

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



October 12, 2020

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

Dear Mr. Carroll:

This letter is in response to Ventura County's 2019 emergency medical services (EMS) plan submission to the EMS Authority on September 11, 2020. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and is approved for implementation pursuant to HSC § 1797.105(b).

Based on the documentation provided, the EMS Authority has compiled a list of your Emergency Ambulance Zone areas within your jurisdiction and has enclosed for reference.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before September 11, 2021. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dave Duncan', with a stylized flourish at the end.

Dave Duncan, MD  
Director

Enclosure

dd:lg

Ventura County 2019 EMS Plan Ground Exclusive Operating Areas				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 CCT Ambulance Services	BLS Non-Emergency	Standby Service with Transport Authorization	
ZONE	EXCLUSIVITY			TYPE			LEVEL										NOTES
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							



**Rigoberto Vargas, MPH**  
Director

A Department of Ventura County Health Care Agency

**Steven L. Carroll, EMT-P**  
EMS Administrator

**Daniel Shepherd, MD**  
EMS Medical Director

**Angelo Salvucci, MD, FACEP**  
Assistant EMS Medical Director

September 11, 2020

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

Dear Tom,

I am pleased to submit the 2020 Ventura County EMS Plan Update for your review including updated Tables 1 through 11. 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 does not have an enhanced level pediatric emergency medical and critical care system as addressed in Standard 5.10. Ventura County does have two hospitals with Pediatric Intensive Care Units (PICU), however, continued issues with very low pediatric volume and funding difficulties remain a significant challenge for any further pediatric expansion. We continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

Ventura County has one hospital 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. Additionally, I have included a copy of our last review and approval for this facility.

Ventura County EMS has an active Medical Health Operational Area Coordination (MHOAC) program where we actively participate in the development of the County's operational area disaster plan. Steve Carroll is the primary MHOAC and Chris Rosa is the alternate MHOAC designee.

In 2019, we formalized our Stroke and STEMI specialty care plans in compliance with the State regulations. Annual updates to these plans, along with the updates for the Quality Improvement and Trauma Plans are included with our EMS Plan update for your review.

There were no significant changes in the 2019 reporting period, however, we would like to highlight a few accomplishments, including the completion of a comprehensive EMS System Assessment conducted by Page, Wolfberg and Wirth, the expansion of our Stop the Bleed training program, the ongoing collaboration with our behavioral health partners in the Ventura County Opioid Abuse Suppression Taskforce (COAST) program, and the completion of our Emergency Services Unit, a refurbished bus that will serve as a multipurpose mass-casualty response vehicle.

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





A Department of Ventura County Health Care Agency

**Rigoberto Vargas, MPH**  
Director

**Steven L. Carroll, Paramedic**  
EMS Administrator

**Daniel Shepherd, MD**  
EMS Medical Director

**Angelo Salvucci, MD, FACEP**  
Assistant EMS Medical Director

December 1, 2018

Haady Lashkari, CAO  
Ojai Valley Community Hospital  
1306 Maricopa Highway  
Ojai, CA 93023

Dear Mr. Lashkari:

Ojai Valley Community Hospital has successfully passed the biennial review outlined in VCEMS Policy 420 – Receiving Hospital Standards and will continue to operate as a receiving hospital in the County of Ventura. Utilizing the criteria outlined in Policy 420, VCEMS has reviewed the materials related to OVCH's standby emergency department capabilities and staffing and have determined them to be appropriate. We feel that it remains in the best interest of the Ojai Valley community to continue allowing ambulance transport to OVCH for patients meeting general (non-specialty care) criteria. This designation will remain in effect until your next review scheduled for November 30, 2020, provided OVCH continues to meet all standards outlined in VCEMS Policy 420.

Please do not hesitate to contact either one of us with any questions or concerns related to this matter.

Sincerely,

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

Steve Carroll, Paramedic  
VCEMS Administrator

A handwritten signature in blue ink, appearing to read "Dr. Shepherd, MD".

Daniel Shepherd, MD  
VCEMS Medical Director





**Community Memorial Health System**  
*Where Excellence Begins with Caring*

October 12, 2018

Steve Carroll, EMS Administrator  
Ventura County Emergency Medical Services Agency  
2220 E. Gonzales Rd, Suite 200  
Oxnard, CA 93036

Re: Request for Approval, Continuing Designation as a Ventura County Receiving Hospital.

Dear Mr. Carroll:

We would like to formally request that Ojai Valley Community Hospital be approved to continue as a Ventura County Receiving Hospital, operating a Standby Emergency Department. Enclosed is the completed Ventura County EMS Policy 420 "Receiving Hospital Criteria Compliance Checklist."

In addition enclosed is a completed "Receiving Hospital Physician Criteria Compliance Checklist" for each physician who staffs the emergency department.

We wish to reaffirm our commitment to providing receiving hospital services and our compliance with Policy 420. Please contact us if you have any questions.

Sincerely,



OVCH Emergency Department Medical Director  
Neil Canby, MD



CMHS Emergency Department Director  
Elaina Hall, MSN, RN, MBA

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: Ojai Valley Community Hospital

Date: 10/11/18

	YES	NO
A. Receiving Hospital (RH), approved and designated by the Ventura County, shall:	✓	
1. Be licensed by the State of California as an acute care hospital.	✓	
2. Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.	✓	
3. Be accredited by a CMS accrediting agency	✓	
4. Operate an Intensive Care Unit.	✓	
5. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician, and consultant Physician.) within 30 minutes:		
• Cardiology	✓	
• Anesthesiology	✓	
• Neurosurgery	✓	
• Orthopedic Surgery	✓	
• General Surgery	✓	
• General Medicine	✓	
• Thoracic Surgery	✓	
• Pediatrics	✓	
• Obstetrics	✓	
6. Have operating room services available within 30 minutes.	✓	
7. Have the following services available within 15 minutes.	✓	
• X-Ray	✓	
• Laboratory	✓	
• Respiratory Therapy	✓	
8. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.	✓	
9. Have the capability at all times to communicate with the ambulances and the BH.	✓	
10. Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:		
a. Be regularly assigned to the Emergency Department.	✓	
b. Have knowledge of VC EMS policies and procedures.	✓	

		YES	NO
c.	Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.	✓	
d.	Attend or have designee attend PSC meetings.	✓	
e.	Provide Emergency Department staff education.	✓	
f.	Schedule medical staffing for the ED on a 24-hour basis.	✓	
11.	Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:		
a.	All Emergency Department physicians shall:		
1).	Be immediately available to ED at all times.	✓	
2).	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a).	Have and maintain current Advanced Cardiac Life Support (ACLS) certification.	✓	
b).	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	✓	
c).	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	✓	
b.	RH EDs shall be staffed by:		
1).	Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or	✓	
2).	Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.	✓	
a).	Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month	✓	
b).	Physicians working in more than one hospital may total their hours	✓	
c).	Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician	✓	

OK ET



	YES	NO
d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.)	✓	
c. All RH RNs shall:		
1) Be regular hospital staff assigned solely to the ED for that shift.	✓	
2) Maintain current ACLS certification.	✓	
d. All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.	✓	
e. Sufficient licensed personnel shall be utilized to support the services offered.	✓	
12. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.	✓	
13. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.	✓	
14. Participate with the BH in evaluation of paramedics for reaccreditation.	✓	
15. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.	✓	
B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.	✓	

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Neil Conby, MD

Date: 10/12/18

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	✓	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	✓	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	✓	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
STANDBY EMERGENCY DEPARTMENT  
ADDITIONAL CRITERIA COMPLIANCE  
CHECKLIST

Receiving Hospital w/Standby ED: OVCH

Date: 10/11/18

The RH with standby ED has:	EMS REVIEW	
	YES	NO
A. Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.	✓	
B. Ability of staff to care for the degree and severity of patient injuries or condition.	✓	
C. Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.	✓	
D. During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.	✓	
E. Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.	✓	
COMMENTS		





Ojai Valley Hospital

Policy 420, Receiving Hospital Physician Criterial Compliance Checklist

Received 10/17/2018 from Elaina Hall via email:

<b>Name</b>	<b><u>ACLS</u> <u>Expires</u></b>	<b><u>ATLS</u> <u>Expires*</u></b>	<b><u>ED Board</u> <u>Expires</u></b>	<b><u>Comments</u></b>
Canby, Neil E., M.D.	06/30/2020	Not required	12/31/2025	
Chauhan, Alena J., M.D.	08/30/2020	Not required	12/31/2025	
Clawson, Gordon M., M.D.	10/30/2018	03/30/2019	Not ED Certified	Board Certified in Family Medicine
Ferguson, Catherine D., MD	05/30/2020	08/04/2019	12/31/2025	
Gonzales, Andrea T., M.D.	05/30/2020	Not required	12/31/2025	
Hall, Charles J., D.O.	05/30/2020	Not required	In process	Residency Completed 6/30/2017
Koger, Matthew B., M.D.	10/30/2020	09/30/2017	12/31/2027	
Levin, Ross E., M.D.	03/30/2020	Not required	12/31/2026	
Long, Yasha S., MD	06/30/2020	Not required	12/31/2024	
Maryniuk, Jerome S., M.D.	07/30/2019	Not required	12/31/2017	
Meindl, Judi A., M.D.	03/30/2020	Not required	12/31/2021	
Patterson, Elizabeth, M.D.	05/30/2020	09/27/2019	12/31/2023	
Raffetto, Brian J., M.D.	05/30/2019	Not required	In process	Residency Completed 6/30/2017
Williamson, Timothy L., M.D.	04/30/2019	09/30/2019	Not ED Certified	Board Certified in Pediatrics
Thiel, Garret, MD	11/30/2019	Not required	In process	Residency Completed 6/30/2018

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED Administration:	 Steven L. Carroll, Paramedic	Date: September 1, 2018
APPROVED Medical Director:	 Daniel Shepherd, MD	Date: September 1, 2018
Origination Date: April 1, 1984 Date Revised: August 9, 2018 Date Last Reviewed: August 9, 2018 Review Date: August 31, 2021		
Effective Date: September 1, 2018		

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
  - A. A RH , approved and designated by the Ventura County, shall:
    1. Be licensed by the State of California as an acute care hospital.
    2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
    3. Be accredited by a CMS accrediting agency.
    4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a "Comprehensive Emergency Department," "Basic Emergency Department" or a "Standby Emergency Department."
    5. Operate an Intensive Care Unit.
    6. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department Physician. and consultant Physician.) within 30 minutes:
 

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics
    7. Have operating room services available within 30 minutes.

8. Have the following services available within 15 minutes.

X-ray	Laboratory	Respiratory Therapy
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9. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.
10. Have the capability at all times to communicate with the ambulances and the Base Hospital (BH).
11. Designate a ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
  - a. Be regularly assigned to the ED.
  - b. Have knowledge of VCEMS policies and procedures.
  - c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
  - d. Attend, or have designee attend, PSC meetings.
  - e. Provide ED staff education.
  - f. Schedule medical staffing for the ED on a 24-hour basis.
12. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse (RN) that meets the following criteria:
  - a. All Emergency Department physicians shall:
    - 1) Be immediately available to the Emergency Department at all times.
    - 2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:
      - a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.
      - b. Have and maintain current Advanced Trauma Life Support (ATLS) certification.
      - c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.
  - b. RH EDs shall be staffed by:
    - 1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or



- 2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.
    - a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.
    - b) Physicians working in more than one hospital may total their hours.
    - c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician.
    - d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.
  - c. All RH RNs shall:
    - 1) Be regular hospital staff assigned solely to the ED for that shift.
    - 2) Maintain current ACLS certification.
  - d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.
  - e. Sufficient licensed personnel shall be staffed to support the services offered.
13. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.
  14. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.
  15. Participate with the BH in evaluation of paramedics for reaccreditation.
  16. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.
- B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.
- C. EMS shall review its agreement with each RH at least every two years.

- D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.
  - 1. Application:  
Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
  - 2. Approval:  
Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
- G. ALS RHs shall be reviewed every two years.
  - 1. All RH shall receive notification of evaluation from the EMS.
  - 2. All RH shall respond in writing regarding program compliance.
  - 3. On-site visits for evaluative purposes may occur.
  - 4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours, of changes in program compliance or performance.
- H. Paramedics providing care for emergency patients with potentially serious medical conditions, and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
  - 1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
  - 2. Chest pain or discomfort of known or suspected cardiac origin
  - 3. Sustained respiratory distress not responsive to field treatment
  - 4. Suspected pulmonary edema not responsive to field treatment
  - 5. Potentially significant cardiac arrhythmias
  - 6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

7. Suspected spinal cord injury of new onset
  8. Burns greater than 10% body surface area
  9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
  10. Criteria that meet stroke, STEMI, or trauma criteria for transport to a specialty care hospital
- I. A RH with a standby emergency department only, offering “standby emergency medical service,” is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care.
1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
    - a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
    - b. With bleeding that cannot be controlled
    - c. Without an effective airway
  2. 3. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
  4. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.



COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: \_\_\_\_\_

Date: \_\_\_\_\_

	YES	NO
A. Receiving Hospital (RH), approved and designated by the Ventura County, shall:		
1. Be licensed by the State of California as an acute care hospital.		
2. Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3. Be accredited by a CMS accrediting agency		
4. Operate an Intensive Care Unit.		
5. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician. and consultant Physician.) within 30 minutes:		
• Cardiology		
• Anesthesiology		
• Neurosurgery		
• Orthopedic Surgery		
• General Surgery		
• General Medicine		
• Thoracic Surgery		
• Pediatrics		
• Obstetrics		
6. Have operating room services available within 30 minutes.		
7. Have the following services available within 15 minutes.		
• X-Ray		
• Laboratory		
• Respiratory Therapy		
8. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.		
9. Have the capability at all times to communicate with the ambulances and the BH.		
10. Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:		
a. Be regularly assigned to the Emergency Department.		
b. Have knowledge of VC EMS policies and procedures.		

		YES	NO
c.	Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.		
d.	Attend or have designee attend PSC meetings.		
e.	Provide Emergency Department staff education.		
f.	Schedule medical staffing for the ED on a 24-hour basis.		
11.	Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:		
a.	All Emergency Department physicians shall:		
1).	Be immediately available to ED at all times.		
2)	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a).	Have and maintain current Advanced Cardiac Life Support (ACLS) certification.		
b)	Have and maintain current Advanced Trauma Life Support (ATLS) certification.		
c)	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
b.	RH EDs shall be staffed by:		
1).	Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or		
2)	Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.		
a)	Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
b)	Physicians working in more than one hospital may total their hours		
c)	Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician		

		YES	NO
	d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.)		
c.	All RH RNs shall:		
	1) Be regular hospital staff assigned solely to the ED for that shift.		
	2) Maintain current ACLS certification.		
d.	All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.		
e.	Sufficient licensed personnel shall be utilized to support the services offered.		
12.	Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
13.	Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
14.	Participate with the BH in evaluation of paramedics for reaccreditation.		
15.	Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B.	There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		



COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

All Emergency Department physicians shall:	YES	NO
1. Be immediately available to the RH ED at all times.		
2. Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a. Have and maintain current ACLS certification.		
b. Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
c. Have and maintain current Advanced Trauma Life Support (ATLS) certification.		

The above named physician is:

1) Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2) Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
STANDBY EMERGENCY DEPARTMENT  
ADDITIONAL CRITERIA COMPLIANCE  
CHECKLIST

Receiving Hospital w/Standby ED: \_\_\_\_\_

Date: \_\_\_\_\_

		EMS REVIEW	
		YES	NO
The RH with standby ED has:			
A.	Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.		
B.	Ability of staff to care for the degree and severity of patient injuries or condition.		
C.	Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.		
D.	During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.		
E.	Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.		
COMMENTS			

**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
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
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		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
<b>System Finances:</b>					
1.16 Funding Mechanism		X			
<b>Medical Direction:</b>					
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			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>						
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
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
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
<b>Communications Equipment:</b>						
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			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
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
<b>Universal Level:</b>						
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			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>						
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
<b>Universal Level:</b>						
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			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design	X				X
5.11	Emergency Departments		X			X
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
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
<b>Universal Level:</b>						
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			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
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
<b>Universal Level:</b>						
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
<b>Universal Level:</b>						
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		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			

SECTION II - ASSESSMENT OF SYSTEM 2019

E. Facilities and Critical Care

*Enhanced Level: Pediatric Emergency Medical and Critical Care System*

**Minimum Standard**

**Recommended Guidelines**

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.

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 as we have not developed a pediatric emergency medical and critical care system. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) and two Pediatric Intensive Care Units (PICU), one located at Los Robles Hospital and Medical Center in Thousand Oaks and the other reopened in 2018 at Ventura County Medical Center (VCMC) in Ventura. As necessary, local hospitals work with pediatric specialty centers in neighboring counties 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.



**SECTION II - ASSESSMENT OF SYSTEM 2019**

**E. Facilities and Critical Care**

5.10 (Cont'd.)

**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 FY20-21.

**LEMSA:** Ventura

FY: 2019-20

[illegible]

[illegible]





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

- 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)	<u>                    </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>          x          </u>
Other: <u>                                    </u>	<u>                    </u>
Other: <u>                                    </u>	<u>                    </u>
Other: <u>                                    </u>	<u>                    </u>

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>1,744,606</u>
Contract Services (e.g. medical director)	<u>322,751</u>
Operations (e.g. copying, postage, facilities)	<u>257,640</u>
Travel	<u>63,423</u>
Fixed assets	<u>14,563</u>
Indirect expenses (overhead)	<u>167,950</u>
Ambulance subsidy	<u>52,075</u>
EMS Fund payments to physicians/hospital	<u>1,536,189</u>
Dispatch center operations (non-staff)	<u>                    </u>
Training program operations	<u>                    </u>
Other: <u>          Vehicle Replacement          </u>	<u>118,902</u>
Other: <u>                                    </u>	<u>                    </u>
Other: <u>                                    </u>	<u>                    </u>
<b>TOTAL EXPENSES</b>	\$ <u>4,278,099</u>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ <u>                    </u>
Preventive Health and Health Services (PHHS) Block Grant	<u>                    </u>
Office of Traffic Safety (OTS)	<u>                    </u>
State general fund	<u>                    </u>
County general fund	<u>1,098,954</u>
Other local tax funds (e.g., EMS district)	<u>                    </u>
County contracts (e.g. multi-county agencies)	<u>466,722</u>
Certification fees	<u>67,138</u>
Training program approval fees	<u>                    </u>
Training program tuition/Average daily attendance funds (ADA)	<u>                    </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>                    </u>
Base hospital application fees	<u>                    </u>

**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	198,863
Contributions	
EMS Fund (SB 12/612)	2,279,495
Other grants: <u>Woolsey Fire Reimbursement</u>	8,026
Other fees: <u>Health Fees</u>	7,151
Other (specify): <u>Insurance Recovery</u>	1,750
<b>TOTAL REVENUE</b>	<b>\$ 4,278,099</b>

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

☒ Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>133.00</u>
EMT-I recertification	<u>94.00</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>
EMT-P accreditation	<u>78.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>491.00</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>697.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>15,000.00</u>
Trauma center designation	<u>75,000.00</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	<u>N/A</u>
Ambulance vehicle permits	<u>N/A</u>
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	67.52 / hr.	34%	EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Supervisor Public Health Services	1.0	57.44 / hr.	37%	Deputy EMS Administrator
Trauma Coordinator	Senior Registered Nurse Hospital	1.0	52.57 / hr.	40%	Senior Hospital Systems Coordinator
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	Program Assistant	1.0	41.60 / hr.	45%	Emergency Preparedness Specialist
Disaster Medical Planner	Program Assistant	1.0	41.60 / hr.	48%	EMS Operations Specialist
QA/QI Coordinator	Senior Program Administrator	1.0	53.83 / hr.	42%	Specialty Care Systems Manager
Executive Secretary	Administrative Assistant II	1.0	34.03/ hr.	55%	EPO Admin. Asst.
Other Clerical	Administrative Assistant II	1.0	34.03 / hr.	55%	EMS Admin. Asst.
Other Clerical	Community Health Worker	1.0	25.77 / hr.	56%	EMS Certification Specialist
Other Clerical	HCA Training / Education Asst.	1.0	29.23 / hr.	56%	EMS Certification Specialist
Other	Program Administrator III	1.0	47.90 / hr.	43%	EPO Epidemiologist
Other	Community Services Coordinator	1.0	34.02 / hr.	57%	EPO Logistics Coordinator

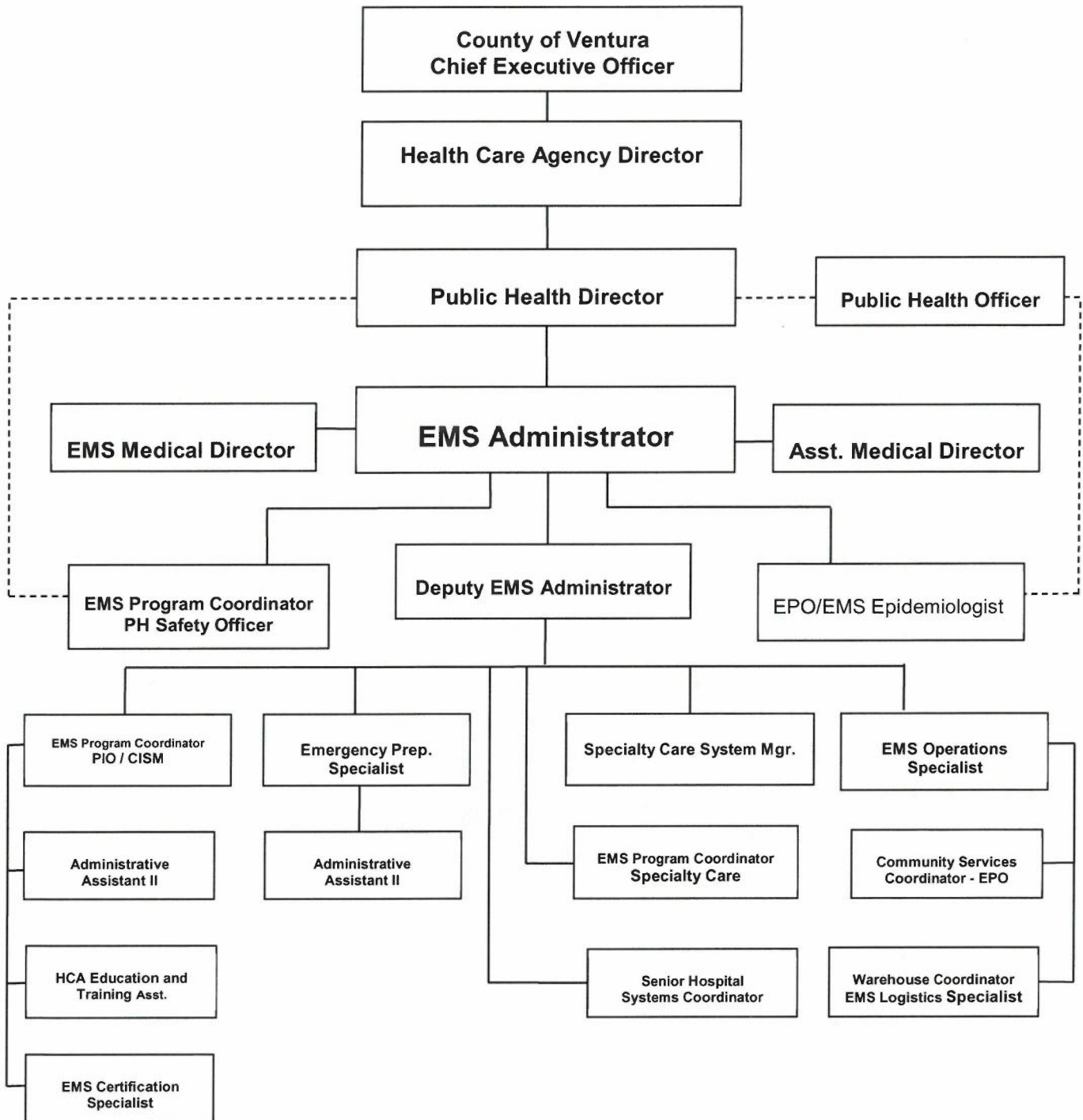
Other	Program Administrator I	1.0	40.85 / hr.	40%	EMS Specialist
Other	Program Administrator I	1.0	40.85 / hr.	40%	EMS Specialist and Safety Officer
Other	Program Administrator I	1.0	40.85 / hr.	40%	EMS Specialist
Other	Warehouse Coordinator	1.0	25.82 / hr	55%	EMS Logistics Specialist

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

2019-2020



**TABLE 3: STAFFING/TRAINING**

Reporting Year: 2019

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	918	0		70
Number newly certified this year	398	0		17
Number recertified this year	520	0		53
Total number of accredited personnel on July 1 of the reporting year	2191	0	244	146
Number of certification reviews resulting in:				
a) formal investigations	10	0		0
b) probation	7	0	0	0
c) suspensions	2	0	0	0
d) revocations	1	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	2	0	0	0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs  
b) Number of public safety (defib) certified (non-EMT-I)

UNKNOWN  
UNKNOWN

2. Do you have an EMR training program

☐ yes ☒ no

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2019

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

Training Institution: <u>Conejo Valley Adult School</u>		Telephone Number: <u>805-497-2761</u>	
Address: <u>1025 Old Farm Road</u>			
<u>Thousand Oaks, CA 91360</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>975.00</u>	Number of students completing training per year:	
	Refresher: <u>299.00</u>	Initial training:	<u>41</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>02/28/23</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

Training Institution: <u>Moorpark College</u>		Telephone Number: <u>805-378-1433</u>	
Address: <u>7075 Campus Rd.</u>			
<u>Moorpark, CA 93021</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>1156.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>38</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>5/31/24</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

\*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: 2019

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

Training Institution: <u>St. John's Regional Medical Center</u>		Telephone Number: <u>805-988-2500</u>	
Address: <u>1600 N. Rose Ave.</u>			
<u>Oxnard, CA 93033</u>			
Student Eligibility*: <u>Private</u>	Cost of Program:	**Program Level <u>MICN</u>	
	Basic: <u>300.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>18</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>10/31/23</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

Training Institution: <u>Oxnard College</u>		Telephone Number: <u>805-377-2250</u>	
Address: <u>4000 South Rose Avenue</u>			
<u>Oxnard, CA 93033</u>			
Student Eligibility*: <u>General</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>1250.00</u>	Number of students completing training per year:	
	Refresher: <u>250.00</u>	Initial training:	<u>173</u>
		Refresher:	<u>46</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>1/31/24</u>
		Number of courses:	
		Initial training:	<u>8</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>0</u>

\*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: 2019

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

Training Institution: <u>Simi Institute for Careers and Education</u>		Telephone Number: <u>805-579-6200</u>	
Address: <u>1880 Blackstock Avenue</u>			
<u>Simi Valley, CA 93065</u>			
Student Eligibility*: <u>General</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>1175.00</u>	Number of students completing training per year:	
	Refresher: <u>325.00</u>	Initial training:	<u>79</u>
		Refresher:	<u>12</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>11/30/23</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>0</u>

Training Institution: <u>Ventura College – Paramedic Program</u>		Telephone Number: <u>805-654-6400</u> <u>ext 1354</u>	
Address: <u>4667 Telegraph Road</u>			
<u>Ventura, CA 93003</u>			
Student Eligibility*: <u>General</u>	Cost of Program:	**Program Level <u>Paramedic</u>	
	Basic: <u>3741.00</u>	Number of students completing training per year:	
	Refresher: <u></u>	Initial training:	<u>20</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>4/30/24</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

\*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: 2019

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

Training Institution: <u>Ventura College</u>		Telephone Number: <u>805-654-6400</u>	
Address: <u>4667 Telegraph Road</u>			
<u>Ventura, CA 93003</u>			
Student Eligibility*: <u>General</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>986.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>102</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>11/30/23</u>
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

\*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 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2019

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>9</u>  |
| 2. Number of secondary PSAPs  | <u>1</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Ventura County Fire Protection District</u>                        |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Ventura County Sheriff's Dept. and Ventura County Fire Protection District</u> |   |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154.055</u>   |   |
| b. Other methods _____  |   |
| c. Can all medical response units communicate on the same disaster communications system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 11: DISPATCH AGENCY**

**County:** Ventura      **Reporting Year:** 2019

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

Name: <u>Ventura County Fire Protection District</u>		Primary Contact: <u>Charles Sullenbarger</u>	
Address: <u>165 Durley Ave. Camarillo, CA 93010</u>			
Telephone Number: <u>805-389-9710</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>35</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>                                </u>	
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal			



## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2019

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

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> 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 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 **Number of Ambulance Vehicles in Fleet:** 30  
Moorpark, CA 93021

**Phone Number:** 805-517-2000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

43814 Total number of responses  
41467 Number of emergency responses  
2347 Number of non-emergency responses

33373 Total number of transports  
31070 Number of emergency transports  
2303 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:** Gold Coast Ambulance **Response Zone:** 6

**Address:** 200 Bernoulli Circle **Number of Ambulance Vehicles in Fleet:** 19  
Oxnard, CA 93030

**Phone Number:** 805-485-3040 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 13

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

25655 Total number of responses  
18414 Number of emergency responses  
7241 Number of non-emergency responses

20500 Total number of transports  
13385 Number of emergency transports  
7115 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: LifeLine Medical Transport Response Zone: 1

Address: 632 E. Thompson Ave. Number of Ambulance Vehicles in Fleet: 9  
Ventura, CA 93001

Phone Number: 805-653-9111 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

12981 Total number of responses  
2429 Number of emergency responses  
10552 Number of non-emergency responses

12099 Total number of transports  
1547 Number of emergency transports  
10552 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. **Number of Ambulance Vehicles in Fleet:** 0  
Ventura, CA 93003

**Phone Number:** 805-339-4300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> 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: Oxnard Fire Dept. Response Zone: \_\_\_\_\_

Address: 360 W. Second St. Number of Ambulance Vehicles in Fleet: 0  
Oxnard, CA 93030

Phone Number: 805-385-7722 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> 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: Fillmore Fire Dept. Response Zone: \_\_\_\_\_

Address: PO Box 487 Number of Ambulance Vehicles in Fleet: 0  
Fillmore, CA 93015

Phone Number: 805-524-0586 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> 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 Fire Dept. Response Zone: \_\_\_\_\_

Address: 165 Durley Ave.  
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-389-9710

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

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> 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

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 County Sheriff's Dept. Response Zone: \_\_\_\_\_

Address: 375A Durley Ave. Number of Ambulance Vehicles in Fleet: 4  
Camarillo, CA 93010

Phone Number: 805-388-4212 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> 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**

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

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

**Response numbers are for rescue aircraft only**

# **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.

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 1</b>
<b>Name of Current Provider(s):</b>	<b>LifeLine Medical Transport</b> <b>Serving the Ojai Valley since 1935</b>
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<small>Include intent of local EMS agency and Board action.</small>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p style="color: red; text-align: center;"><b>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.</b></p>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**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.

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



# **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.

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



## 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.

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 4</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b> <b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.</b>	
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <b>Exclusive</b> Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <b>Emergency Ambulance for 911 calls only</b> 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.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <b>Grandfathered</b>  <b>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.</b>  <b>Previous Owners:</b> <b>Conejo Ambulance 1962-1975</b> <b>Pruner Health Services 1975-1993</b> <b>Careline 1993-1996</b> <b>Medtrans 1996-1999</b> <b>American Medical Response 1999-present</b>  <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**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.

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 5</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
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.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<b>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.</b>	
<b>Previous Owners:</b> <b>Camarillo Ambulance 1962-1978</b> <b>Pruner Health Services 1978-1993</b> <b>Careline 1993-1996</b> <b>Medtrans 1996-1999</b> <b>American Medical Response 1999-present</b>	
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.

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 6</b>
<b>Name of Current Provider(s):</b>	<b>Gold Coast Ambulance Serving since 1949</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b> <b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.</b>	
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <b>Exclusive</b>	
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <b>Emergency Ambulance for 911 calls only</b>	
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.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <b>Grandfathered</b>	
<p><b>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.</b></p>	
<p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>	

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 7</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response</b> <b>Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <b>Exclusive</b>	
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <b>Emergency Ambulance for 911 calls only</b>	
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.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <b>Grandfathered</b>	
<b>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.</b>	
<b>Previous Owners:</b> <b>Courtesy Ambulance 1962-1991</b> <b>Pruner Health Services 1991-1993</b> <b>Careline 1993-1996</b> <b>Medtrans 1996-1999</b> <b>American Medical Response 1999-present</b>	
<b>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.</b>	
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 6: FACILITIES/CRITICAL CARE

Reporting Year: 2019

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>3719</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>563</u>
3. Number of major trauma patients transferred to a trauma center	<u>60</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>1729</u>

### Emergency Departments

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>1</u>
3. Number of basic emergency services	<u>7</u>
4. Number of comprehensive emergency services	<u>0</u>

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>2</u>

**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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input checked="" type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>6</sup> 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 **Telephone Number:** 805-646-1401  
**Address:** 1406 Maricopa Highway  
Ojai, CA 93023

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <b>EDAP<sup>8</sup></b> <b>PICU<sup>9</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>7</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>9</sup> 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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>10</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>12</sup> 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

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>15</sup> 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 **Telephone Number:** 805-955-6000  
**Address:** 2975 N. Sycamore Dr.  
Simi Valley, CA 93065

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>		<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Pediatric Critical Care Center<sup>16</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>	
<b>EDAP<sup>17</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
<b>PICU<sup>18</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<sup>16</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>17</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>18</sup> 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 **Telephone Number:** 805-652-6000  
**Address:** 3291 Loma Vista Road  
Ventura, CA 93003

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>19</sup></b> <b>EDAP<sup>20</sup></b> <b>PICU<sup>21</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input checked="" type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>19</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>20</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>21</sup> 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. 10<sup>th</sup> Street  
Santa Paula, CA 93060

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>22</sup></b> <b>EDAP<sup>23</sup></b> <b>PICU<sup>24</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>22</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>23</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>24</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2019

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? ☒ Yes ☐ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☒ Yes ☐ No
  - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ 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? ☒ Yes ☐ No
  - b. exercise? ☒ 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? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☒ 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