EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

October 31, 2018

Mr. Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 East Gonzales Road, Suite 200
Oxnard, CA 93036

Dear Mr. Carroll:

This letter is in response to Ventura County's 2017 EMS Plan Update submission to the EMS Authority on October 9, 2018.

I. Introduction and Summary:

The EMS Authority has concluded its review of Ventura County's 2017 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Ventura County received its last full plan approval for its 2013 plan submission, and its last annual plan update for its 2016 plan submission.

Historically, we have received EMS Plan submissions from Ventura County for the following years:

- 1999
- 2004
- 2005
- 2007-2009
- 2011-2016

Health and Safety Code (HSC) § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Ventura County's 2017 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Ambulance Zones

    - Based on the documentation provided, please find enclosed the EMS Authority's determination of the exclusivity of Ventura County EMS Agency's ambulance zones.

E.	☒	☐	Facilities/Critical Care
F.	☒	☐	Data Collection/System Evaluation
G.	☒	☐	Public Information and Education
H.	☒	☐	Disaster Medical Response

IV. Conclusion:

Based on the information identified, Ventura County's 2017 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

Ventura County's next annual EMS Plan Update will be due on or before October 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization
ASA 1 - City of Ojai		X	Non-Competitive	X				X							
ASA 2 - Cities of Fillmore & Santa Paula		X	Non-Competitive	X				X							
ASA 3 - City of Simi Valley		X	Non-Competitive	X				X							
ASA 4 - Cities of Moorpark & Thousand Oaks		X	Non-Competitive	X				X							
ASA 5 - City of Camarillo		X	Non-Competitive	X				X							
ASA 6 - Cities of Oxnard & Port Hueneme		X	Non-Competitive	X				X							
ASA 7 - City of Ventura		X	Non-Competitive	X				X							

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, EMT-P
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

October 8, 2018

Lisa Galindo
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Lisa,

I am pleased to submit the 2017 Ventura County EMS Plan Update for your review including updated Tables 1 through 11 and an updated 5.10 System Assessment form. Additionally, the Ambulance Zone Summary Forms are being resubmitted, however, there have been no changes to these documents since the last submission.

Ventura County EMS continues to be committed to seeking opportunities to enhance our pediatric capabilities as addressed in Standard 5.10 and 5.11, however, continued issues with very low pediatric volume and funding difficulties remain a significant challenge. We will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

As requested in your email, there is one hospital in our county that is licensed as a standby emergency department and therefore is designated as an Alternate Receiving Facility. Ojai Valley Community Hospital in Ojai serves a rural area that is geographically separated from our larger population areas. The closest basic emergency department is located about 20 miles to the south. This hospital operates with full-time staff including an emergency physician on-site at all times, however, their facility does not meet the physical requirements to be licensed as a basic emergency department. VCEMS Policy 420, addresses the designation of a standby emergency department as an ambulance receiving center and a copy of our policy is provided with this EMS Plan update.

Significant changes in the 2017 reporting period include the development of a Stop the Bleed program which trains county employees in basic trauma care and implementation of a law enforcement use of naloxone program which trained and equipped our local police and sheriff personnel. Additionally, Ventura County EMS designated two hospitals as Thrombectomy Capable Acute Stroke Centers (TCASC), where patients with high risk large vessel occlusions are transported to specially equipped stroke centers. Lastly, 2017 culminated with the devastating "Thomas Fire" that consumed over 280,000 acres, destroyed more than 1,000 structures and caused 2 deaths. The emergency response phase of the fire stretched for several weeks and included the destruction of an 80 bed psychiatric hospital and several residential care facilities, as well as forcing the evacuation of over 90,000 residents, which also included one acute care hospital. The Thomas Fire tested every aspect of our emergency response, disaster and recovery systems, however our multi-disciplinary, pre-event planning, training and coordination efforts proved to be instrumental in our ability to navigate this extraordinary event.

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

Sincerely,

Steve Carroll
EMS Administrator

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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	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			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management System*		X	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	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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	X		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

SECTION II - ASSESSMENT OF SYSTEM 2016
E. Facilities and Critical Care

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard

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

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

Recommended Guidelines

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X

CURRENT STATUS:

Ventura County EMS does not currently meet the minimum standard for this section. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) and one Pediatric Intensive Care Unit (PICU) located at Los Robles Hospital and Medical Center in Thousand Oaks. The PICU at Ventura County Medical Center (VCMC) in Ventura suspended service in 2015 due to staffing and facility issues, leaving Ventura County with one PICU. VCMC plans to re-establish PICU service in late 2018, however, no specific timeline is available at this point. As necessary, local hospitals work with pediatric specialty centers in neighboring counties

SECTION II - ASSESSMENT OF SYSTEM 2015
E. Facilities and Critical Care

5.10 (Cont'd.)

to coordinate transfers when a higher level of care is needed. We continue to be interested in options to increase pediatric care capabilities in Ventura County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Ventura County EMS will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

OBJECTIVE:

Plan to revisit the pediatric capabilities in FY18-19.

LEMSA: Ventura

FY: 2017-18

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.1	Pediatric System Design	☐	☐	☑	VCEMS does not currently meet the minimum standards. VCEMS will continue to review pediatric care capabilities in Ventura County to meet the minimum guidelines, however, this remains a long range plan due to other EMS System priorities.	
		☐	☐	☐		
		☐	☐	☐		
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		☐	☐	☐		
		☐	☐	☐		

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2017

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

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

County: Ventura

A.	Basic Life Support (BLS)	____ %
B.	Limited Advanced Life Support (LALS)	____ %
C.	Advanced Life Support (ALS)	100 %

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: Public Health Director

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

Implementation of exclusive operating areas (ambulance franchising)	x
Designation of trauma centers/trauma care system planning	x
Designation/approval of pediatric facilities	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	x
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	x

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	x
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 1,457,882
Contract Services (e.g. medical director)	264,936
Operations (e.g. copying, postage, facilities)	183,747
Travel	37,002
Fixed assets	25,446
Indirect expenses (overhead)	
Ambulance subsidy	44,069
EMS Fund payments to physicians/hospital	1,575,713
Dispatch center operations (non-staff)	
Training program operations	
Other: _____	
Other: _____	
Other: _____	
TOTAL EXPENSES	$ 3,588,795

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	
County general fund	1,012,903
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	459,803
Certification fees	76,413
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	
Trauma center designation fees	150,000
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type:	
Other critical care center designation fees	
Type:	
Ambulance service/vehicle fees	203,359
Contributions	
EMS Fund (SB 12/612)	1,678,317
Other grants:	
Other fees: Health Fees	8,000
Other (specify):	
TOTAL REVENUE	$ 3,588,795

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. **Fee structure**

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$ N/A
EMS dispatcher certification	N/A
EMT-I certification	131.00
EMT-I recertification	91.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	75.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	470.00
AEMT training program approval	N/A
EMT-P training program approval	673.00
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	15,000.00
Trauma center designation	75,000.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	N/A
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	64.26 / hr.	35%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior Program Admin.	1.0	51.74 / hr.	37%	Deputy EMS Administrator
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	Supervising PHN	1.0	53.44 / hr.	38%	EPO Manager
Trauma Coordinator	Senior Program Admin.	1.0	51.74 / hr.	39%	Trauma System Manager
Medical Director	EMS Medical Director	0.5	94.41 / hr.	0	Independent Contractor
Other MD/Medical Consult/Training Medical Director	Asst. EMS Medical Director	0.1	94.41 / hr.	0	Independent Contractor
Disaster Medical Planner	Community Services Coordinator	1.0	33.51 / hr.	43%	EPO Planning Coordinator
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Registered Nurse II	1.0	45.89 / hr.	36%	Specialty Systems Coordinator
Public Info. & Education Coordinator					
Executive Secretary	Admin. Assistant II	1.0	32.70 / hr.	47%	EPO Admin. Asst.
Other Clerical	Administrative Assistant I	1.0	29.67 / hr.	46%	

Other Clerical	Community Health Worker	1.0	24.52 / hr.	46%	EMS Certification Specialist
Other	Program Administrator III	1.0	46.04 / hr.	40%	EPO Epidemiologist
Other	Community Services Coordinator	1.0	33.51 / hr.	43%	EPO Logistics Coordinator
Other	Program Administrator I	1.0	39.26 / hr.	40%	EMS Specialist
Other	Program Administrator I	1.0	39.26 / hr.	40%	EMS Specialist and Safety Officer
Other	Community Services Coordinator	1.0	33.51 / hr.	43%	Healthcare Coalition Coordinator
Other Clerical	Administrative Assistant I – Extra Help	0.25	25.00 / hr.	0	Temporary Extra Help

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.

Ventura County Emergency Medical Services Agency
Organizational Chart
August 1, 2017

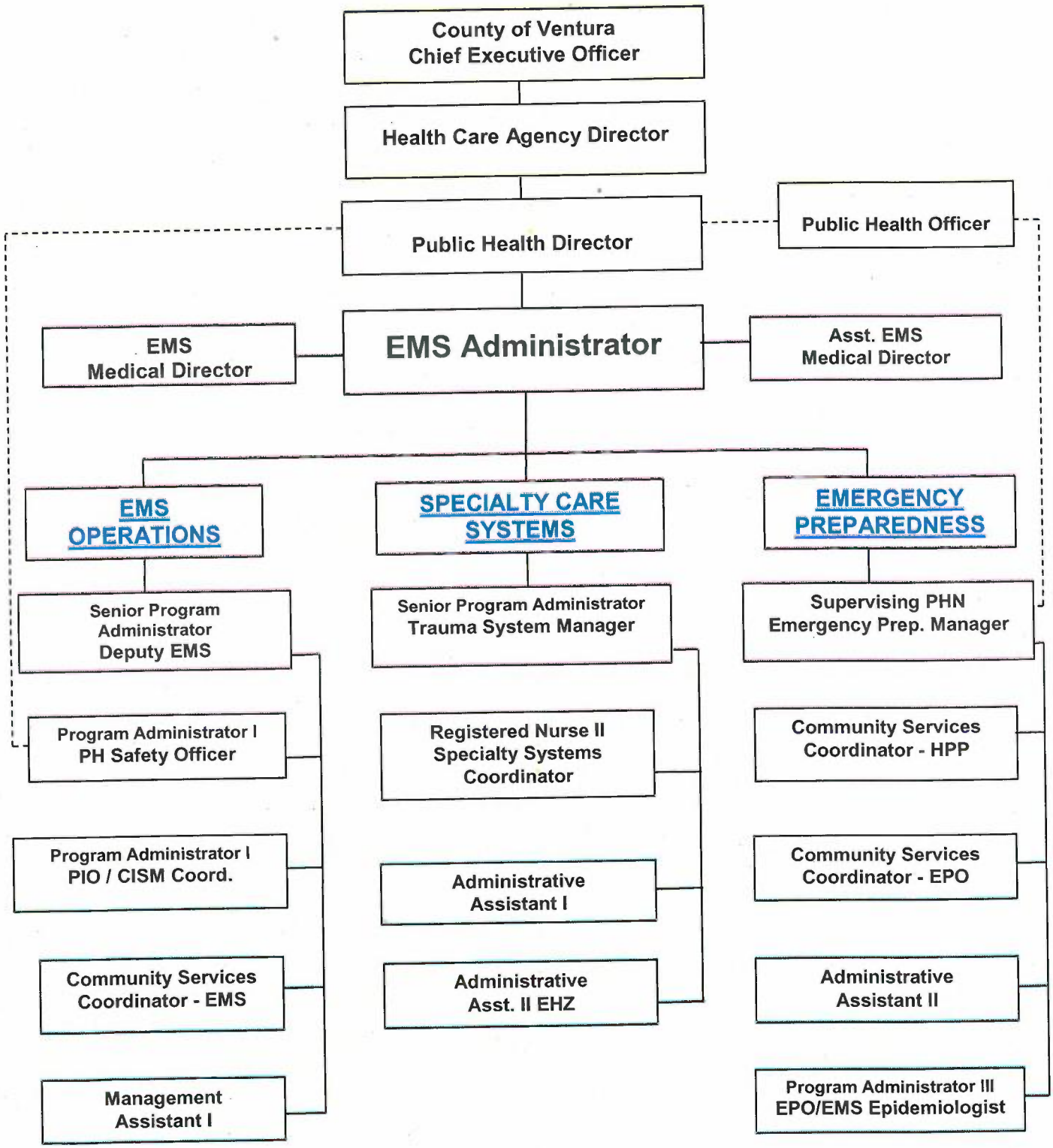

TABLE 3: STAFFING/TRAINING

Reporting Year: 2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1267	0		84
Number newly certified this year	439	0		19
Number recertified this year	828	0		65
Total number of accredited personnel on July 1 of the reporting year	2136	0	236	145
Number of certification reviews resulting in:				
a) formal investigations	13	0		0
b) probation	6	0	0	0
c) suspensions	1	0	0	0
d) revocations	1	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	1	0	0	0

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs — UNKNOWN
   b) Number of public safety (defib) certified (non-EMT-I) — UNKNOWN

2. Do you have an EMR training program — ☐ yes X no

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2017

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

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2017

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Defined	Not Defined	Not Defined	Not Defined
Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
Advanced life support responder	7 min, 30 sec	Not Defined	Not Defined	Not Defined
Transport Ambulance	8 min, 0 sec	20 min, 0 sec	30 min, 0 sec or ASAP	Not Defined

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	3440
2. Number of major trauma victims transported directly to a trauma center by ambulance	457
3. Number of major trauma patients transferred to a trauma center	25
4. Number of patients meeting triage criteria who were not treated at a trauma center	1786

Emergency Departments

Total number of emergency departments	8
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	7
4. 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	2

TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

County: Ventura

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Hospital Parking Lots
   b. How are they staffed? Hospital personnel, PH nurses, and Medical Reserve Corps
   c. Do you have a supply system for supporting them for 72 hours? X Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? X Yes ☐ No

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

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

OPERATIONS

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

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

3. Have you tested your MCI Plan this year in a:
   a. real event? X Yes ☐ No
   b. exercise? X Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement.
   Medical Mutual Aid with all Region 1 and Region 6 counties

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X** Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **X** Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes **X** No

8. Are you a separate department or agency? ☐ Yes **X** No

9. If not, to whom do you report? Health Care Agency, Public Health Department

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** American Medical Response **Response Zone:** 2,3,4,5,7

Address: 616 Fitch Ave
Moorpark, CA 93021

Number of Ambulance Vehicles in Fleet: 30

Phone Number: 805-517-2000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 18

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	X Transport ☐ Non-Transport X ALS ☐ BLS X 9-1-1 X 7-Digit X CCT X IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public X Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

42636	Total number of responses	33026	Total number of transports
40148	Number of emergency responses	30592	Number of emergency transports
2488	Number of non-emergency responses	2434	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** Gold Coast Ambulance **Response Zone:** 6

Address: 200 Bernoulli Circle
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 19

Phone Number: 805-485-3040

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	X Transport ❒ Non-Transport X ALS ❒ BLS X 9-1-1 X 7-Digit X CCT X IFT X Ground ❒ Air ❒ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public X Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

22559	Total number of responses	18781	Total number of transports
15568	Number of emergency responses	12012	Number of emergency transports
6991	Number of non-emergency responses	6769	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** LifeLine Medical Transport **Response Zone:** 1

Address: 632 E. Thompson Ave.
Ventura, CA 93001

Phone Number: 805-653-9111

Number of Ambulance Vehicles in Fleet: 8

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	X Transport ☐ Non-Transport X ALS ☐ BLS X 9-1-1 X 7-Digit X CCT X IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public X Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

12379	Total number of responses
3146	Number of emergency responses
9233	Number of non-emergency responses

11368	Total number of transports
2135	Number of emergency transports
9233	Number of non-emergency transports

Air Ambulance Services

	Total number of responses
	Number of emergency responses
	Number of non-emergency responses

	Total number of transports
	Number of emergency transports
	Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** Ventura City Fire Dept. **Response Zone:** _____

Address: 1425 Dowell Dr.
Ventura, CA 93003

Phone Number: 805-339-4300

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	☐ Transport X Non-Transport X ALS ☐ BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	X City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Transporting Agencies

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Air Ambulance Services

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** Oxnard Fire Dept. **Response Zone:** _____

Address: 360 W. Second St.
Oxnard, CA 93030

Phone Number: 805-385-7722

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes X No	☐ Yes X No	X Yes ☐ No	☐ Transport X Non-Transport ☐ ALS X BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	X City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Transporting Agencies

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** Santa Paula Fire Dept. **Response Zone:** _____

Address: 214 S. 10th St.
Santa Paula, CA 93060

Phone Number: 805-525-4478

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes X No	☐ Yes X No	X Yes ☐ No	☐ Transport X Non-Transport ☐ ALS X BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	X City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Transporting Agencies

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Air Ambulance Services

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** Fillmore Fire Dept. **Response Zone:** _____

Address: PO Box 487
Fillmore, CA 93015

Phone Number: 805-524-0586

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	☐ Transport X ALS X 9-1-1 X Ground X Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	X City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Air Ambulance Services

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** Ventura County Fire Dept. **Response Zone:** _____

Address: 165 Durley Ave.
Camarillo, CA 93010

Phone Number: 805-389-9710

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	☐ Transport X Non-Transport X ALS X BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State X Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Transporting Agencies

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Ventura **Provider:** Ventura County Sheriff's Dept. **Response Zone:** _____

Address: 375A Durley Ave.
Camarillo, CA 93010

Phone Number: 805-388-4212

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	X Transport ☐ Non-Transport X ALS X BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐IFT ☐ Ground X Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ☐ Private	☐ Fire X Law ☐ Other Explain: _____	☐ City X County ☐ State ☐ Fire District ☐ Federal	X Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance X ALS Rescue X BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

233 Total number of responses
233 Number of emergency responses
0 Number of non-emergency responses
Response numbers are for rescue aircraft only

41 Total number of transports
41 Number of emergency transports
0 Number of non-emergency transports

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Ventura County EMS

Area or subarea (Zone) Name or Title: ASA 2

Name of Current Provider(s): American Medical Response
Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..

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

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

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

American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Ventura County EMS

Area or subarea (Zone) Name or Title: ASA 3

Name of Current Provider(s): American Medical Response
Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.

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

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

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

American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Brady Ambulance 1962-1975
Pruner Health Services 1975-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Ventura County EMS

Area or subarea (Zone) Name or Title: ASA 4

Name of Current Provider(s): American Medical Response
Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.

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

Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only

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

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

American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Conejo Ambulance 1962-1975
Pruner Health Services 1975-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Ventura County EMS

Area or subarea (Zone) Name or Title: ASA 5

Name of Current Provider(s): American Medical Response
Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.

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

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

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

American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Camarillo Ambulance 1962-1978
Pruner Health Services 1978-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Ventura County EMS

Area or subarea (Zone) Name or Title: ASA 6

Name of Current Provider(s): Gold Coast Ambulance
Serving since 1949

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.

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

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

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

Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Prior to May 2010, Ken Cook, owned the company after purchasing it in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Ventura County EMS

Area or subarea (Zone) Name or Title: ASA 7

Name of Current Provider(s): American Medical Response
Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.

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

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
Grandfathered
American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Ventura County EMS

Area or subarea (Zone) Name or Title: ASA 1

Name of Current Provider(s): LifeLine Medical Transport
Serving the Ojai Valley since 1935

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.

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

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

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

LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.

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

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

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Community Memorial Hospital Telephone Number: 805-652-5011
Address: Loma Vista and Brent
Ventura, CA 93003

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes X No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	☐ Yes X No	☐ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes X No	☐ Yes X No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes X No		
PICU[3]	☐ Yes X No		

STEMI Center:	Stroke Center:
X Yes ☐ No	X Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Los Robles Regional Medical Center Telephone Number: 805-497-2727
Address: 215 W. Janss Road
Thousand Oaks, CA 91360

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	X Yes ☐ No	☐ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[4]	☐ Yes X No	X Yes ☐ No	☐ Level I X Level II ☐ Level III ☐ Level IV
EDAP[5]	X Yes ☐ No		
PICU[6]	☐ Yes X No		

STEMI Center:	Stroke Center:
X Yes ☐ No	X Yes ☐ No

[4] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[5] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[6] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Ojai Valley Community Hospital
Address: 1406 Maricopa Highway
Ojai, CA 93023

Telephone Number: 805-646-1401

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☐ Yes X No	☐ Referral Emergency X Standby Emergency ☐ Basic Emergency ☐ Comprehensive Emergency	☐ Yes X No	☐ Yes X No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[7]	☐ Yes X No	☐ Yes X No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[8]	☐ Yes X No		
PICU[9]	☐ Yes X No		

STEMI Center:	**Stroke Center:**
☐ Yes X No	☐ Yes X No

[7] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[8] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[9] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: St. John's Pleasant Valley Hospital Telephone Number: 805-389-5800
Address: 2309 Antonio Ave.
Camarillo, CA 93010

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes X No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	☐ Yes X No	☐ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[10]	☐ Yes X No	☐ Yes X No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[11]	☐ Yes X No		
PICU[12]	☐ Yes X No		

STEMI Center:	Stroke Center:
☐ Yes X No	X Yes ☐ No

[10] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[11] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[12] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: St. John's Regional Medical Center Telephone Number: 805-988-2500
Address: 1600 N. Rose Ave
Oxnard, CA 93033

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes X No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	X Yes ☐ No	☐ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[13]	☐ Yes X No	☐ Yes X No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[14]	☐ Yes X No		
PICU[15]	☐ Yes X No		

STEMI Center:	Stroke Center:
X Yes ☐ No	X Yes ☐ No

[13] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[14] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[15] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Simi Valley Hospital
Address: 2975 N. Sycamore Dr.
Simi Valley, CA 93065

Telephone Number: 805-955-6000

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☐ Yes X No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	X Yes ☐ No	☐ Yes X No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[16]	☐ Yes X No	☐ Yes X No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[17]	☐ Yes X No		
PICU[18]	☐ Yes X No		

STEMI Center:	**Stroke Center:**
X Yes ☐ No	X Yes ☐ No

[16] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[17] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[18] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Ventura County Medical Center
Address: 3291 Loma Vista Road
Ventura, CA 93003

Telephone Number: 805-652-6000

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	X Yes ☐ No	☐ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[19]	☐ Yes X No	X Yes ☐ No	☐ Level I X Level II ☐ Level III ☐ Level IV
EDAP[20]	☐ Yes X No		
PICU[21]	☐ Yes X No		

STEMI Center:	Stroke Center:
☐ Yes X No	☐ Yes X No

[19] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[20] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[21] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: VCMC Santa Paula Hospital Telephone Number: 805-933-8600

Address: 525 N. 10th Street
Santa Paula, CA 93060

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes X No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	☐ Yes X No	☐ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[22]	☐ Yes X No	☐ Yes X No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[23]	☐ Yes X No		
PICU[24]	☐ Yes X No		

STEMI Center:	Stroke Center:
☐ Yes X No	☐ Yes X No

[22] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[23] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[24] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Conejo Valley Adult School Telephone Number: 805-497-2761
Address: 1025 Old Farm Road
Thousand Oaks, CA 91360

**Program Level EMT

Student Eligibility*: General Public

Cost of Program:
Basic: 975.00
Refresher: 299.00

Number of students completing training per year:
Initial training: 40
Refresher: 7
Continuing Education: 0
Expiration Date: 02/28/19

Number of courses:
Initial training: 2
Refresher: 0
Continuing Education: 0

Training Institution: Moorpark College Telephone Number: 805-378-1433
Address: 7075 Campus Rd.
Moorpark, CA 93021

**Program Level EMT

Student Eligibility*: General

Cost of Program:
Basic: 1156.00
Refresher:

Number of students completing training per year:
Initial training: 80
Refresher: 0
Continuing Education: 0
Expiration Date: 5/31/20

Number of courses:
Initial training:
Refresher:
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: St. John's Regional Medical Center Telephone Number: 805-988-2500
Address: 1600 N. Rose Ave.
Oxnard, CA 93033

**Program Level MICN

Student Eligibility*: Private

Cost of Program:
Basic: 300.00
Refresher:

Number of students completing training per year:
Initial training: 19
Refresher: 0
Continuing Education: 0
Expiration Date: 11/30/19

Number of courses:
Initial training: 1
Refresher: 0
Continuing Education: 0

Training Institution: Oxnard College Telephone Number: 805-377-2250
Address: 4000 South Rose Avenue
Oxnard, CA 93033

**Program Level EMT

Student Eligibility*: General

Cost of Program:
Basic: 1250.00
Refresher: 250.00

Number of students completing training per year:
Initial training: 87
Refresher: 32
Continuing Education: 0
Expiration Date: 1/31/20

Number of courses:
Initial training: 3
Refresher: 2
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Oxnard Fire Department Telephone Number: 805-385-8361
Address: 360 West Second Street
Oxnard, CA 93033

**Program Level EMT

Student Eligibility*: Fire Personnel

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 1/31/20

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

Training Institution: Simi Institute for Careers and Education Telephone Number: 805-579-6200
Address: 1880 Blackstock Avenue
Simi Valley, CA 93065

**Program Level EMT

Student Eligibility*: General

Cost of Program:
Basic: 1175.00
Refresher: 325.00

Number of students completing training per year:
Initial training: 67
Refresher: 11
Continuing Education: 0
Expiration Date: 11/30/19

Number of courses:
Initial training: 4
Refresher: 1
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Ventura College – Paramedic Program Telephone Number: 805-654-6400 ext 1354
Address: 4667 Telegraph Road
Ventura, CA 93003

**Program Level Paramedic

Student Eligibility*: General

Cost of Program:
Basic: 3741.00
Refresher:

Number of students completing training per year:
Initial training: 16
Refresher: 0
Continuing Education: 0
Expiration Date: 4/30/20

Number of courses:
Initial training: 1
Refresher: 0
Continuing Education: 0

Training Institution: Ventura College Telephone Number: 805-654-6400 ext 1354
Address: 4667 Telegraph Road
Ventura, CA 93003

**Program Level EMT

Student Eligibility*: General

Cost of Program:
Basic: 986.00
Refresher:

Number of students completing training per year:
Initial training: 62
Refresher: 0
Continuing Education: 0
Expiration Date: 11/30/19

Number of courses:
Initial training: 2
Refresher: 0
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Ventura County Fire Protection District Telephone Number: 805-389-9776
Address: 165 Durley Dr.
Camarillo, CA 93010

**Program Level EMT

Student Eligibility*: Fire Personnel

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 2/28/19

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

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

TABLE 11: DISPATCH AGENCY

County: Ventura **Reporting Year:** 2017

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

Name: Ventura County Fire Protection District Primary Contact: Steve McClellen

Address: 165 Durley Ave. Camarillo, CA 93010

Telephone Number: 805-389-9710

Written Contract:
☐ Yes X No

Medical Director:
☐ Yes X No

X Day-to-Day
☐ Disaster

Number of Personnel Providing Services:
27 EMD Training
____ EMT-D
____ ALS
____ BLS
____ LALS
____ Other

Ownership:
X Public ☐ Private

If Public:
X Fire
☐ Law
☐ Other
Explain: ____

If Public: ☐ City ☐ County ☐ State X Fire District ☐ Federal