
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design	X			X	
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		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X		X	
6.04 Medical Dispatch		X			
6.05 Data Management System*		X		X	
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X		X	
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data			X		

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**
Reporting Year: **2010-11**

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%.)

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

LALS is provided at this time by a limited number of SB County Sheriff's Search and Rescue. There are plans to extend the program to additional SB County, Inyo and Mono providers in the future.

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

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

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

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

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

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

EXPENSES

Salaries and benefits	$1,819,009
(All but contract personnel)	
Contract Services	$425,912
Operations (e.g. copying, postage, facilities)	$751,004
Travel	$28,838
Fixed assets	$108,345
Indirect expenses (overhead)	0
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other: Contribution to local Hospital	$
Other: Transfers from other County Departments	$
Other: _____	
TOTAL EXPENSES	$3,133,108

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE	
Special project grant(s) [from EMSA]	
RDHMS and DMAT Grants	0
Office of Traffic Safety (OTS)	0
State general fund	$260,548
County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	$97,340
Training program approval fees	$1,238
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	$50,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: ST Elevation Myocardial Infarction (STEMI) Receiving Center	$30,000
Other critical care center designation fees	0
Type: _____	0
Ambulance service/vehicle fees	$153,435
Contributions	
EMS Fund (SB 12/612)	$707,213
Other grants: Homeland Security – including rollover	$32,000
Other fees: PBC Administrative Fee	$428,826
PBC Liquidated Damages – Trust Fund including rollover	$908,551
Other (specify): Manuals, HPP Yr 8 and 9, Ped Trust Fund	$1,058,880
TOTAL REVENUE	$3,728,031

Table 2 - System Organization & Management (cont.)

Fee structure for **FY 10-11**

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

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of **2010-11**

Table 2 - System Organization & Management (cont.)

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** Reporting Year: **2010-11**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1	$56.23	52%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Asst. Admin	1	$28.79	38%	
ALS Coord./Field Coord./ Training Coordinator	EMS Nurse	1	$35.95	50%	
Program Coordinator/ Field Liaison (Non-clinical)	Program Coordinator	1	$37.88	29%	
Trauma Coordinator	EMS Nurse	1	$35.95	50%	
Medical Director		.75	$85.00	0	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Medical Emergency Planning Specialist	1	$30.39	34%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Staff Analyst	2	$31.91	35%	
QA/QI Coordinator	EMS Nurse	1	$35.95	50%	
Public Info. & Education Coordinator					
Secretary	Secretary I	1	$17.76	48%	
Other Clerical	Office Assistant II	1	$15.73	48%	
Data Entry Clerk	Office Assistant III	3	$17.33	48%	
Other	Fiscal Assistant	1	$17.33	48%	

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

ICEMA ORGANIZATIONAL CHART 2010-11

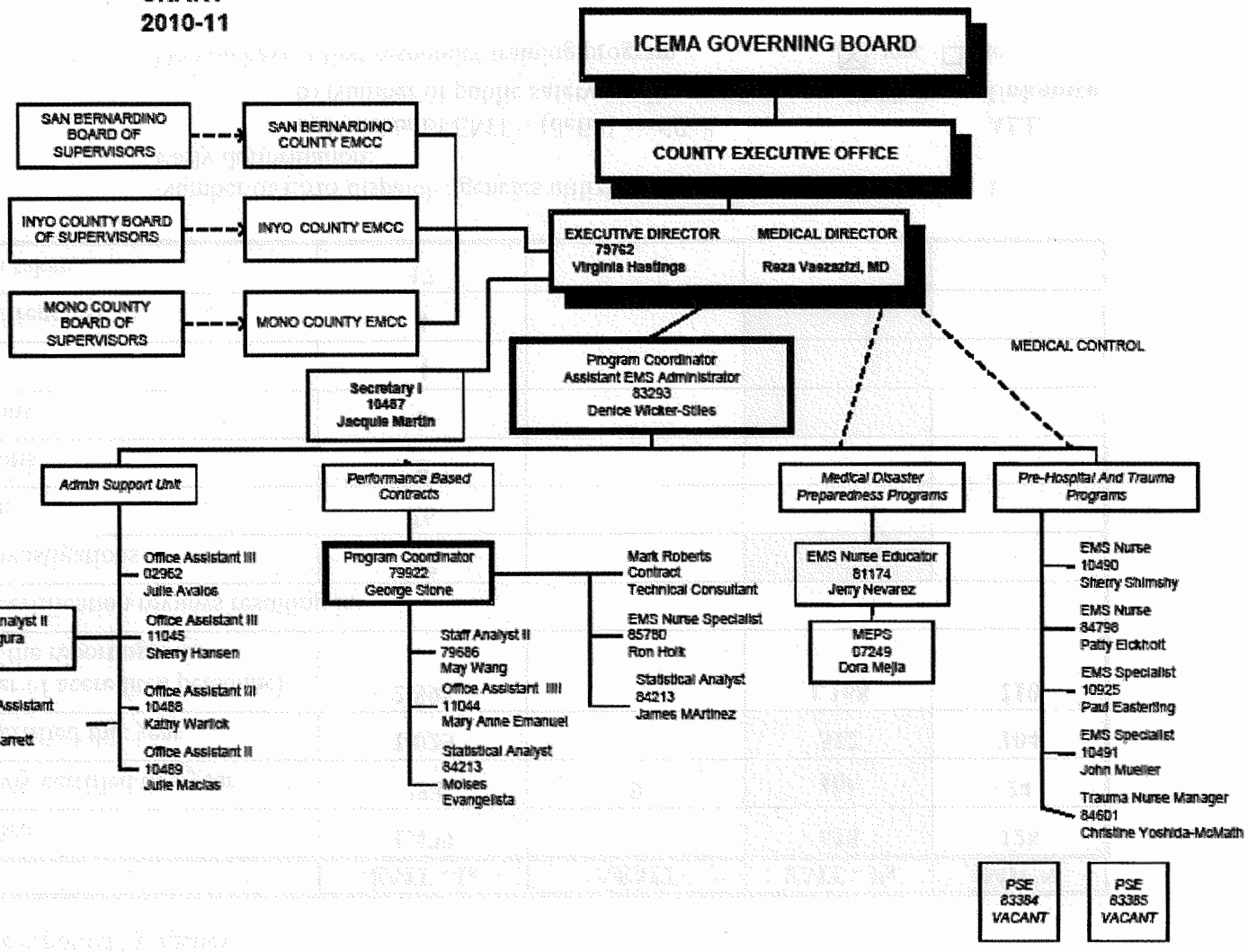


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** Reporting Year: **2010-11**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMT	EMT - Ps	MICN
Total Certified	1,479		618	128
Number newly certified this year	454	9	106	24
Number recertified this year	1,025		512	104
Total number of accredited personnel on July 1 of the reporting year	2,898		1,168	210
Number of certification reviews resulting in:				
a) formal investigations	87			
b) probation	16			
c) suspensions	0			
d) revocations	3			
e) denials	4			
f) denials of renewal	4			
g) no action taken	17			

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **San Bernardino**

Reporting Year: **2010-11**

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **Inyo**

Reporting Year: **2010-11**

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **Mono**

Reporting Year: **2010-11**

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

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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** Reporting Year: **2010-11**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **16**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

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

TABLE 6: SYSTEM RESOURCES AND OPERATIONS -- Facilities/Critical Care

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

Reporting Year: **2010-11**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	**3,940**
b) Number of major trauma victims transported directly to a trauma center by ambulance	**3,427**
c) Number of major trauma patients transferred to a trauma center	**1,402**
d) Number of patients meeting triage criteria who weren't treated at a trauma center	**193**

Emergency Departments

Total number of emergency departments	**21**
a) Number of referral emergency services	**0**
b) Number of standby emergency services	**4**
c) Number of basic emergency services	**17**
d) Number of comprehensive emergency services	**0**

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

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

County: **San Bernardino**

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

SYSTEM RESOURCES

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

OPERATIONS

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

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

4. List all counties with which you have a written medical mutual aid agreement. **Inyo, Mono, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo, Ft. Irwin, and the Marine Warfare Training Center in Mono County.**

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

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

County: **Inyo**

Reporting Year: **2010-11**

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

SYSTEM RESOURCES

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

OPERATIONS

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

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

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

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

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

County: **Mono**

Reporting Year: **2010-11**

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

SYSTEM RESOURCES

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

OPERATIONS

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

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

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

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

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

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

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

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Baldy View ROP	**Contact Person**	**Telephone no.**
Address	1301 S. BonView Ontario 91764	Chuck Fedak	909-947-3400 x514
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	**Cost of Program** Basic $1,050.00 Refresher $175.00	****Program Level: EMT** Number of students completing training per year: 232 Initial training: 69 Refresher: 149 Cont. Education 14 Expiration Date: 01/31/2013 Number of courses: 8 Initial training: 4 Refresher: 4 Cont. Education: 1	

Training Institution Name	Barstow Community College	**Contact Person**	**Telephone no.**
Address	2700 Barstow Rd. Barstow 92311	Art Rodriguez	760-447-1876 (Desert Ambulance) 760-252-2411 x725 (College)
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	**Cost of Program** Basic $180 plus Books Refresher $72 plus Book	****Program Level: EMT** Number of students completing training per year: 50-65 Initial training: 40-50 Refresher: 10-15 Cont. Education 0 Expiration Date: 01/31/2013 Number of courses: 4+ Initial training: 2 Refresher: 2 Cont. Education: Varies	

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Copper Mountain College	**Contact Person**	**Telephone no.**
Address	P O Box 2062, 6162 Rotary Way Joshua Tree, CA 92252	Kathleen Wahl RN BS	760-366-3791 x0287
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic $216 (6 units @$36/ea) Refresher $72 (2 units @$36/ea)	Number of students completing training per year: 97 Initial training: 80 Refresher: 17 Cont. Education 0 Expiration Date: 1/31/2014 Number of courses: 8 Initial training: 7 Refresher: 1 Cont. Education: 0	

Training Institution Name	Crafton Hills College	**Contact Person**	**Telephone no.**
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Gary Reeves	909-389-3255
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's. Must meet prerequisite set by the CHC placement test process & required to read at the CHC Read 078 course or greater prior to registration.	Basic $1,000 (approx) inc. state & county fees, background check, uniform, immunizations, Natl Reg process, books & tuition Refresher $150 (approx)	Number of students completing training per year: 218 Initial training: 148 Refresher: 70 Cont. Education 0 Expiration Date: 01/31/2013 Number of courses: 8 Initial training: 6 Refresher: 2 Cont. Education: 0	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Crafton Hills College	**Contact Person**	**Telephone no.**
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Dan Word	909-389-3252
Student Eligibility: * Current CA RN license & currently employed at an ICEMA approved Base Station Hospital emergency department.	**Cost of Program** Basic $101.25 Refresher N/A	****Program Level: MICN** Number of students completing training per year: 75 Initial training: 75 Refresher: N/A Cont. Education N/A Expiration Date: 11/30/2012 Number of courses: 2 Initial training: 2 Refresher: N/A Cont. Education: N/A	

Training Institution Name	Crafton Hills College	**Contact Person**	**Telephone no.**
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Dan Word	909-389-3252
Student Eligibility: * Open to general public. Current EMT-B certified Various vaccinations, Physical Examination within the last 10 years	**Cost of Program** Basic $3,200 Refresher N/A	****Program Level: EMT-P** Number of students completing training per year: 306 Initial training: 50 Refresher: N/A Cont. Education 256 Expiration Date: 02/28/2012 Number of courses: 19 Initial training: 2 Refresher: N/A Cont. Education: 17	

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

Training Institution Name	Crest Forest Fire Department	**Contact Person**	**Telephone no.**
Address	P O Box 3220 Crestline 92385	Capt. Jerry Ringhofer	909-337-8326
Student Eligibility: * Open to fire department personnel only.	**Cost of Program** Basic $0 Refresher $0	****Program Level: NO LONGER EMT TRAINING** Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: ~~03/31/2012~~ Number of courses: Initial training: Refresher: Cont. Education:	

Training Institution Name	Ontario Fire Department	**Contact Person**	**Telephone no.**
Address	425 East B Street Ontario, CA 91764	Pamela Martinez	909-395-2529
Student Eligibility: * Open to fire department district personnel only.	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT** Number of students completing training per year: 2,112 Initial training: 0 Refresher: 0 Cont. Education 2,112 Expiration Date: 05/31/2013 Number of courses: 58 Initial training: 0 Refresher: 0 Cont. Education: 58	

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Chaffey College	**Contact Person**	**Telephone no.**
Address	5885 Haven Avenue Rancho Cucamonga, CA 91737	Timi Hayward	909-652-6844
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic $253.50 plus fees Refresher $117.00	Number of students completing training per year: 78 Initial training: 78 Refresher: 0 Cont. Education 0 Expiration Date: 08/31/2013 Number of courses: Initial training: 2 per semester Refresher: 1 Cont. Education: 0	

Training Institution Name	Redlands Fire Dept	**Contact Person**	**Telephone no.**
Address	35 Cajon Blvd. Redlands, 92373	Keith Newlin	909-798-7690
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to fire department personnel only.	Basic $0 Refresher $0	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 02/28/2014 Number of courses: Initial training: Refresher: Cont. Education:	

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Rancho Cucamonga Fire District	**Contact Person**	**Telephone no.**
Address	10500 Civic Center Drive Rancho Cucamonga, CA 91730	Sandy Carnes	909-477-2700 ext 3017
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to fire district personnel only.	Basic $0 Refresher $0	Number of students completing training per year: 109 Initial training: 0 Refresher: 12 Cont. Education 97 Expiration Date: 08/31/2015 Number of courses: 1 Initial training: 0 Refresher: 0 Cont. Education: 1	

Training Institution Name	Running Springs Fire Department	**Contact Person**	**Telephone no.**
Address	P.O. Box 2206 Running Springs CA. 92382	Tony Grabow	909- 867-2630
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic Cost of Books Refresher 0	Number of students completing training per year: 0 Initial training: 0 Refresher: 0 Cont. Education: 0 Expiration Date: 1/31/2012 Number of courses: 0 Initial training: 0 Refresher: 0 Cont. Education: 0	

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	San Bernardino County Fire Dept	**Contact Person**	**Telephone no.**
Address	EMS Training & Safety Div. 2824 W Street, Bldg. 302 San Bernardino, CA 92408	John Commander EMS Training Officer	909-382-5405
Student Eligibility: * Open to fire department personnel only.	**Cost of Program** Basic $150 Refresher $ 25	****Program Level: EMT** Number of students completing training per year: 2,415 Initial training: 0 Refresher: 0 Cont. Education 2,415 Expiration Date: 01/31/2015 Number of courses: 314 Initial training: 0 Refresher: 0 Cont. Education: 314	

Training Institution Name	San Bernardino County Sheriff	**Contact Person**	**Telephone no.**
Address	Emergency Operations 655 E. Third Street San Bernardino, CA 92415	Marie Podboy	909-717-3945
Student Eligibility: * Restricted to SAR members for San Bernardino County only.	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT/AEMT** Number of students completing training per year: 101 Initial training: 0 Refresher: (EMT) 0 (AEMT) 9 Cont. Education 92 Expiration Date: 01/31/2013 Number of courses: (EMT) 14 (AEMT) 1 Initial training: 0 Refresher: (EMT) 0 (AEMT) 1 Cont. Education: 14	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Upland Fire Department	**Contact Person**	**Telephone no.**
Address	475 N. 2nd Avenue Upland, CA 91786	Chief Antonucci	909-931-4188
Student Eligibility: * Open to fire department personnel only.	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT** Number of students completing training per year: 13 Initial training: 0 Refresher: 0 Cont. Education 13 Expiration Date: 03/31/2015 Number of courses: 30 Initial training: 0 Refresher: 0 Cont. Education: 30	

Training Institution Name	Rialto Fire Department	**Contact Person**	**Telephone no.**
Address	131 S. Willow Rialto, CA 92376	Joe Powell	909-820-2657 (office) 909-800-0775 (cell)
Student Eligibility: * Open to fire department personnel only.	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT** Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 11/30/2011 Number of courses: Initial training: Refresher: Cont. Education:	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Montclair Fire Department DBA Fire Future	**Contact Person**	**Telephone no.**
Address	P O Box 68 Montclair, CA 91763	Ed Cook	909-203-2715
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic $675 Refresher $350	Number of students completing training per year: 120 Initial training: 120 Refresher: 0 Cont. Education 0 Expiration Date: 05/31/2014 Number of courses: 4 Initial training: 4 Refresher: Cont. Education:	

Training Institution Name	Victor Valley College	**Contact Person**	**Telephone no.**
Address	18422 Bear Valley Road Victorville, CA 92395-5850	Scott Jones	760-245-4271 x2338
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's.	Basic $234 Refresher $26	Number of students completing training per year: 300 Initial training: 220 Refresher: 80 Cont. Education 0 Expiration Date: 10/31/2012 Number of courses: 16 Initial training: 11 Refresher: 5 Cont. Education: 0	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Training Institution Name	Victor Valley College	**Contact Person**	**Telephone no.**
Address	18422 Bear Valley Road Victorville, CA 92395-5850	Scott Jones	760-245-4271 x2338
Student Eligibility: * Current EMT certification. Documentation of either 1yr (FT) or 1000 hrs (PT) experience.	**Cost of Program** Basic $2,500 Refresher N/A	****Program Level: EMT-P** Number of students completing training per year: 75 Initial training: 45 Refresher: N/A Cont. Education 30 Expiration Date: 10/31/2012 Number of courses: 8 Initial training: 2 Refresher: N/A Cont. Education: 6	

Training Institution Name	US Forest Service SOCAL EMT Training	**Contact Person**	**Telephone no.**
Address	9966 Cordon Court Alta Loma, CA 91701	Robert Ethridge	626-261-3857
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's.	**Cost of Program** Basic $ Refresher $	****Program Level: EMT** Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 08/31/2014 Number of courses: Initial training: Refresher: Cont. Education:	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2010-11**

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

Training Institution Name	Cerro Coso Community College	**Contact Person**	**Telephone no.**
Address	3000 College Heights Blvd. Ridgecrest, CA 93555	Michael Metcalf	760-384-6246
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic $160 Refresher $44	Number of students completing training per year: 143 Initial training: 86 Refresher: 18 Cont. Education 39 Expiration Date: 05/31/2014 Number of courses: 31 Initial training: 8 Refresher: 2 Cont. Education: 21	

Training Institution Name	Lone Pine Unified School District	**Contact Person**	**Telephone no.**
Address	Box 1007 Lone Pine, CA 93549	LeRoy Kritz	760-876-4626
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's	Basic $140 Refresher $0	Number of students completing training per year: 56 Initial training: 36 Refresher: 0 Cont. Education 20 Expiration Date: 02/29/2012 Number of courses: 9 Initial training: 3 Refresher: 3 Cont. Education: 3	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year:**2010-11**

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

Training Institution Name	High Sierra Prehospital	**Contact Person**	**Telephone no.**
Address	294 Tumbleweed Road Bishop, CA 93514	Ray McGrale	760-920-0048
Student Eligibility: *	**Cost of Program**	****Program Level: EMT**	
Open to general public. 18 y/o for EMT, refresher and CE students must be EMT's.	Basic $500 Refresher $185	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 02/29/2012 Number of courses: Initial training: Refresher: Cont. Education:	

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2010-11**

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

Name, address & telephone: Northern Inyo Hospital 150 Pioneer Lane, Bishop, CA. 93514			**Primary Contact: Lisa Erwin, RN, PLN**	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Southern Inyo Hospital 501 E. Locust, Lone Pine, CA. 93546			**Primary Contact: Colleen Wilson, RN, Nurse Manager**	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☒ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year: **2010-11**

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

Name, address & telephone: Mammoth Hospital **P.O. Box 660, Mammoth Lakes, CA. 93546**			**Primary Contact: Rosemary Sachs, RN, PLN** **Nurse Manager; Lori Baitx, RN**	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☒ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☐ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

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

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

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: Hi-Desert Medical Center 6601 White Feather Rd, Joshua Tree, CA. 92252				**Primary Contact: Gina Campbell, RN, PLN Nurse Manager: Donna Johnson, RN**
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Loma Linda University Medical Center P.O. Box 2000 Room A125, Loma Linda, CA. 92354				**Primary Contact: Orrine Singer, RN, PLN Nurse Manager: Connie Cunninghamm RN**
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☒ yes ☐ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** Level I Adult Level I Pediatric

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: Redlands Community Hospital 350 Terracina, Redlands, CA. 92373				**Primary Contact: Bob Tyson, RN, PLN**
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: San Antonio Community Hospital 999 San Bernardino Road, Upland, CA. 91786				**Primary Contact: Virginia Smith, RN, PLN**
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: Barstow Community Hospital 555 South Seventh Street, Barstow, CA. 92311			**Primary Contact: Julia Vasquez, RN, Interim Nurse Manager**	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Bear Valley Community Hospital P.O. Box 1649, Big Bear Lake, CA. 92315			**Primary Contact: Elsa Murdoch, RN, Nurse Manager**	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☒ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: Colorado River Medical Center 1401 Bailey Avenue, Needles, CA. 92363			**Primary Contact: Tina Kurowski, ED Manager**	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Community Hospital of San Bernardino 1805 Medical Center Drive, San Bernardino, CA. 92411			**Primary Contact: Diane Nitta, RN, Nurse Manager**	
Written Contract ☐ yes ☒no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: Desert Valley Hospital 16850 Bear Valley Road, Victorville, CA. 92392				**Primary Contact: Sherri Badders, RN, ED Nurse Manager**
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Kaiser Foundation Hospital 9961 Sierra Avenue, Fontana, CA.92335				**Primary Contact: Janet Kilgore, RN, Nurse Manager**
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: Montclair Hospital Medical Center 5000 San Bernardino Road, Montclair, CA. 91763			**Primary Contact: Keith Eads, RN, Nurse Manager**	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: St. Bernardine Medical Center 2101 N. Waterman Ave, San Bernardino, CA. 92406				**Primary Contact: Pierre Assaf, RN, Nurse Manager**
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: St. Mary Medical Center 18300 Hwy 18, Apple Valley, CA. 92307				**Primary Contact: Rick Smith, RN, Nurse Manager**
Written Contract ☐ yes ☒no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2010-11**

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

Name, address & telephone: VA Medical Center – Loma Linda 11201 Benton Street, Loma Linda, CA. 92357				**Primary Contact: _____, RN, Nurse Manager**
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☐ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☐ no	Burn Center: ☐ yes ☐ no	Trauma Center: ☐ yes ☐ no	If Trauma Center what Level:**** _____

Name, address & telephone: Victor Valley Community Hospital 15248 Eleventh Street, Victorville, CA. 92392				**Primary Contact: Stephanie DeCloutt, RN, Nurse Manager**
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency **County:** San Bernardino **Reporting Year:** 2010-11

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

Name, address & telephone: American Medical Response 7925 Center St. Rancho Cucamonga 91729 800-474-1777			**Primary Contact:** Chris Valintine
Written Contract: ☐ yes ☒ no	Medical Director: **X yes** ☐ no	**X Day-to-day** **X Disaster**	Number of Personnel providing services: **XXXX EMD Training** _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public **X Private**		If public: ☐ Fire ☐ Law X Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency **County:** San Bernardino **Reporting Year:** 2010-11

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

Name, address & telephone: California Department of Forestry 3800 Sierra Way, San Bernardino 92405 909-881-6916			**Primary Contact:**
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	X Day-to-day X Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other

Ownership: **X Public** ☐ Private		If public: **X Fire** ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; **X state**; ☐ fire district; ☐ Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency **County:** San Bernardino **Reporting Year:** 2010-11

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

Name, address & telephone:			**Primary Contact:**
Morongo Basin Ambulance 6335 Park Blvd Joshua Tree 92252-0460		760-366-3474	Ramon Hernandez
Written Contract: ☐ yes **X no**	Medical Director: ☐ yes **X no**	**X Day-to-day** **X Disaster**	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public **X Private**		If public: ☐ Fire **X Law** ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

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

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency **County:** San Bernardino **Reporting Year:** 2010-11

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

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

Name, address & telephone: San Bernardino City Communications 710 N. "D" St San Bernardino 909-884-7248			**Primary Contact:** Mona Boyce
Written Contract: ☐ yes **X no**	Medical Director: ☐ yes **X no**	**X Day-to-day** **X Disaster**	Number of Personnel providing services: **XXXX EMD Training** _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public **X** Private		If public: **X Fire** ☐ Law ☐ Other explain:_____	If public: **X city;** ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency **County:** San Bernardino **Reporting Year:** 2010-11

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

Name, address & telephone: USFS Communications 1824 S. Commerce Center Circle San Bernardino 92408 909-383-5654			**Primary Contact:**
Written Contract: ☐ yes **X no**	Medical Director: ☐ yes **X no**	**X Day-to-day** **X Disaster**	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: **X Public** ☐ Private		If public: **X Fire** ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; **X state**; ☐ fire district; ☐ Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency **County:** Inyo **Reporting Year:** 2010-11

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency **County:** Mono **Reporting Year:** 2010-11

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

Name, address & telephone: Mono County Sheriff Communications 100 Bryan St. Bridgeport 760-932-7549 X 7			**Primary Contact:** Lt. Dave O'Hara
Written Contract: ☐ yes ☐ no	Medical Director: ☐ yes ☐ no	**X Day-to-day** **X Disaster**	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: **X Public** ☐Private		If public: ☐ Fire **X Law** ☐ Other explain:_____	If public: ☐city; **X county;** ☐ state; ☐ fire district; ☐ Federal

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

Area or sub area Name or Title: Operating Area #1

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Symons Emergency Specialties, Inc.
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Bishop
North- County Line, Hwy 395
South- Keough's Rd. Hwy 395
East- Mono County Line, Hwy 6
West- Roads End

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
ALS- 9-1-1 and Interfacility transfers

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
RFPs initiated in January 2006. Awarded November 2006. Contract approved for 8 years (July 2014).

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

Area or sub area Name or Title: Exclusive Operating Area #2

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Big Pine Rescue
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Big Pine
North- Keough's Rd., Hwy 395
South- Aberdeen Rd., Hwy 395
East- Roads end
West- Roads end

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - Big Pine Rescue meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive –

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
BLS 9-1-1 and Interfacility- Volunteer

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

Big Pine Rescue has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

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

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Independence Volunteer Fire Department
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Independence
North- Aberdeen Rd., Hwy 395
South- Aqueduct crossing at George's creek, Hwy 395
East- Roads end
West- Roads end

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - Independence Volunteer Fire Department meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive –

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
BLS 9-1-1 and Interfacility - Volunteer

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

Independence Volunteer Fire Department has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

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

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Lone Pine Volunteer Fire Department
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Lone Pine
North- Aqueduct crossing at George's creek, Hwy 395
South- Cottonwood Creek, Hwy 395
East- Towne's Pass, Hwy 190
West- Roads End

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
BLS and ALS (1 paramedic) Volunteer

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
RFPs initiated in January 2006. Awarded November 2006. Contract approved for 8 years (July 2014)

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

Area or sub area Name or Title: Operating Area #5

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Olancha-Cartago Fire Department
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Olancha
North- Cottonwood Creek, Hwy 395
South- South entrance of Little Lake, Hwy 395 (inclusive of Little Lake)
East- Hwy 136/190 crossing, to China Lake NWC boundaries
West- Roads End

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
BLS Volunteer

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
RFPs initiated in January 2006. Awarded November 2006. Contract approved for 8 years (July 2014)

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

Area or sub area Name or Title: Operating Area #6

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Liberty Ambulance
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Little Lake
North- South entrance of Little Lake, Hwy 395 (excluding Little Lake)
South- Kern County Line, Hwy 395
East- China Lake NWC boundaries
West- Roads End

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

☐ Exclusive

☒ Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
ALS

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
RFPs initiated in January 2006. No contract awarded at this time. Liberty providing ALS mutual aid.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

Area or sub area Name or Title: Exclusive Operating Area #7

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Trona Ambulance
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Panamint Valley
North- Death Valley National Park
South- Kern County Line
East- Death Valley National Park Boundary
West- Chino Lake Boundary

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - To be determined

[ ] Non-exclusive –

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

BLS Ambulance – all calls requiring emergency ambulance service

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

Trona Ambulance has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January I, 1981.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

Area or sub area Name or Title: Exclusive Operating Area #8

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Death Valley National Monument Ambulance
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Death Valley National Park
North- Death Valley National Park Boundary
South- Death Valley National Park Boundary
East- Nevada State Line
West- Death Valley National Park Boundary, Saline Valley Road

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - Death Valley National Monument Ambulance meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive –

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
ALS

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

Death Valley National Monument Ambulance has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency
Inyo County

Area or sub area Name or Title: Exclusive Operating Area #9

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Southern Inyo Fire Protection District
This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.

Area or sub area (Zone) Geographic Description: Tecopa/Shoshone
North- Park Service Boundary
South- San Bernardino County Line
East- Nevada State Line
West- Park Service Boundary

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - Southern Inyo Fire Protection District meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive –

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
BLS

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

Southern Inyo Fire Protection District has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #1

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

Mono County Paramedic Program (ALS and BLS Ambulance Service).

Area or sub area (Zone) Geographic Description:
All areas of Mono County (including both incorporated and the unincorporated Town of Mammoth Lakes), except that southeastern portion of the County including and surrounding the Benton, Chalfant and Hammil Valleys (the Tri-Valley area).

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive -

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
This area is exclusive to BLS, ALS and Interfacility transport ambulance services.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

The Mono County Paramedic program or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January, 1, 1981. This provider began providing paramedic service in 1975.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #2

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

Mammoth Lakes Fire Protection District (BLS Ambulance Service)
Mono County Paramedic Program (ALS and BLS Ambulance Service)

Area or sub area (Zone) Geographic Description:
The incorporated area of the Town of Mammoth Lakes and the observed Fire District boundaries.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive -

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

The Mammoth Lakes Fire Protection District responds to BLS emergency calls within EOA#2. (EOA #2 is a subset that overlaps EOA#1 and therefore, the Mono County paramedic program which is the exclusive provider for EOA#1 also responds to ALS, BLS and inter-facility transport calls within EOA#2)

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

The Mammoth Lakes Fire Protection District and Mono County Paramedic program or their predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January, 1, 1981. Mono County Paramedic program provider began providing paramedic service in 1975. The Mammoth Lakes Fire Protection District began providing BLS ambulance service in 1978.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
White Mountain Fire Protection District (BLS Ambulance Service)
Mono County Paramedic Program (ALS and BLS Ambulance Service)

Area or sub area (Zone) Geographic Description:
Those areas including and surrounding the community Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[ ] Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226

[X] Non-exclusive -

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
This area has not been determined to be exclusive as of 10/4/04. White Mountain Fire Protection District has provided BLS service in this area since 1982. The Mono County Paramedic Program began providing ALS ambulance service in 1975.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Chalfant Valley Community Services/ Fire District (BLS Ambulance Service)
Mono County Paramedic Program (ALS and BLS Ambulance Service)

Area or sub area (Zone) Geographic Description:
Those areas including and surrounding the community Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

☐ Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226

☒ Non-exclusive -

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
This area has not been determined to be exclusive as of 10/4/04. Chalfant Valley Community Services/ Fire District has operated a BLS ambulance service in this area since 1985. The Mono County Paramedic Program has provided ALS ambulance service in this area in 1975.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #1

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
American Medical Response (ALS)

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

Area or sub area (Zone) Geographic Description:
West part of San Bernardino County to include Mt. Baldy Village, San Antonio Heights, Rancho Cucamonga and Upland.

(See attached description and/or map of EOA #1)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - AMR meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive -

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #2

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

American Medical Response (AMR)

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

Area or sub area (Zone) Geographic Description:
Western portion of San Bernardino County including the cities of Montclair and Chino and a portion of Chino Hills area

(See attached description and/or map of EOA #2)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - AMR meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive -

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
American Medical Response (AMR)

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

Area or sub area (Zone) Geographic Description:
West area of San Bernardino County including the cities of Ontario and Chino Hills.

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

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- AMR meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

American Medical Response

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

Area or sub area (Zone) Geographic Description:
Includes Lytle Creek , City of Fontana and surrounding areas

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

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- AMR meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #5

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

A. City of Rialto through its Fire Department qualifies under 1797.201 as an ALS Transport provider.

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

Area or sub area (Zone) Geographic Description:
Rialto City limits and unincorporated areas

(See attached description and/or map of EOA #5)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Both providers meet grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

A. City of Rialto Fire Department provides advanced life support and basic life support emergency calls within the city limits of Rialto.
B. AMR responds to all inter-facility transfer calls. AMR also responds to ALS & BLS emergency calls in the unincorporated areas of EOA 5 and mutual aid into Rialto.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #6

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
American Medical Response

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

Area or sub area (Zone) Geographic Description:
West of the City of Rialto, portion of the Cajon Pass and portions of the City of San Bernardino.

(See attached description and/or map of EOA #6)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive - AMR meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #7

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
American Medical Response (AMR)

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

Area or sub area (Zone) Geographic Description:
A portion of the cities of Grand Terrace, San Bernardino and Highland

(See attached description and/or map of EOA #7)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

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EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #8

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
American Medical Response (AMR)

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

Area or sub area (Zone) Geographic Description:
Cities of Redlands, Mentone, Yucaipa Forest Falls, Oak Glen and Angelus Oaks and surrounding areas

(See attached description and/or map of EOA #8)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #9

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

American Medical Response (AMR)

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

Area or sub area (Zone) Geographic Description:
City of Loma Linda and surrounding area

(See attached description and/or map of EOA #9)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #10

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

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

Area or sub area (Zone) Geographic Description:
Cities of Crest Forest, Crestline, Lake Gregory and surrounding areas

(See attached description and/or map of EOA #10)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #11

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

A. American Medical Response (ALS)
B. Crest Forest Fire Protection District (BLS)

AMR and Crest Forest Fire Protection District or their predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
Areas south of Crest Forest including Hwy. 18 and surrounding areas

(See attached description and/or map of EOA #11)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

A. AMR responds to all emergency transports
B. Crest Forest Fire Protection District responds to basic life support transports.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

This provider or its predecessor has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #12

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
American Medical Response (AMR)
AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
City of Victorville and surrounding area except Lucerne Valley area where County Fire provides ALS transport services.
(See attached description and/or map of EOA #12)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

This provider or its predecessor has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. This area was changed due to annexation by County Fire (Lucerne Valley.)

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or subarea Name or Title: Exclusive Operating Area #13

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

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

Area or subarea (Zone) Geographic Description:
Barstow and large rural/wilderness area

(See attached description and/or map of EOA #13)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #14

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

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

Area or sub area (Zone) Geographic Description:
Cities of Twenty-nine Palms, Joshua Tree and surrounding areas in Morongo Basin.

(See attached description and/or map of EOA #14)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #15

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Morongo Basin Ambulance Association or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
Johnson Valley, Flamingo Heights and Landers areas

(See attached description and/or map of EOA #15)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #16

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
San Bernardino County Fire Department – Wrightwood or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
This area is comprised of Wrightwood, Phelan and surrounding areas.

(See attached map of EOA #16)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

It was determined by the Health Officer and recommended by the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #17

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
The City of Hesperia has 1797.201 rights to provide ALS transport in this area. The City of Hesperia currently contracts with San Bernardino County Fire Dept. to provide ALS transport within the city limits.

Area or sub area (Zone) Geographic Description:
This area is comprised of the City of Hesperia.

(See attached map of EOA #17)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

The City of Hesperia, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #18

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
San Bernardino County Fire Department – Lake Arrowhead or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
This area is comprised of Lake Arrowhead, Rimforest, Skyforest, Blue Jay and surrounding areas.

(See attached map of EOA #18)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

It was determined by the Health Officer and recommended by the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Operating Area #19

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Running Springs Fire Department or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
This area is comprised of Running Springs, Green Valley Lake, Arrowbear and Fedalba.

(See attached map of EOA #19)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #20

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Big Bear City Fire Department (Bear Valley Paramedic Service)

Big Bear City Fire Department (Bear Valley Paramedic Service) began providing service in FY 1985.

Area or sub area (Zone) Geographic Description:
This area is comprised of Big Bear and surrounding communities.

(See attached map of EOA #20)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Selected as EOA Provider through RFP process in 1985.

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified for an EOA based on the RFP process conducted in 1985.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #21

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
San Bernardino County Fire Department – Yucca Valley

San Bernardino County Fire Department – Yucca Valley or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
This area is comprised of Yucca Valley and Aberdeen.

(See attached map of EOA #21)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #22

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.
Needles Ambulance Service

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

Area or sub area (Zone) Geographic Description:
This area is comprised of east of the Colorado River and includes Needles and surrounding areas.

(See attached map of EOA #22)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #23

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Baker Emergency Service

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

Area or sub area (Zone) Geographic Description:
This area is comprised of Baker and surrounding communities.

(See map of EOA #23)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Operating Area #24

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
San Bernardino County Fire Department – Searles Valley

San Bernardino County Fire Department – Searles Valley has provided BLS pursuant to the EMS Transportation Plan adopted on 6/18/85.
Liberty Ambulance provides ALS mutual aid.

Area or sub area (Zone) Geographic Description:
This area is comprised of Trona and the surrounding Searles Valley.

(See attached map of EOA #24)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

☐ Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 for BLS transport

☒ Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Liberty Ambulance provides ALS mutual aid.

RFP for ALS Transport conducted in Jan 2007. No responses received

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

This area underwent an RFP process in January 2007 for ALS transport. No responses received.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #25

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

Lucerne Valley Fire Department (San Bernardino County Fire Department) or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

Area or sub area (Zone) Geographic Description:
This area is comprised of Lucerne Valley and surrounding areas.

(See attached map of EOA #25)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

[X] Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226

[ ] Non-exclusive

Type of Exclusivity,Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All ambulance transport

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. The area was expanded to include annexed area.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Operating Area #26

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

Liberty Ambulance Service has provided ALS and BLS service (mutual aid) in the area pursuant to the EMS Transportation Plan adopted 6/18/85.

Area or sub area (Zone) Geographic Description:
This area is comprised of Highway 395 from the Kern County line to north of Hwy 58.
(See attached map of EOA #26)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

☐ Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226

☒ Non-exclusive

RFP process conducted in January 2007. No responses received and area remains non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

This area underwent an RFP process in January 2007. No responses were received and area remains non-exclusive.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Operating Area #27

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

No approved provider. ALS and BLS (mutual aid) from Arizona, Riverside county and EOAs 14 and 22

Area or sub area (Zone) Geographic Description:
This area is comprised of Havasu Lake and surrounding areas. Borders Arizona, EOA 14 and EOA 22 and Riverside County.

(See attached map of EOA # 27)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

☐ Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226

☒ Non-exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

This area underwent the RFP process in January 2007. No responses were received and area remains non-exclusive.

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

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., *Governor*

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

July 19, 2012

Denice Wicker-Stiles
Acting Director
Inland County
515 N. Arrowhead
San Bernardino, CA 92415-0060

Dear Ms. Wicker-Stiles

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

Standard 1.27 & 5.10 - Pediatric Emergency Medical and Critical Care System - In Inland County's 2009 EMS plan update you stated that you were implementing an EMSC program. In your next EMS plan update please explain how the pediatric emergency medical and critical care system was implemented for Inland Counties.

Transportation Plan:

Inyo County

OAs 1, 4, and 5: A RFP process was initiated in January 2006, and the contract was awarded in November 2006. Pursuant to Section 1797.224, if a LEMSA elects to create an exclusive operating area it shall submit for approval to the Authority its competitive process for selecting providers and determining the scope of their operations. The Authority has yet to receive the RFP for these zones. Please submit copies of the RFPs and the fully executed agreement for each zone by August 19, 2012.

OAs 2 and 3: The AZS forms state each zone is exclusive without a competitive process with a level of exclusivity to include BLS inter-facility transfers (IFT). Please provide documentation, by August 19, 2012, which supports that Big Pine Rescue - OA 2 and Independence Volunteer Fire Department - OA 3 have been the only providers offering BLS IFT since January 1, 1981. Until receipt of the requested documentation the Authority will not recognize ALS IFT as an exclusive level of exclusivity.

Mono County

OA 1 and 2: The AZS forms state each zone is exclusive without a competitive process with a level of exclusivity to include ALS inter-facility transfers (IFT). Please provide documentation, by August 19, 2012, which supports that Mono County Paramedic Program has been the only provider offering ALS IFT in these zones since January 1, 1981. Until receipt of the requested documentation, the Authority will not recognize ALS IFT as a level of exclusivity.

San Bernardino

OA 5: The AZS forms state this zone is exclusive without a competitive process with a level of exclusivity to include all inter-facility transfers (IFT). Please provide documentation, by August 19, 2012, which supports that AMR has been the only provider offering all IFT since January 1, 1981. Until receipt of the requested documentation, the Authority will not recognize IFT as a level of exclusivity.

OA 12 and 25: The AZS forms state each zone as being exclusive without a competitive process. Due to the division of OA 12 into two (2) separate zones, listed as OA 2 and OA 25, disqualifies both zones as being exclusive without a competitive process. The annexation of the Lucerne Valley Fire jurisdiction into these zones changed the manner and scope of the zone due to the significant boundary change, including noncontiguous areas. Prior to the annexation by the County Fire, OA 12 was exclusive without a competitive process with AMR and Lucerne Valley Fire (San Bernardino County Fire) being the providers. Based on our review of the information available, ICEMA has two options available:

> Option 1: Have OA 12 as one exclusive operating area encompassing the two providers operating in the zone. This option is based on our prior approval of your 2002 EMS Plan with OA 12 as a single zone with two (2) providers. A new AZS form will be required showing this zone as being exclusive without a competitive process.
>
> Option 2: Have OA 12 and OA 25 as two (2) separate zones operating non-exclusively. A new AZS form will be required for each OA showing the zones as being non-exclusive.

Please submit new AZS forms, based upon the determination of option 1 or option 2 by ICEMA by August 19, 2012. Until receipt of the new AZS forms, the Authority will recognize OA 12 and OA 25 as being non-exclusive.

OA 20: A RFP process was conducted in 1985. Section 1797.224 states that the competitive process is to be held at periodic intervals. With more than 25 years passing since the last competitive process, the periodic interval requirement has not been met and the Authority will recognize this zone as being non-exclusive. For this zone to be exclusive, a new competitive process will need to be initiated. Please submit, by August 19, 2012, a revised AZS form showing this zone as being non-exclusive.

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

Your annual update will be due on July 19, 2013. Please submit Inland County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Attachment

Attachment

EMSA Determination Level of Exclusivity

Inland County July 19, 2012

Zone	Exclusivity			Type			Level								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Inyo County															
OA #1		X	Competitive	X				X							
OA #2		X	Non-Competitive	X				X							
OA #3		X	Non-Competitive	X				X							
OA #4		X	Competitive	X				X							
OA #5		X	Competitive	X				X							
OA #6	X														
OA #7		X	Non-Competitive	X				X							
OA #8		X	Non-Competitive	X				X							
OA #9		X	Non-Competitive	X				X							
Mono County															
OA #1		X	Non-Competitive	X				X							
OA #2		X	Non-Competitive	X				X							
OA #3	X														
OA #4	X														

Zone	Exclusivity			Type			Level								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
San Bernardino County															
OA #1		X	Non-Competitive	X				X							
OA #2		X	Non-Competitive	X				X							
OA #3		X	Non-Competitive	X				X							
OA #4		X	Non-Competitive	X				X							
OA #5		X	Non-Competitive	X				X							
OA #6		X	Non-Competitive	X				X							
OA #7		X	Non-Competitive	X				X							
OA #8		X	Non-Competitive	X				X							
OA #9		X	Non-Competitive	X				X							
OA #10		X	Non-Competitive	X				X							
OA #11		X	Non-Competitive	X				X							
OA #12	X														
OA #13		X	Non-Competitive	X				X							
OA #14		X	Non-Competitive	X				X							
OA #15		X	Non-Competitive	X				X							
OA #16		X	Non-Competitive	X				X							
OA #17		X	Non-Competitive	X				X							
OA #18		X	Non-Competitive	X				X							
OA #19		X	Non-Competitive	X				X							

Zone	Exclusivity			Type			Level								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
OA #20	X														
OA #21		X	Non-Competitive	X				X							
OA #22		X	Non-Competitive	X				X							
OA #23		X	Non-Competitive	X				X							
OA #24	X														
OA #25	X														
OA #26	X														
OA #27	X														