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

July 15, 2021

Mr. Tom Lynch, Emergency Medical Services Administrator
Inland Counties Emergency Medical Agency
1425 South D Street
San Bernardino, CA 92415-0060

Dear Mr. Lynch:

The Emergency Medical Services (EMS) Authority has reviewed the recently provided advanced life support agreement documentation by Inland Counties Emergency Medical Agency for the 2017 EMS plan based on compliance with applicable statutes and regulations. It has been determined the 2017 EMS plan now 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).

If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Dave Duncan, MD
Director

dd:lg

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

October 13, 2020

Mr. Tom Lynch, Emergency Medical Services Administrator
Inland Counties Emergency Medical Agency
1425 South D Street
San Bernardino, CA 92415-0060

Dear Mr. Lynch:

This letter is in response to Inland Counties Emergency Medical Agency's (ICEMA) 2017 emergency medical services (EMS) plan submission to the EMS Authority on February 12, 2019. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan does not meet all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and therefore, is not approved.

The area that indicates the plan is not concordant and consistent with statutes, regulations, and/or case law is indicated below.

Approved	Not Approved	
☒	☐	System Organization and Management
☒	☐	Staffing/Training
☒	☐	Communications
☐	☒	Response/Transportation

Advanced life support (ALS) agreements are not in place with the following providers:

- Barstow Fire
- Cal-Fire Highland
- Cal-Fire Yucaipa
- Chino Valley Independent Fire
- Colton Fire
- Ontario Fire
- Redlands Fire
- Rialto Fire

Additional information was provided by ICEMA on February 14, 2020, in response to the EMS Authority's letter dated December 16, 2019, requesting copies of ALS agreements or clarification on why ALS agreements do not exist. The EMS Authority assessed the information provided and has updated the list of ALS providers without ALS provider agreements. The EMS Authority cannot approve ICEMA's EMS plan until it provides a signed ALS agreement with all authorized providers, in accordance with HSC § 1797.178. Since these organizations remain unauthorized providers, they are unable to provide ALS services within ICEMA.

Regarding exclusive operating areas (EOA), based on the documentation provided, the EMS Authority has compiled a list of the ground EOAs within your jurisdiction and has enclosed for reference.

☒ ☐ Facilities/Critical Care

☒ ☐ Data Collection/System Evaluation

☒ ☐ Public Information and Education

☒ ☐ Disaster Medical Response

Pursuant to HSC § 1797.105(b), the EMS plan may not be implemented. If you desire to appeal the EMS Authority's denial of the plan to the Commission on EMS, please notify the EMS Authority in writing within 15 days of your receipt of this letter, and the EMS Authority will schedule the appeal hearing process with the Office of Administrative Hearings.

If you have any questions regarding the plan review, please contact me at (916) 322-4336.

Sincerely,

Dave Duncan, MD
Director

Enclosure

dd:lg

ZONE	EXCLUSIVITY			TYPE			LEVEL						
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization
Inyo County													
EOA #1		X	Competitive	X				X				X	X
EOA #2		X	Non-Competitive	X				X					
EOA #3		X	Non-Competitive	X				X					
OA #4	X												
OA #5	X												
OA #6	X												
OA #7	X												
OA #8			Exempt										
EOA #9		X	Non-Competitive	X				X					
Mono County													
EOA #1		X	Non-Competitive	X				X		X		X	
EOA #2		X	Non-Competitive	X				X		X		X	
OA #3	X												
OA #4	X												
San Bernardino County													
EOA #1		X	Non-Competitive	X				X		X		X	
EOA #2		X	Non-Competitive	X				X		X		X	
EOA #3		X	Non-Competitive	X				X		X		X	
EOA #4		X	Non-Competitive	X				X		X		X	
EOA #5		X	Non-Competitive	X				X		X		X	
EOA #6		X	Non-Competitive	X				X		X		X	
EOA #7		X	Non-Competitive	X				X		X		X	
EOA #8		X	Non-Competitive	X				X		X		X	
EOA #9		X	Non-Competitive	X				X		X		X	

ZONE	EXCLUSIVITY			TYPE			LEVEL						
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization
San Bernardino County (*continued*)													
EOA #10		X	Non-Competitive	X				X		X			
EOA #11		X	Non-Competitive	X				X		X			
EOA #12a #12b		X X	Non-Competitive, Non-Competitive	X X				X X		X		X	
EOA #13		X	Non-Competitive	X				X		X		X	
EOA #14		X	Non-Competitive	X				X		X			
EOA #15		X	Non-Competitive	X				X		X			
EOA #16		X	Non-Competitive	X				X		X			
EOA #17		X	Non-Competitive	X				X		X			
EOA #18		X	Non-Competitive	X				X		X		X	
EOA #19		X	Non-Competitive	X				X		X		X	
OA #20	X												
EOA #21		X	Non-Competitive	X				X		X		X	
EOA #22		X	Non-Competitive	X				X				X	
OA #23	X												
OA #24	X												
OA #26	X												
OA #27	X												

Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ▪ (909) 388-5823 ▪ Fax (909) 388-5825 ▪ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties
Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

February 14, 2020

Tom McGinnis, Chief, EMS Systems Division
Emergency Medical Services Authority
10901 Gold Center Dr., Suite 400
Rancho Cordova, CA 95670

RE: EMSA REVIEW OF ICEMA's 2017 EMS PLAN

Dear Mr. McGinnis:

ICEMA is in receipt of your letter regarding EMSA's review of the ICEMA 2017 EMS Plan, dated December 16, 2019. You requested confirmation of advanced life support (ALS) agreements and included a list of five (5) providers with ALS agreements with ICEMA. However, the list is incomplete. When ICEMA completed the Table 8 "Resource Directory" question "Written Agreement: Yes/No", the form did not specify "ALS" and therefore, ICEMA's staff interrupted "written agreement" to include any provider agreement versus an ALS agreement.

A more exact list of providers without ALS agreements is included in this response (enclosed). California Health and Safety Code, Division 2.5, Section 1797.178 in part, states "No person or organization shall provide advanced life support or limited advanced life support unless that person or organization is an authorized part of the emergency medical services system of the local EMS agency…"

ICEMA considers the providers included in your original list and ICEMA's more detailed list to be "authorized ALS providers" by the following examples:

- AEMTs/EMT-Ps of said providers pass local accreditation requirements and are then "locally accredited".
- ALS and LALS of said providers complying with ICEMA medical control and adherence with local medical scope and protocols.
- EMSA has authorized one (1) provider listed in your correspondence and another provider added in ICEMA's attachment to participate in the "Community Paramedicine" pilot program.

In addition, EMSA is clearly aware that many of the providers without ALS/LALS agreements are due directly to the California Fire Chiefs direction to member agencies to NOT sign any agreement with LEMSAs. Their position appears to be; that fire departments operate under 1797.201 authority and are "obligated" to provide and self-administer its service and therefore not subject to the requirement of having an ALS agreement.

BOARD OF DIRECTORS

Robert A. Lovingood	Janice Rutherford	Dawn Rowe	Curt Hagman	Josie Gonzales	Gary McBride
First District	Second District	Third District	Chairman Fourth District	Vice Chair Fifth District	Chief Executive Officer

If EMSA's position is providers without an ALS agreement are not authorized ALS/LALS providers, please provide written direction to that effect. ICEMA will then forward EMSA's decision to the affected providers informing them that they are not authorized ALS providers.

EMSA has long been aware of the fire service position regarding '201 rights' and ALS agreements.

In closing, ICEMA respectfully requests that EMSA consider the impacts of denying the ICEMA EMS Plan, including the potential implications of informing providers they not authorized ALS providers.

In addition, I am concerned that the potential denial of the EMS Plan could have implications regarding our funding as a regional LEMSA. ICEMA remains committed to achieving 100% compliance with 1797.178. However, the ability to force a fire department to sign an ALS agreement is nearly impossible without the specter of removing their ALS authorization or resolving the long-standing '201' issue.

If you have any questions, please do not hesitate to contact me at (909) 388-5830 or via e-mail at tom.lynch@cao.sbcounty.gov.

Sincerely,

Tom Lynch
EMS Administrator

TL/jlm

Enclosure

c: File Copy

Inyo County ALS Provider	ALS (Y/N)	ALS Agreement No.	EOA Agreement No.	Auto Renews (Y/N)	Expires (Y/N)
Big Pine Fire	Y	13-810		Y	N
Lone Pine Fire	Y	99-108/12-573		Y	N
Olancha-Cartago Fire	Y	96-119/06-180/12-572		Y	N
REACH Air Medical Services dba Sierra Life Flight	Y	96-120		Y	N
Southern Inyo Fire	Y	13-120		Y	N
Symons Emergency Specialties (Bishop)	Y	96-121	16-905	Y	11/15/2026

Mono County ALS Provider	ALS (Y/N)	ALS Agreement No.	EOA Agreement No.	Auto Renews (Y/N)	Expires (Y/N)
Chalfant Valley Fire	Y	08-1059		Y	N
Mono County EMS	Y	96-1072		Y	N
Mountain Warfare	Y	14-522		N	6/2/2023

San Bernardino County	ALS (Y/N)	ALS Agreement No.	EOA Agreement No.	Auto Renews (Y/N)	Expires (Y/N)
Air Methods dba Big Bear Fire	Y	10-217		Y	N
AMR Rancho Cucamonga	Y		12-254	N	3/31/2022
AMR Redlands	Y	96-113/96-116	04-303/04-304/04-306/04-308	Y	N
AMR Victorville`	Y	96-122	04-309	Y	N
Apple Valley Fire	Y	94-917		Y	N
Baker EMS	Y	96-111/00-468	05-1028	Y	N
Barstow Fire	N				
Big Bear Fire	Y	96-112/00-468	06-1051	Y	N
Cal-Fire Highland	N				
Cal-Fire Yucaipa	N				
California Highway Patrol Aviation	N				
Chino Valley Independent Fire	N				
Colton Fire	N				
Combat Center Fire	Y	06-221		Y	N
Desert Ambulance	Y	96-114	04-310	Y	N
Loma Linda Fire	Y	00-991		Y	N
MCLB (Barstow)	Y	10-971		Y	N
Mercy Air	Y	10-217		Y	N
Mission Ambulance	Y	08-333		Y	N
Montclair Fire	Y	01-589		Y	N
Morongo Basin Ambulance		96-118	06-1215/06-1216	Y	N
Morongo Valley Fire	Y	08-69		Y	N
National Training Center / Ft. Irwin	Y	11-18		Y	N
Ontario Fire	N				
Rancho Cucamong Fire	Y	96-201		Y	N
Redlands Fire	N				
REACH Air Medical Services	N				
Rialto Fire	N				
Running Springs Fire	Y		06-1051	y	N
San Bernardino County Fire	**N**	**01-853/03-143**	**06-1050**		
San Bernardino County Sheriff's Aviation	Y	95-1102		Y	N
San Bernardino County Sheriff's Emergency Operations Division	Y	10-1092		Y	N
San Manuel Band of Serrano Mission Indians	Y	04-501		Y	N
Symons Emergency Specialties	Y	By ALS/BLS Special Event Permit		N	Yearly
Victorville Fire	Y	19-122		Y	3/29/2024

Fire departments without ALS agreements have refused to negoitate an agreement with ICEMA (LEMSA) on the basis of preceived 1797.201 protections and self-rule.
California Highway Patrol currently doesn't have a signed agreement, as their ALS services are exclusively in EMS Rescue Aircraft which are exempt from LEMSA regulation.
EMS Aircraft have been allowed to operate under a "Medical Control" application process to avoid any infraction of the Airline Deregulation Act of 1978.
ALS provider agencies Central Valley FP; Crest Forest FP, and the City of Upland all annexed into County Fire with existing ALS agreements.

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, *Governor*

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

December 16, 2019

Mr. Tom Lynch, EMS Administrator
Inland Counties Emergency Medical Agency
1425 South "D" Street
San Bernardino, CA 92415

Dear Mr. Lynch,

The Emergency Medical Services Authority (EMSA) has reviewed Inland Counties Emergency Medical Agency's 2017 Emergency Medical Services (EMS) plan and is providing you with initial review findings in accordance with the Health and Safety Code (HSC) and California Code of Regulations (CCR).

Response and Transportation
Authority
HSC § 1797.178 and CCR, Title 22, § 100168(b)(4)
Findings
EMSA is unable to confirm advanced life support (ALS) agreements are in place with the following providers: • Chino Valley Independent Fire District • Colton Fire Dept. • Fort Irwin Fire Dept. • Mercy Air • Rialto Fire Dept.

For those entities where EMSA has found no ALS agreement in accordance with HSC § 1797.178 and CCR, Title 22, § 100168(b)(4), please confirm an agreement is in place with the provider by submitting a copy of the agreement to EMSA. For any provider performing ALS services in Inland Counties Emergency Medical Agency's EMS system without a current ALS agreement in place, please provide clarification on why an agreement does not exist.

Please provide a written response and/or revised EMS plan addressing the findings within 60 days of the date of this letter to allow EMSA to assess and render a determination on your 2017 EMS plan. Should you have any questions, please contact me at (916) 431-3695.

Sincerely,

Tom McGinnis, EMT-P
Chief, EMS Systems Division

EMS PLAN UPDATE 2017

Prepared for:
State EMS Authority

By:
Tom Lynch, EMS Administrator
Inland Counties Emergency Medical Agency
For Year 2017 (Revised May 30, 2019)

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			X
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X	X		

D. RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Inter-county Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X	X		
8.03 HazMat Training		X			
8.04 Incident Command System		X			
8.05 Distribution of Casualties*		X			
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			

H. DISASTER MEDICAL RESPONSE (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X	X		
8.15 Inter-hospital Communications		X			
8.16 Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA administrative staff and Governing Board
2. Contractual agreements in place: Yes, JPA between Inyo, Mono and San Bernardino Counties
3. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

Current staffing levels remain below optimum. Work continues on recruitment efforts.

OBJECTIVE:

Full staffing and improving non-agency resources.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

Continued improvement in quality of CQI data through enhanced core measures and registry data. Link to transparent hospital discharge data elements.

1. Who is involved: ICEMA clinical staff and prehospital provider's EMS Coordinators
2. Contractual agreements in place: Yes, all ICEMA's provider agreements include language to the effect that providers will comply with ICEMA's policies and protocols
3. References to policy acknowledging policies/protocols in place: ICEMA's policies and protocols may be reviewed on ICEMA's website at www.icema.net

NEED(S):

Continuing improvement in data collection and metrics used to evaluate.

OBJECTIVE:

A robust data acquisition system with full discharge outcome.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA, EMCC, EMS stakeholders, Medical Advisory Committee, System Advisory Committee
2. Contractual agreements in place: Bylaws (EMCC)
3. References to policy acknowledging policies/protocols in place: Bylaws (EMCC)

NEED(S):

Continuing improvement of committee and task force member make up.

OBJECTIVE:

To establish committees and task forces that focus solely on improving patient care/outcomes and reduce or minimize agency/healthcare costs.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: *Meets minimum standard*

ICEMA's Medical Director meets standard and has established advisory groups in the spirit and meeting above guideline.

1. Who is involved: ICEMA Medical Director
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

To create a transparent advisory which strives to improve patient outcomes regardless of collateral provider impacts.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's EMS plan though older in design continues to provide performance in-line with original expectations. Adherence to prehospital protocols, response arrivals within contractual limits, etc.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes, with EMSA
3. References to policy acknowledging policies/protocols in place: Reference is Title 22 of the Health & Safety Code 1797.105

NEED(S):

N/A

OBJECTIVE:

Moving forward, with consideration of changes that will occur over the next few years, ICEMA continues to look at possible updates and enhancements.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-Range Plan (one year or less)
☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's EMS plan has remained stable for an extended period. Changes to system design must be well-thought out, and consideration must include the financial realities that so often negatively impact RFPs, patients and their payers through increased costs of providing care.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Patience necessary to ensure that new funding guidelines anticipated to be released by CMS in the next coming years are included in any redesign, RFP, or other significant change to existing system.

OBJECTIVE:

Continuous assessment of ICEMA's current plan and to adjust to external changes which impact our plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA Specialty Care Coordinator
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA is a signatory of a 11 county LEMSA mutual aid agreement

NEED(S):

OBJECTIVE:

To maintain a robust response capability and available resource capacity in addition to local resources.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has maintained ALS and/or LALS in the vast majority of its region; however, rural and wilderness pockets remain under-serviced and continue to pose challenges for providing BLS and ALS coverage. These areas include the majority of Inyo County, Mono County and large portions of San Bernardino County's upper deserts.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Where possible
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA is a signatory with 6 other LEMSAs for mutual aid.

NEED(S):

Service in general and ALS/LALS levels require resources including money and personnel, both of which are scarce or non-existent in areas of low population density and where there is an absence of viable employment opportunities will continue to face these and similar challenges

OBJECTIVE:

Continue to seek best practices and other solutions to low-density rural/wilderness areas where demand, distance does not support adequate resources.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA requires annual "medical control compliance" (inspections) inventory audits to ensure compliance with its policies for drugs and equipment. See ICEMA Reference #s 7010 and 7020.

1. Who is involved: ICEMA PBC Program Coordinator
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Annually audit compliance with medical control requirements.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: *Meets minimum standard*

ICEMA is actively involved in EMS for children, ICEMA's Specialty Care Coordinator attends committee meetings and provides ICEMA's input as is appropriate. ICEMA requires specialized equipment for specialty patients such as team calls, neonatal transport vehicles, and bariatric capabilities, and continues to identify other areas within the system where improvements are possible.

1. Who is involved: ICEMA Specialty Care Coordinator
2. Contractual agreements in place: Where relevant and/or possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To seek out and identify areas of special concern related to specific patient populations.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: *Meets minimum standard*

ICEMA's current EMS plan and prehospital providers has remained relatively stable over the years and has allowed the stakeholders to become experts in their assigned EMS role and responsibilities.

1. Who is involved: ICEMA PBC Program Coordinator, Specialty Care Coordinator, LEMSAC
2. Contractual agreements in place: Yes, where possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

To continue to work towards written agreements which spells out expectations, performance measures, and requirements for each stakeholder within the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA monitors its EMS system operations through a number of performance metrics. Response time compliance, STEMI, stroke, trauma registries, EMS aircraft transport audits, hospital outcome data - as may apply in specialty center areas, through reviews of patient/family complaints, through peer-driven inquires, training/exercises, etc. All sections within ICEMA share roles for regulatory oversight, including HPP Program Coordinator, PBC Program, Coordinator, Specialty Care Coordinator, and clinical staff.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

To ensure all areas within the EMS plan are operating within reasonable limits.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA coordinates its EMS system operations through policies, protocols, position statements, agreements, medical authority, etc. ICEMA's policies and protocols can be reviewed on ICEMA's website at www.icema.net.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes, where relevant
3. References to policy acknowledging policies/protocols in place: Yes, a complete list can be reviewed on ICEMA's website at www.icema.net

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

To ensure EMS system operations operate as designed and meet ICEMA's expectations for performance through regulatory oversight.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA continues to review and update policies and protocols on a continuous basis. ICEMA's policies and protocols may be reviewed on ICEMA's website at www.icema.net

1. Who is involved: ICEMA administrative and clinical staff
2. Contractual agreements in place: Yes, where relevant
3. References to policy acknowledging policies/protocols in place: A complete list of ICEMA's policies and procedures are available for review and reference ICEMA's website at www.icema.net

NEED(S):

OBJECTIVE:

To meet requirements of medical control for a LEMSA.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA meets standard through various committee audits of provider/facility performance, such as STEMI, stroke, and trauma review committees, individual CQI review of specific cases, response time reporting critical failure, exemption data reviews, EMCC stakeholder discussions, exercises, inspections, audit, etc.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes, where possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To enforce compliance with system policies.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA administrative staff and Governing Board
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

ICEMA continues to remain financially stable.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA maintains a stable set of base hospitals which provide direction to local prehospital providers. ICEMA continues to look at ways in the future that may improve prehospital providers access to medical control.

1. Who is involved: ICEMA administrative and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA remains active in its coordination with other surrounding LEMSAs. Riverside EMS, Kern County EMS, Orange County EMS, Los Angeles County DHS, and Imperial EMS are all examples of agencies that ICEMA interacts with on a routine basis.

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

To maintain and enhance prehospital provider access to medical control, and to ensure and improve relationships between prehospital and hospital providers and their staff.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Prehospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS: *Meets minimum standard*

ICEMA currently requires all providers to submit their QA/QI plans for review as part of its application process. In addition, ICEMA has established an internal CQI process for numerous areas under its responsibility, e.g., STEMI, stroke, trauma, EMS aircraft, etc.

1. Who is involved: ICEMA clinical staff, provider's EMS Coordinators, etc.
2. Contractual agreements in place: Yes, where relevant and/or possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

OBJECTIVE:

Continue to comply with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: *Meets minimum standard*

ICEMA currently complies with this requirement through policies, procedures, approved EMD programs, data submission requirements, etc. ICEMA's policies and protocols are available on ICEMA's website at www.icema.net

1. Who is involved: ICEMA EMS Administrator, Medical Director, and clinical staff
2. Contractual agreements in place: Yes, where appropriate
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continuance of compliance with this measure.

TIME FRAME FOR MEETING OBJECTIVE:

☒ Short-Range Plan (one year or less)
☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA meets this requirement through establishing protocols within ICEMA's 12000 protocol category. Those as well as all ICEMA's policies and protocols are on ICEMA's website at www.icema.net

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: N/A
3. References to policy acknowledging policies/protocols in place: See above

NEED(S):

N/A

OBJECTIVE:

Comply with standards requirement for this subject.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA established protocol category 12000 to address this component of the EMS plan.

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: ICEMA's policies and procedures are on ICEMA's website at www.icema.net

NEED(S):

N/A

OBJECTIVE:

Comply with requirements of this component of the EMS plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA established ICEMA Reference #9040 in compliance with this requirement.

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Comply with reporting requirements.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

ICEMA complies with this requirement through the establishment of ICEMA Reference #8010.

OBJECTIVE:

Comply with requirements of this component of the EMS plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: *Does not meet minimum standard*

ICEMA maintains ALS agreements with the majority of ALS providers.

1. Who is involved: ICEMA Administrative and PBC staff
2. Contractual agreements in place: Yes, where possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Assistance at the State level to address the unintended consequences of 1797.201 as this continues to remain the largest obstacle and motivates fire departments to avoid and refuse to contract with the LEMSA. At this time, no target date for completing objective can be established as this issue remains "status quo" until such time as legislation or direct involvement by EMSA provides a solution.

OBJECTIVE:

Complete ALS agreements with all ALS providers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: *Meets minimum standard*

ICEMA maintains an established group of base hospitals. ICEMA continues to review base hospital needs and effectiveness.

1. Who is involved: ICEMA Medical Director, Specialty Care Coordinator, and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To continue to support existing base hospital system while reviewing best practices, and updating as future opportunities present themselves.

TIME FRAME FOR MEETING OBJECTIVE:

☒ Short-Range Plan (one year or less)
☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

A trauma care system currently exists within ICEMA's region.

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Continue to examine need for additional trauma center through ICEMA's region.

OBJECTIVE:

Support, nurture, and grow (as possible) trauma system needs when opportunity exist and as resources become available.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-Range Plan (one year or less)
☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA currently has a specialized hospital Loma Linda University Medical Center that can provide for the critical care needs of pediatric patients. Surrounding counties also provide additional resources available for pediatric patients e.g. Riverside County Desert Regional Medical Center, Orange County Children's Hospital, LA County's UCLA and USC medical centers.

1. Who is involved: ICEMA administrative staff, Medical Director, and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continue to support ICEMA's existing critical care pediatric facility and to increase cooperation between ICEMA and surrounding LEMSAs in regards to resource availability.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's EMS system including OAs and EOAs has remained relatively stable, except for an RFP in Inyo county in 2015 which resulted in the loss of 2 EOAs which are now OAs and serviced by existing providers without service agreements

1. Who is involved: ICEMA administrative and PBC staff
2. Contractual agreements in place: Yes, where possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continued stability in prehospital providers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

From EMS Administrator to specialty care coordinator, ICEMA continuously monitors system needs in regards to training of prehospital personnel. ICEMA participates in numerous committees and other affiliations which assess and looks at opportunities for improving caregiver skills, best practices, and science-based treatment/improved outcomes

1. Who is involved: ICEMA Medical Director, clinical staff, ICEMA's EMS Administrator
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

Maintain ICEMA's aggressive assessment, evaluation, and training programs.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA staff now includes an additional staff member who along with other duties is tasked with increasing oversight of CE providers within ICEMA's region

1. Who is involved: ICEMA credentialing staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Review and audit every CE provider within ICEMA's region on an annual basis.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has and continues to meet standards and comply with all State regulations regarding same.

1. Who is involved: ICEMA credentialing staff
2. Contractual agreements in place: N/A
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: *Meets minimum standard*

ICEMA's Medical Director is responsible for the review and approval of PSAPs wishing to implement EMD into currently approved centers.

1. Who is involved: ICEMA Medical Director and ancillary staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continuance of existing regulatory oversight of PSAPs, secondary PSAPs, and private provider's EMS dispatch centers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: *Meets minimum standard*

Currently all ICEMA's prehospital providers meet this requirement

1. Who is involved: ICEMA credentialing staff
2. Contractual agreements in place: N/A
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continue compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's EMS plan currently includes at least one industrial first aid team (Searless Valley Minerals) which will on occasion respond to medical emergencies. In addition, ICEMA partners with public safety agencies such as the California Highway Patrol Aviation and federal entities for utilization in local mutual aid and disasters

1. Who is involved: ICEMA's EMS Administrator and ancillary staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA provides policies and protocols which provide medical direction for both transporting and non-transporting providers. These can be reviewed on ICEMA's website at www.icema.net

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: *Meets minimum standard*

ICEMA EMS field personnel are trained to meet the standards.

1. Who is involved: EMS field personnel
2. Contractual agreements in place: N/A
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Maintain compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA prehospital providers require all EMS field personnel trained in CPR.

1. Who is involved: EMS field personnel
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: *Meets minimum standard*

Hospitals within ICEMA's region require ED staff to be trained in ALS, e.g., physicians and nurses.

1. Who is involved: ICEMA Medical Director and clinical staff
2. References to policy acknowledging policies/protocols in place: Review of ICEMA's policies and protocols are on ICEMA's website at www.icema.net

NEED(S):

N/A

OBJECTIVE:

Comply with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's accreditation and authorization credentialing require testing to ensure understanding of and compliance with ICEMA's policies and protocols as a condition of certifying and/or authorizing personnel within ICEMA's region.

1. Who is involved: ICEMA Medical Director, clinical staff, and credentialing staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: ICEMA's policies and procedures are on ICEMA's website at www.icema.net

NEED(S):

N/A

OBJECTIVE:

Comply with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

BLS personnel (EMTs) are required for credentialing to have AED training; however, ICEMA currently does not have an established policy for public safety or " other support" personnel

1. Who is involved: State EMSA
2. Contractual agreements in place: No
3. References to policy acknowledging policies/protocols in place: ICEMA has established polices and protocols compliant with State regulations

NEED(S):

To establish policy(s) regarding the accreditation of public safety and support personnel in early defibrillation.

OBJECTIVE:

To comply with the standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA currently requires base hospital nurses to be trained and authorized as an MICN – "base" for purposes of providing direction in association with a base hospital physician.

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS: *Meets minimum standard*

ICEMA is currently compliance and works with all parties to ensure continuing compliance as technology changes the way we communicate.

1. Who is involved: ICEMA's HPP Coordinator
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes
4.

COORDINATION WITH OTHER EMS AGENCIES: ICEMA coordinates with CONFIRE, Ontario dispatch, CAL FIRE dispatch, Barstow PD, Mono County Sheriff, and Inyo County Sheriff in coordinating radio frequencies for dispatching of prehospital providers to EMS requests.

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: *Meets minimum standard*

ICEMA requires all prehospital providers to equip its vehicles with appropriate communications and provide portable communications to all EMS field personnel.

1. Who is involved: ICEMA, County ISD, Provider's IT departments, etc.
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continue to comply with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA keeps informed regarding continued compliance with this standard. During updates in technology, ICEMA works with affected providers to ensure smooth transitions between radio systems.

1. Who is involved: Providers and acute care facilities
2. Contractual agreements in place: N/A
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with prehospital providers and county agencies to ensure compliance with standard.

NEED(S):

N/A

OBJECTIVE:

Continue to remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

All prehospital providers have radio access to specific radio frequencies for use during incidents.

1. Who is involved: Local PSAPs, Secondary PSAPs, Provider's dispatch centers, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS: *Meets minimum standard*

ICEMA regional hospitals all have the capacity to communicate by two-way radio with other hospitals, ICEMA, and prehospital providers. In addition, all hospitals within ICEMA's region have been provided with ReddiNet capabilities as a redundancy way of communicating with ICEMA, other hospitals, and prehospital providers.

1. Who is involved: Hospital administrators
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continue to comply with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA currently meets standard and annually reviews compliance through local and/or statewide exercises.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: *Meets minimum standard*

ICEMA through its designated EMS dispatch centers continues to participate in on-going reviews of best practices and new technologies as they relate to "next gen 9-1-1".

1. Who is involved: ICEMA, PSAPs, Secondary PSAPs, and prehospital providers
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA continues to work closely with aligned EMS stakeholders to ensure continuing public education regarding the use of 9-1-1.

1. Who is involved: Prehospital providers and public safety agencies
2. References to policy acknowledging policies/protocols in place: ICEMA's policies and protocols may be reviewed on ICEMA's website at www.icema.net

NEED(S): N/A

OBJECTIVE: Continued compliance with standard

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: *Meets minimum standard*

Dispatch centers within ICEMA's region which utilize EMD protocols have had those protocols reviewed and approved by ICEMA's Medical Director.

1. Who is involved: ICEMA Medical Director and clinical staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

Identify sources of funding to support EMS services.

OBJECTIVE:

Continue to seek agreements with PSAPs.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS: *Meets minimum standard*

ICEMA's region has county by county coordination. Inyo and Mono Counties coordinate 9-1-1 EMS requests through the County's Sheriff's department, in San Bernardino County that coordination is accomplished through San Bernardino County Communications Center otherwise known as CONFIRE, Ontario Dispatch Center, Barstow PD Dispatch Center, and the CAL FIRE San Bernardino Communications Center.

1. Who is involved: ICEMA, PSAPs, Secondary PSAPs, Sheriff (Inyo and Mono Counties), local dispatch centers, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: *Meets minimum standard*

ICEMA's EMS plan was one of the first approved in the state.

1. Who is involved: ICEMA, EMS stakeholders, prehospital providers, political representatives, etc.
2. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA continues to coordinate with varying agencies as it pertains to OAs and EOAs. ICEMA's OAs and EOAs were primarily established prior to the original 1985 EMS Plan.

- San Bernardino County boundaries were generally the halfway point between ambulance providers' base of operations.
- Mono County boundaries were generally community based and positioned where the greatest historical call volume and possible quarters would allow; therefore, Walker, Bridgeport, June Lake, and Mammoth are the local cluster of calls in each area and provided available services and quarters to make them satisfactory for basing a responding unit.
- Inyo County generally align with local volunteer fire districts and the adjacent area surrounding area.

NEED(S):

N/A

OBJECTIVE:

Continued compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-Range Plan (one year or less)
☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA PBC and clinical staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

ICEMA oversees and regulates prehospital provider compliance with appropriate statues and regulations; policies, and protocols in a number of ways: medical control compliance (annual drug and equipment inspection), CQI run reviews, monthly response time audits, critical failure reporting and review, patient/family feedback, stakeholder feedback, staff ride-outs, etc.

OBJECTIVE:

To ensure appropriate patient care and compliance with all forms of regulatory authority.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

Through ICEMA's Medical Director, emergency medical dispatch standards are reviewed and approved prior to implementation in-line with medical control. Although PSAPs and secondary PSAPs are allowed to develop EMD processes by center, the final approval and authority rests with ICEMA's Medical Director.

1. Who is involved: ICEMA Medical Director, PSAPs, Secondary PSAPs, and local dispatch centers
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To ensure appropriate response for medical requests.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's current permitting process includes permitting for IFT and emergency ambulance transportation. It requires ambulance transport providers to comply with ICEMA policies and protocols.

1. Who is involved: ICEMA and Governing Board
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To ensure all ambulance patients 9-1-1 or scheduled to have confidence that the provider adheres to and follows ICEMA's Policies and Protocols in effect to protect and ensure proper levels of care.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA, prehospital providers, dispatch centers, etc.
2. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with all providers (first responders and transport) to reach this goal. Currently, ICEMA's system allows for 9:59 for transport providers to arrive on scene and first responders arrive anywhere from 5 - 9 minutes. Additionally, some rural areas of ICEMA's region are as desolate and sparsely populated as "wilderness areas" and as such have response time that extend past the 20:00 standard.

NEED(S):

N/A

OBJECTIVE:

To constantly look for better ways to deliver first patient contact through technology that can transcend distance.

TIME FRAME FOR MEETING OBJECTIVE: **ICEMA CONTINUES TO LOOK FOR BEST PRACTICES THAT ADDRESS THIS ISSUE**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA requires all providers meet all federal, state, and local regulations

1. Who is involved: ICEMA, prehospital providers and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes, where applicable

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has incorporated public safety into its EMS system.

1. Who is involved: ICEMA staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA permits EMS aircraft, through established helicopter dispatch zones which identifies the closest based resource for dispatch.

1. Who is involved: ICEMA and EMS aircraft providers
2. An annual application which requires acknowledgement of ICEMA's Medical Control Authority and agreement to comply with ICEMA's polices and treatment protocols
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with both public, private, and military assets in complying with this standard.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has established an EMS aircraft dispatch center (ADC).

1. Who is involved: ICEMA Medical Director, EMS Administrator, PBC staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has identified available medical and rescue EMS aircraft and have permitted as appropriate.

1. Who is involved: ICEMA EMS Administrator and PBC staff
2. An application/permitting process replaces "written agreements"
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with all EMS stakeholders to ensure this valuable resource is maintained and utilized as appropriate.

NEED(S):

N/A

OBJECTIVE:

To remain compliance with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: *Meets minimum standard*

ICEMA's prehospital providers (based upon their individual location(s)) provide, ground, air, water, snow-vehicles, bicycle response, line-rescue, etc. as appropriate/necessary.

1. Who is involved: ICEMA, EMS Stakeholders, EMS Field Providers
2. References to policy acknowledging policies/protocols in place:

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with prehospital providers, public safety agencies, military, and community volunteer entities.

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has established processes for the deployment of OES DMAT vehicle(s) located within ICEMA's region, as well as, other disaster related equipment and supplies.

1. Who is involved: ICEMA, EMS stakeholders, County Public Health Departments, local law enforcement, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: *Meets minimum standard*

ICEMA is a signatory of an 11 county LEMSA agreement that provides for mutual aid, financial responsibility, etc.

1. Who is involved: ICEMA administrative staff and Governing Board
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: As appropriate

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA coordinates through various channels dependent upon the event/needs. It may be through San Bernardino County's OES, CalOES, Inyo/Mono Sheriffs, MHOAC, RDMHS, etc.

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA Medical Director, Duty Officers, clinical staff, EMS stakeholders, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA, EMS Stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA EMS Administrator
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA staff
2. References to policy acknowledging policies/protocols in place: Yes, ICEMA Reference #s 7010 and 7020 as examples

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has established policies and protocol which provide regulatory medical control oversight of all prehospital providers within the ICEMA region.

1. Who is involved: ICEMA EMS Administrator, Medical Director and staff
2. Contractual agreements in place: Where possible, but also included as a component of applications for designations, permitting, categorizing, etc.
3. References to policy acknowledging policies/protocols in place: ICEMA's policies and protocols can be review on the ICEMA website at www.icema.net

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's EMS plan in regards to OAs and EOAs was one of the first EMS plans submitted to EMSA in the early to mid-eighties. The EMS plan recognized many providers as qualifying under 1797.224 and upon challenge in approximately 1996, was amended with the addition of 1797.226 (San Bernardino County).

1. Who is involved: ICEMA administrative staff
2. Contractual agreements in place: Yes, where possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

I

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

In 2015, ICEMA released an EMSA approved RFP for Inyo County EOAs 4 and 5, and OAs 6 and 7. Final results of the RFP where a loss of contracted provider in (previously) EOAs 4 and 5 (1 bid was received for EOA 4 by currently provider, but retracted due to financial reasons), and no bid for EOA 5. No bids were also recorded for both OAs 6 and 7.

Where EOAs exist in ICEMA's region, the EOA providers are entitled (except Inyo EOA 1 selected in 2015 RFP) by 1797.224 or 1797.226 as these providers were providing the service without interruption since January 1981.

1. Who is involved: ICEMA's Administrator, PBC staff, and elected leaders of the individual county(s) involved
2. Contractual agreements in place: Where possible
3. References to policy acknowledging policies/protocols in place: Yes

Areas within ICEMA still remain under-served and/or without a local provider and serviced only by mutual aid from a neighboring county.

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA PBC and clinical staff
2. Contractual agreements in place: Where possible
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

Although in some areas of ICEMA's region, OAs and EOAs could potentially benefit from a redesign, the overall impact of such a redesign creates more risk than benefit. In Inyo County's underserved areas most, if not all, would not see an increase in services due to the low-density/low call volume/low revenue nature of their geographical makeup.

1. Who is involved: ICEMA staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: *Meets minimum standard*

ICEMA through various staff focuses attends quarterly specialty care committee meetings, site visits and audits facilities disaster plans and equipment, through CQI reviews initial and discharge patient information as a measure of patient care quality, etc.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Where applicable
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with all EMS Stakeholders to establish appropriate prehospital triage protocols.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with all EMS Stakeholders to ensure patient receive the correct care. ICEMA has established a "Continuation of Care" protocol which provides prehospital providers with the access to the closest acute facility for stabilization care; upon which continuation transport to a specialty care center can then occur.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA EMS Administrator, Medical Director and staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA continues to work with all EMS Stakeholders to ensure patients that require specialized care are transported to Specialty Centers as is appropriate.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE: Remain compliant with standard

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: *Meets minimum standard*

ICEMA has through its HPP Coordinator established agreements and expectations hospital involvement in disaster preparation and mass casualty management.

1. Who is involved: ICEMA HPP Coordinator and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard)*

1. Who is involved: 11 county (OES Region 1 & 6) and 6 county (OES Region 6) LEMSA mutual aid agreements
2. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA has held discussions with its bordering LEMSAs in regards to this specific scenario.

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes.

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with all EMS stakeholders regarding access to medical direction.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has met the specific focus points outlined above. Although there is additional need for specialized care centers is specific areas of ICEMA's region, e.g., San Bernardino County High Desert, Inyo and Mono Counties, all areas have access to specialty care centers through a both air transport, and/or continuation of care polices for stabilization measures.

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Where appropriate
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

☒ Short-Range Plan (one year or less)
☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA seeks EMS stakeholder input regarding its Trauma Care System.

1. Who is involved: ICEMA Medical Director, clinical staff, ICEMA committees, EMS stakeholders, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

- The number and role of system participants, particularly of emergency departments,
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- 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 specialty care centers,
- Identification of providers who are qualified to transport such patients to a designated facility,
- Identification of tertiary care centers for pediatric critical care and pediatric trauma,
- The role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- A plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's EMS system currently contains a Level I pediatric trauma center and Level 1 adult trauma center. In addition, ICEMA's region is surrounded by numerous pediatric and critical care facilities, such as: Desert Regional Medical Center, Antelope Valley Hospital, University of Las Vegas Medical Center, Sunrise Medical Center, UCI, and UCLA medical centers.

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Where appropriate
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-Range Plan (one year or less)
☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- Staffing,
- Training,
- Equipment,
- Identification of patients for whom consultation with a pediatric critical care center is appropriate,
- Quality assurance/quality improvement, and
- Data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *Does not meet standard*

ICEMA currently does not have standards for pediatric capable EDs other than recognized pediatric trauma centers. The standards for pediatric capabilities of the emergency departments are not currently defined by ICEMA through an established hospital policy or contractual designation agreement. However, prehospital and hospital pediatric care has been integrated into ICEMA's existing EMS system. Though pediatric drug and equipment lists, policies and protocols specific population and when a pediatric patient has been identified the available resources in our system. Currently Loma Linda University Children's Hospital (LLUCH) is prepared and will to accept and care for these patients. ICEMA does recognize LLUCH as a Level 1 pediatric trauma center.

ICEMA currently does not have a process for designating ED for their pediatric capabilities other than those established for pediatric trauma centers.

1. Who is involved: ICEMA Medical Director
2. References to policy acknowledging policies/protocols in place: Not specific to EDs

NEED(S):

N/A

OBJECTIVE:

To develop a working plan on how to achieve standard.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-Range Plan (one year or less)
☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Does not meet standard*

ICEMA currently does not meet this standard.

1. Who is involved: ICEMA Medical Director
2. Contractual agreements in place: No
3. References to policy acknowledging policies/protocols in place: No

NEED(S):

To develop an action plan to meet standard.

OBJECTIVE:

To meet standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA currently seeks stakeholder participation and input regarding enhancements to ICEMA's EMS system.

1. Who is involved: EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with the standard.

TIME FRAME FOR MEETING OBJECTIVE:

☒ Short-Range Plan (one year or less)
☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

ICEMA seeks regular input by all EMS stakeholders.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA Medical Director and clinical staff
2. Contractual agreements in place: Yes, where applicable
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's prehospital providers utilize ePCR for patient care record reporting

1. Who is involved: ICEMA staff
2. References to policy acknowledging policies/protocols in place: Yes, example ICEMA Reference #2050

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: *Meets minimum standard*

ICEMA CQI utilizes ePCR for prehospital patient care review. ICEMA's PBC staff use Provider CAD data for response time compliance.

1. Who is involved: ICEMA staff and prehospital provider's EMS coordinators
2. References to policy acknowledging policies/protocols in place: Yes

NEEDS:

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA reviews all dispatch agencies requests for implementation of EMD. ICEMA's Medical Director must approve all EMD programs to ensure compliance with acceptable practices

1. Who is involved: ICEMA Medical Director and clinical staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: *Meets minimum standard*

ICEMA uses CAD and ePCR data to assist in system planning.

1. Who is involved: ICEMA Data Consultant
2. References to policy acknowledging policies/protocols in place: Yes, example would be ICEMA Reference #2050

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with other LEMSAs, EMSA, and local prehospital providers regarding the submission of and storage of data for State EMS submission, registry participation, etc.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA utilizes numerous programs which it uses to evaluate its regional EMS system. They include: PBC metrics complied monthly, bed delay reports developed from ePCR data reported monthly, EMS Aircraft transports by CAD reported weekly, CQI audits, HPP facility audits, annual Medical Control Compliance inspections, Specialty Care Center surveys, etc.

1. Who is involved: ICEMA staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has resources assigned to EMS system evaluation.

1. Who is involved: ICEMA staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA meets this standard in several ways: EMCC, PBC annual report, EMCC's report to ICEMA's Governing Board, etc.

1. Who is involved: ICEMA staff and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Where applicable

NEEDS:

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: Meets minimum standard

ICEMA's CQI program incorporates both prehospital patient care compliance with treatment protocols, destination/specialty care policies, and hospital discharge results.

1. Who is involved: ICEMA Medical Director and clinical staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA's clinical staff participate in Trauma Review Committee meetings, presents case findings when appropriate, and is involved in hospital accreditation surveys.

1. Who is involved: ICEMA Medical Director and clinical staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS: *Meets minimum standard*

ICEMA has provided ePCR data sites which enable ICEMA's acute care hospitals to see arriving patients. This also improves patient transfer processes as reports are captured electronically along with supporting data, e.g., ECG strips, code logs, etc.

1. Who is involved: ICEMA staff
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

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

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: *Does not meet standard*

ICEMA works with its prehospital providers to discharge its public education requirements; however, certain bulleted points above have not been addressed.

1. Who is involved: ICEMA staff and prehospital providers
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

ICEMA will review weaknesses in its current public education strategy and look for opportunities to increase/include topics not currently address by its campaign.

OBJECTIVE:

To meet minimum standard. ICEMA will continue to work towards full compliance with this standard. Prehospital providers, EMCC, hospitals, Public Health and other EMS stakeholders continue to promote, provide training, and look for new ways to communicate and disseminate information which will reduce preventable injuries, illnesses, and improve outcomes of those requiring EMS care.

At this time, no specific target date for obtaining goal is possible.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-Range Plan (one year or less)
☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *Meets minimum standard*

ICEMA, along with EMS stakeholders, provides health education programs in an effort to promote injury control and preventive medicine.

1. Who is involved: ICEMA staff, Departments of Public Health (Inyo, Mono and San Bernardino Counties), and healthcare organizations, i.e., Kaiser, Molina, etc.
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: *Meets minimum standard*

ICEMA along with San Bernardino County OES, Inyo and Mono County Departments' of Public Health, continue to educate, training, practice Disaster response plans.

1. Who is involved: ICEMA HPP staff, San Bernardino County OES, Departments of Public Health (Inyo, Mono and San Bernardino Counties), etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *Meets minimum standard*

ICEMA through is EMS stakeholders makes first aid and CPR training available to the general public.

1. Who is involved: ICEMA staff and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA along with OES and public health departments has developed numerous action plans for disaster response.

1. Who is involved: ICEMA staff, OES, Departments of Public Health (Inyo, Mono and San Bernardino Counties), hospitals, prehospital providers, law enforcement, etc.
2. Contractual agreements in place: Where appropriate
3. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA , OES, DPH, EMS stakeholders, etc.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: *Meets minimum standard*

ICEMA practices with its EMS stakeholders disaster response plans for numerous scenarios, including terrorist attacks, natural disasters, hazardous/toxic events, floods, fires, earthquakes, etc.

1. Who is involved: ICEMA, OES/CalOES, Departments of Public Health (Inyo, Mono and San Bernardino Counties), hospitals, prehospital providers, law enforcement, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA in conjunction with its EMS stakeholders have trained and stockpiled caches of equipment and supplies for disaster response.

1. Who is involved: ICEMA, OES, EMSA, EMS stakeholders, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA staff, OES staff, and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA staff, OES staff, and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

COORDINATION WITH OTHER EMS AGENCIES:

ICEMA works with its EMS stakeholders to meet this requirement.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: *Meets minimum standard*

ICEMA utilizes WebEOC, the MHOAC/RDHMS system in conjunction with OES/CalOES.

1. Who is involved: ICEMA, OES, RDHMS, etc.
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

Prehospital provider and hospitals are provided with communication equipment and redundancies which meet this requirement.

1. Who is involved: ICEMA, OES, CONFIRE, Inyo and Mono County Sheriffs, etc.
2. References to policy acknowledging policies/protocols in place: Yes, ICEMA's policies and protocols may be reviewed on ICEMA's website at www.icema.net

COORDINATION WITH OTHER EMS AGENCIES:

OES, CONFIRE, Inyo and Mono County Sheriffs

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: *Meets minimum standard*

ICEMA has and continues to maintain an inventory of medical resources available to respond to incidents and other local disasters.

1. Who is involved: ICEMA staff and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: Local DMATs
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA is a signatory to the two LEMSA agreements previously identified in earlier standards.

1. Who is involved: Counties of Inyo, Mono, San Bernardino, Riverside, Los Angeles, Orange, Imperial, Ventura, Santa Barbara, San Luis Obispo, and San Diego County
2. Contractual agreements in place: Yes
3. References to policy acknowledging policies/protocols in place: N/A

COORDINATION WITH OTHER EMS AGENCIES:

See above.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA HPP Coordinator, Departments of Public Health (Inyo, Mono and San Bernardino Counties), OES, and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: N/A

COORDINATION WITH OTHER EMS AGENCIES:

Departments of Public Health (Inyo, Mono and San Bernardino Counties), OES, and EMS stakeholders.

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has and maintains plans for use in the establishing of CCPs and communication with them in the event of a local or regional disaster.

1. Who is involved: ICEMA HPP Coordinator, EMS stakeholders, OES, Departments of Public Health (Inyo, Mono and San Bernardino Counties)
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *Meets minimum standard*

ICEMA coordinates training and exercises with its EMS stakeholders to ensure proper response to disaster incidents.

1. Who is involved: ICEMA staff, EMS stakeholders, OES, Departments of Public Health (Inyo, Mono and San Bernardino Counties), etc.
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: *Meets minimum standard*

1. Who is involved: ICEMA staff and EMS stakeholders
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has established radio and internet inter-hospital communications networks which provide several options if normal lines of communication were to fail.

1. Who is involved: ICEMA, EMS stakeholders
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: *Meets minimum standard*

ICEMA has provided and continues to support training efforts, exercises, to support preparations for significant medical incidents which would challenge and/or overwhelm normal operational services.

1. Who is involved: ICEMA staff
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA has established guidelines which address mutual aid responders and their ability to function.

1. Who is involved: ICEMA Medical Director, clinical staff, and mutual aid providers
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

To remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA continues to work with designated specialty care centers to ensure capabilities meet requirements.

1. Who is involved: ICEMA Specialty Care Coordinator and designated specialty care centers
2. References to policy acknowledging policies/protocols in place: Yes

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Meets minimum standard*

ICEMA maintains a mutual aid component to all EOA/OA providers which allows for mutual aid requests when local resources are unable to adequately respond to demand.

1. Who is involved: ICEMA EMS Administrator, staff, and EOA/OA providers
2. References to policy acknowledging policies/protocols in place: N/A

NEED(S):

N/A

OBJECTIVE:

Remain compliant with standard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)**
Reporting Year: **2017-18**

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

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

	San Bernardino	Inyo	Mono
A. Basic Life Support (BLS)	**7%**	**60%**	**30%**
B. Limited Advanced Life Support (LALS)	**3%**	**10%**	**0%**
C. Advanced Life Support (ALS)	**90%**	**30%**	**70%**

LALS is provided at this time by a limited number of SB County Sheriff's Search and Rescue and Inyo's Olancha Cartago, Lone Pine, and Southern Inyo Volunteer Fire Departments.

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designations of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	X

TABLE 2: SYSTEM RESOURCES AND OPERATIONS (cont.)

Administration of critical incident stress debriefing team (CISD)	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: Hospital Preparedness Program	**X**

5. EXPENSES

Salaries and benefits (All but contract personnel)	$1,641,445
Contract Services(e.g. medical director)	1,827,622
Travel	53,493
Other: Central Services	65,579
Other: Transfers to other departments	440,829
Reimbursements	(44,407)
TOTAL EXPENSES	**$3,984,561**

6. SOURCES OF REVENUE

Licenses and Permits	$ 355,829
Fines and Forfeitures	1,155,734
Rev from Use of Money	8,058
State, Fed or Govt Aid	1,586,233
Current Services	870,882
Other Revenue	74,384
TOTAL REVENUE	**$4,051,120**
Net County Cost (GF) Use of Fund Balance	(66,559)

FUND BALANCES

General (SMI-ICM)	$ 832,540
PBC Liquidated Damages - Trust Fund including rollover (CYX-)	1,272,132
HPP (CYZ-ICM)	152,459
Maddy Funds (CYY-ICM)	906,996
TOTAL TRUST FUND BALANCES	**$3,164,127**

The budget numbers were revised from "estimates" to "actuals" as the completed calculations are now available which demonstrate that ICEMA is fiscally sound with a $66,559 surplus for the year.

The budgeted estimates are used for planning purposes and are modified and revised continuously until such time as finals are completed. ICEMA like many departments continuously adjusts expenses based upon on-going changes throughout the year to ensure that we remain financially sound.

7. FEE STRUCTURE FY 2017-18

First responder Registration (EMR)	$70
First responder Re-registration (EMR)	$70
First responder Challenge (EMR)	$75
AEMT Certification	$70
AEMT Re-certification	$70
EMT Certification	$70
EMT Re-certification	$70
EMT-P Accreditation	$120
EMT-P Re-verification	$70
Mobile Intensive Care Nurse (MICN) Authorization	$120
MICN Re-authorization	$120
MICN Challenge	$235
EMR Training Program Approval	$650
EMT Training Program Approval	$1,500
EMT-P Training Program Approval	$1,500
MICN Training Program Approval	$400
Continuing Education Provider	$650
Base hospital Application	$5,000
Base hospital Designation (annual)	$5,000
Trauma Center Application	$5,000
Trauma Center Annual Designation	$25,000
STEMI Receiving Center Designation Application	$5,000
STEMI Receiving Center Designation (Contract)	$17,445
Stroke Receiving Center Application	$5,000
Stroke Receiving Center Designation (Contract)	$19,045
Provision of Medical Control	$2,000
Medical Control Compliance (Inspections - air and non-air)	$400 per unit
EMS Aircraft Medical Control	$Actual Cost-Pro Rata Share Per Provider
Protocol Manual (binder)	$40
Protocol Manual (inserts only)	$25
Protocol Manual (CD)	$10
Equipment Rental (Standard)	$10 per item
Equipment Rental (Deluxe)	$25 per item
Statistic Research	$100 per hour
EMT/AEMT Credential Replacement	$25
EMS Credential name Change	$25
EMS Temporary Special Events (minor event application)	$125
EMS Temporary Special Events (major event application)	$375

7. Complete the table on the following two pages for the EMS agency staff for fiscal year **2017-18**

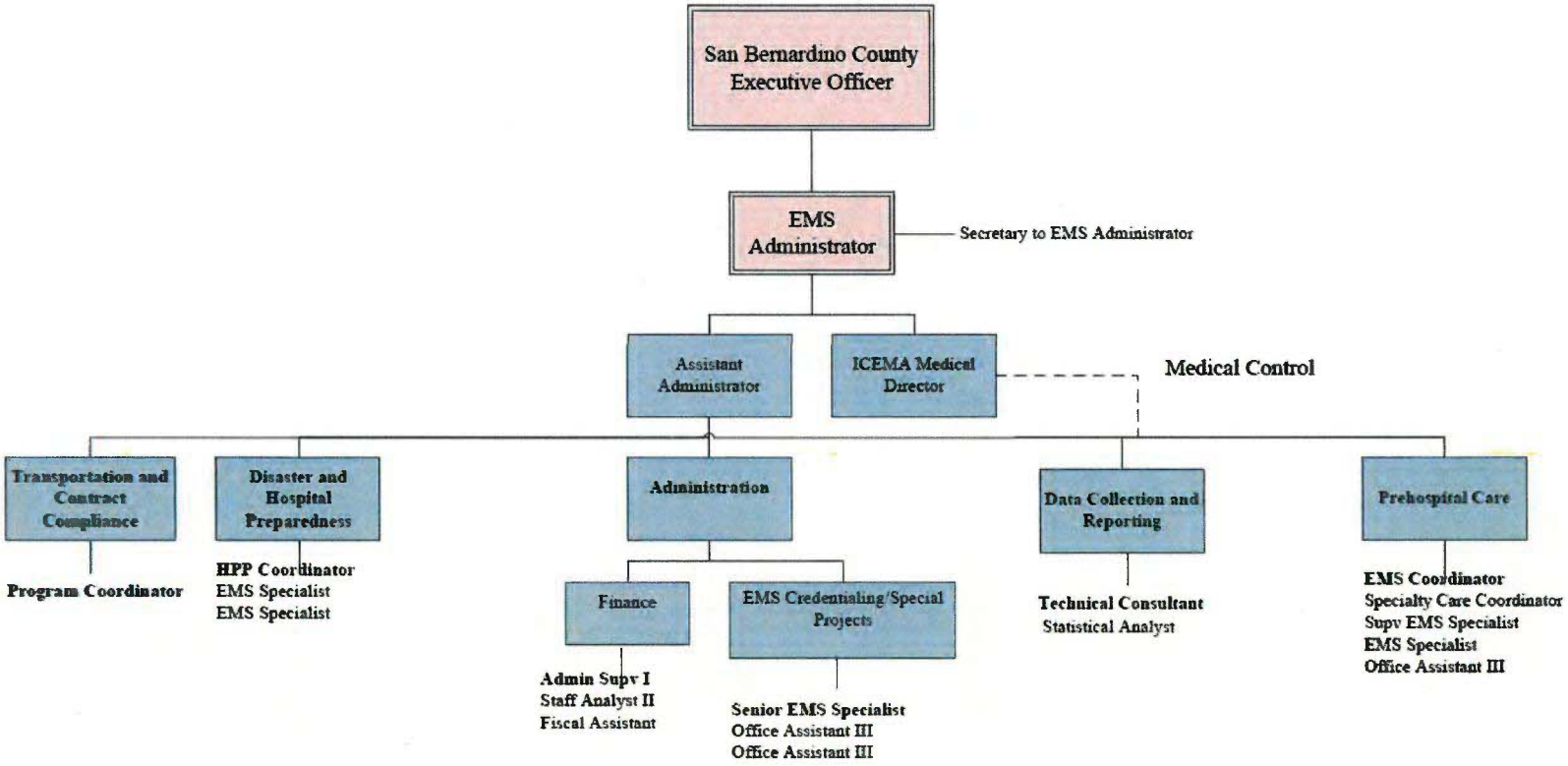
TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** Reporting Year: **2017-18**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./ Director	Contract EMS Administrator	1	$73.06	57%	
Asst. Admin./Admin. Supervisor	Administrative Supervisor I	1	$40.36	45%	
HPP Coordinator	Contract EMS Coordinator	1	$50.00	45%	
Program Coordinator/ Field Liaison (Non-clinical)	Public Health Program Coordinator	1	$43.40	45%	
Trauma Coordinator	Contract EMS Specialty Care Coordinator	1	$50.00	45%	
Medical Director	Contract Medical Director	Contract			$145,000 annual
Disaster Medical Planner	EMS Specialist	1	$34.80	45%	
QA/QI Coordinator	EMS Specialist	1	$34.80	45%	
Cont. Education Specialist	EMS Specialist	1	$34.80	45%	
Secretary	Secretary II	1	$23.55	45%	
Data Entry Clerk	Office Assistant III	3	$20.10	45%	
Other	Contract EMS Technical Consultant	1	50.00	45%	
Other	Senior EMS Specialist	1	38.41	45%	
Other	Statistical Analyst	1	$36.56	45%	
Other	Staff Analyst II	1	$36.56	45%	
Other	Fiscal Specialist	1	$21.88	45%	

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

ICEMA Organizational Chart



SAN BERNARDINO COUNTY ORGANIZATIONAL CHART

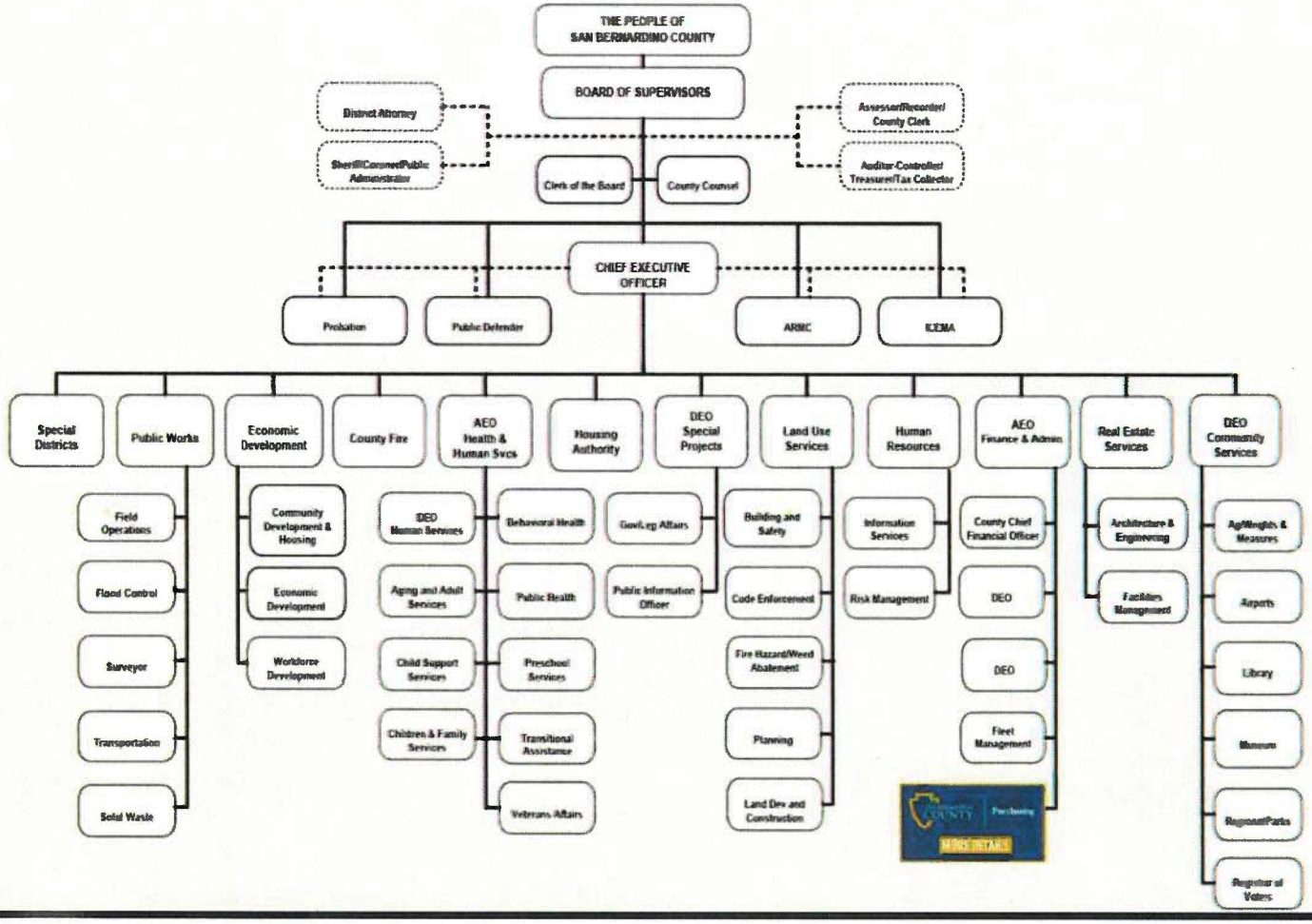


TABLE 3: STAFFING/TRAINING

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** Reporting Year: **2017-18**

NOTE: Table 3 is to be reported by agency.

	EMT	AEMT	EMT-P	MICN
Total Certified	1464	10	699	207
Number newly certified this year	395	10	146	69
Number recertified this year	1,132	0	553	138
Total number of accredited personnel on July 1 of the reporting year	2,744	22	1402	380
Number of certification reviews resulting in:				
a) formal investigations	72	0	N/A	N/A
b) probation	8	0	N/A	N/A
c) suspensions	0	0	N/A	N/A
d) revocations	23	0	N/A	N/A
e) denials	0	0	N/A	N/A
f) denials of renewal	0	0	N/A	N/A
g) no action taken	41	0	N/A	N/A

1. Number of EMS dispatch agencies utilizing EMD Guidelines: **2**
2. Early defibrillation:
   a) Number of EMT = (defib) certified **ALL**
   b) Number of public safety (defib) certified (non-EMT) **Unknown**
3. Do you have a first responder training program ☒ yes ☐

TABLE 4: COMMUNICATIONS

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

County: **Inyo**

Reporting Year: **2017-18**

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

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

6. Who is your primary dispatch agency for day-to-day emergencies? **CHP, Inyo County Sheriff and Bishop Police Department**

7. Who is your primary dispatch agency for a disaster? **Inyo County Sheriff**

TABLE 4: COMMUNICATIONS (continued)

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

County: **Mono**

Reporting Year: **2017-18**

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

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

6. Who is your primary dispatch agency for day-to-day emergencies? **CHP and Mono County Sheriff**
7. Who is your primary dispatch agency for a disaster? **Mono County Sheriff**

TABLE 4: COMMUNICATIONS (continued)

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

County: **San Bernardino**

Reporting Year: **2017-18**

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

1.	Number of primary Public Service Answering Points (PSAP)	**20**
2.	Number of secondary PSAPs	**3**
3.	Number of dispatch centers directly dispatching ambulances	**4**
4.	Number of designated dispatch centers for EMS Aircraft	**1**
5.	Do you have an operational area disaster communication system?	**Yes**
	a. Radio primary frequency	**800MHz**
	b. Other methods	**VHF**
	c. Can all medical response units communicate on the same disaster communications system?	**Yes**
	d. Do you participate in OASIS?	**Yes**
	e. Do you have a plan to utilize RACES as a back-up communication system?	**Yes**
	1) Within the operational area?	**Yes**
	2) Between the operational area and the region and/or state?	**Yes**
6.	Who is your primary dispatch agency for day-to-day emergencies?	**Multiple**
7.	Who is your primary dispatch agency for a disaster? **San Bernardino Communications Center; Inyo County Sheriff, Mono County Sheriff**	

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** Reporting Year: **2017-18**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **5 * All other response units are now ALS assessment in level**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	9:59 Meets or exceeds 90%	9:59 – 24:59 Meets or exceeds 90%	Less than 99:59 Meets or exceeds 90%	9:59-99:59 Meets or exceeds 90%

*N/A Identifies where ICEMA do not have enforceable performance metrics with, public safety personnel, 1st responders, etc. ICEMA's Agreements are primarily with the ground ambulance transport providers.

TABLE 6: FACILITIES/CRITICAL CARE

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

Reporting Year: **2017-18**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	**4890**
b) Number of major trauma victims transported directly to a trauma center by ambulance	**3640**
c) Number of major trauma patients transferred to a trauma center	**1250**
d) Number of patients meeting triage criteria who weren't treated at a trauma center	516

Emergency Departments

Total number of emergency departments	**22**
a) Number of referral emergency services	**0**
b) Number of standby emergency services	**4**
c) Number of basic emergency services	**18**
d) Number of comprehensive emergency services	**0**

Receiving Hospitals

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

TABLE 7: DISASTER MEDICAL

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

County: **Inyo**

Reporting Year: **2017-18**

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP) **2**
   a. Where are your CCPs located? **Hospitals**
   b. How are they staffed? **Hospital And EMS**
   c. Do you have a supply system for supporting them for 72 hours? **Yes**

2. CISD
   Do you have a CISD provider with 24 hour capability? **Yes**

3. Medical Response Team
   a. Do you have any team medical response capability? **Yes**
   b. For each team, are they incorporated into your local response plan? **Yes**
   c. Are they available for statewide response? **Yes**
   d. Are they part of a formal out-of-state response system? **Yes**

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? **Yes**
   b. At what HazMat level are they trained? _____
   c. Do you have the ability to do decontamination in an emergency room? **Yes**
   d. Do you have the ability to do decontamination in the field? **Yes**

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes**

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **2**
3. Have you tested your MCI Plan this year in a:
   a. real event? **Yes**
   b. exercise? **Yes**

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

5. Do you have formal agreements with hospitals in your operational area to

participate in disaster planning and response? **Yes**

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

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

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

County: **Mono**

Reporting Year: **2017-18**

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

SYSTEM RESOURCES

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes**

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **1**

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

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

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

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

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

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

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

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

TABLE 7: DISASTER MEDICAL (continued)

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

County: **San Bernardino**

Reporting year: **2017-18**

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

SYSTEM RESOURCES

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

TABLE 7: DISASTER MEDICAL (continued)

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes**

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **1-3**

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

4. List all counties with which you have a written medical mutual aid agreement.
   Inyo, Mono, Riverside, Imperial, San Diego, Los Angeles, Ventura,

Santa Barbara, Orange and San Luis Obispo

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

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

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

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

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

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Big Pine Fire Department - S62-50141

Response Zone: 2

Address: 181 North Main Street
Big Pine, CA 93513

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 938-2293

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

139	Total number of responses	101	Total number of transports
138	Number of emergency responses	100	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Death Valley National Park USFS - S62-51616

Response Zone: 8

Address: PO Box 579
Death Valley, CA 92328

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (760) 786-2340

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

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

*National Park is not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Independence Fire Department - S62-50485

Response Zone: 3

Address: 102 South Jackson Street
Independence, CA 93526

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 878-2004

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

103	Total number of responses	76	Total number of transports
103	Number of emergency responses	76	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Lone Pine Fire Protection District - S62-50558

Response Zone: 4

Address: 130 North Jackson Street
Lone Pine, CA 93545

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 876-4626

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

289	Total number of responses	206	Total number of transports
179	Number of emergency responses	109	Number of emergency transports
110	Number of non-emergency responses	97	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
0	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Olancha-Cartago Fire Department - S62-50691

Response Zone: 5

Address: 689 Shop Street
Olancha, CA 93549

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (760) 764-2370

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

54	Total number of responses	33	Total number of transports
54	Number of emergency responses	33	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Sierra Lifeflight - S62-50871

Response Zone: N/A

Address: 487 Grove Street
Bishop, CA 93514

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (760) 872-2201

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

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

Air Ambulance Services

453	Total number of responses	453	Total number of transports
116	Number of emergency responses	116	Number of emergency transports
337	Number of non-emergency responses	337	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Southern Inyo Fire Protection District - S62-50897

Response Zone: 9

Address: 410 Tecopa Hot Springs Road
Tecopa, CA 92389

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 852-4130

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

*Southern Inyo Fire Protection District has been reporting data into the wrong location e.g. training portal for Elite vs department portal and will be working to re-input at a later date

Transporting Agencies

0	Total number of responses	0	Total number of transports
0	~~Number of emergency responses~~	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Inyo

Provider: Symons Emergency Specialties - S62-50922

Response Zone: 1

Address: 214 West Line Street
Bishop, CA 93514

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (760) 873-8904

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

2031	Total number of responses	1655	Total number of transports
1454	Number of emergency responses	1103	Number of emergency transports
577	Number of non-emergency responses	552	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: Antelope Valley Fire District - S62-51735

Response Zone: 1

Address: 302 Western Drive
Coleville, CA 96107

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (530) 495-2900

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Transport ☐ ALS ☑ 9-1-1 ☑ Ground ☑ Non-Transport ☑ BLS ☐ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Antelope Valley FD was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: Bridgeport Fire Protection District - S62-51738

Response Zone: 1

Address: 425 Main Street
Bridgeport, CA 93517

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 932-7549

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Transport ☐ ALS ☑ 9-1-1 ☑ Ground ☑ Non-Transport ☑ BLS ☐ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Bridgeport FPD was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono **Provider:** Chalfant Valley Fire District **Response Zone:** 4

Address: 215 Valley Road
Chalfant, CA 93514

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (760) 873-5402

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

*Chalfant was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: June Lake Fire District - S62-51739

Response Zone: 1

Address: 2380 Highway 158
June Lake, CA 93529

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 648-7390

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

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

*June Lake FD was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: Lee Vining Fire District - S62-51740

Response Zone: 1

Address: 55 Main Street
Lee Vining, CA 93541

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 647-6400

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

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

*Lee Vining was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono **Provider:** Long Valley Fire District **Response Zone:** 1

Address: 3605 Crowley Lake Drive Route 1 Box 1145
Crowley, CA 93546

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 935-4545

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

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

*Long Valley was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: Mammoth Lakes Fire Protection District S62-50577

Response Zone: 2

Address: 3150 Main Street
Mammoth Lakes, CA 93546

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (760) 934-2300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

414	Total number of responses	32	Total number of transports
412	Number of emergency responses	32	Number of emergency transports
2	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: Mono County EMS (Mono County Health Department - S62-50634

Response Zone: 1, 2, 3, 4

Address: 437 Old Mammoth Road Suite Q
Mammoth Lakes, CA 93546

Number of Ambulance Vehicles in Fleet: 4-5

Phone Number: (760) 924-1842

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☑ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☑ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☑ Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: 3rd Service	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1958	Total number of responses
1825	Number of emergency responses
133	Number of non-emergency responses

1045	Total number of transports
916	Number of emergency transports
129	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

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: Paradise Fire Protection District - S62-51746

Response Zone: 4 (Mono), 1 (Inyo)

Address: 5300 Lower Rock Creek Road
Bishop, CA 93514

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 387-2255

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

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

*Paradise FPD was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: USMC Mt. Warfare Training Clinic HNBC Bridgeport EMS - S62-51742 & S62-51174

Response Zone: 1

Address: Highway 108, Bridgeport, CA 93517

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 932-1615/1616/1617

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

21	Total number of responses	17	Total number of transports
21	Number of emergency responses	17	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: Wheeler Crest Fire Protection District - S62-51809

Response Zone: 4

Address: 129 Willow Road
Swall Meadows, CA 93515

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 920-9523

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

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

*Wheeler Crest FPD was not reporting data to ICEMA at this time

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: Mono

Provider: White Mountain Fire Protection District S62-51173

Response Zone: 1

Address: 58429 Highway 120
Benton, CA 93512

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (760) 933-2505

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☐ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

31	Total number of responses	14	Total number of transports
29	Number of emergency responses	12	Number of emergency transports
2	Number of non-emergency responses	2	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: American Medical Response - S62-50088

Response Zone: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12A

Address: Multiple locations

Number of Ambulance Vehicles in Fleet: 93 approx

Phone Number: (760) 477-500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Varies due to SSM deployment

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

Transporting Agencies

229,403 Total number of responses
186,298 Number of emergency responses
43,105 Number of non-emergency responses

166,316 Total number of transports
128,721 Number of emergency transports
37,595 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

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Apple Valley Fire Protection District - S62-51177

Response Zone: 12A

Address: 22400 Headquarters Drive
Apple Valley, CA 92307

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 247-7618

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

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

*Non-Transport provider reporting transport numbers due to not transferring care to transport agency

Transporting Agencies

10,454	Total number of responses	194	Total number of transports
10,442	Number of emergency responses	193	Number of emergency transports
12	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Arrowbear Lake Fire Department - S62-51729

Response Zone: 19

Address: 33045 Hilltop Blvd.
Arrowbear Lake, CA 92382

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 861-3479

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

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

Transporting Agencies

4	Total number of responses	0	Total number of transports
3	Number of emergency responses	0	Number of emergency transports
1	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Auto Club Speedway (Special Events) - S62-51179

Response Zone: Private property speedway

Address: 9300 Cherry Avenue
Fontana, CA 92335

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 429-5950

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-4 depending on track schedule

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

*Auto Club Speedway was not reporting data to ICEMA at this time

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

_____ 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

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Baker EMS dba-Needles Ambulance - S62-50116

Response Zone: 22

Address: 904 East Broadway Street
Needles, CA 92363

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (760) 326-5299

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-2

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

Transporting Agencies

1,263	Total number of responses	962	Total number of transports
1,112	Number of emergency responses	813	Number of emergency transports
151	Number of non-emergency responses	149	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Barstow Fire Protection District - S62-51180

Response Zone: 13

Address: 861 Barstow Road
Barstow, CA 92311

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 256-2254

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☑ Non-Transport ☑ BLS ☑ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Barstow FD Non-transport provider reporting transports due to not transferring care to transport agency

Transporting Agencies

4,293	Total number of responses	130	Total number of transports
4,290	Number of emergency responses	130	Number of emergency transports
3	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Big Bear Fire Protection Authority - S62-50137

Response Zone: 20

Address: 301 West Big Bear Boulevard
Big Bear City, CA 92314

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (909) 585-2362

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

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

Transporting Agencies

3,537	Total number of responses	2,828	Total number of transports
2,865	Number of emergency responses	2,163	Number of emergency transports
672	Number of non-emergency responses	665	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Cal Fire Highland - S62-50176

Response Zone: 8

Address: 27215 East Baseline
Highland, CA 92346

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 884-4100

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

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

*Cal Fire Highland is reported under "Cal Fire San Bernardino"

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Cal Fire San Bernardino - S62-50176

Response Zone: 6

Address: 3800 North Sierra Way
San Bernardino, CA 92405

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 881-6900

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

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

*Cal Fire Highland and Cal Fire Yucaipa are both reported under this name

Transporting Agencies

10,124	Total number of responses	194	Total number of transports
10,123	Number of emergency responses	193	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Cal Fire Yucaipa City - S62-50176

Response Zone: 8

Address: 34259 Wildwood Canyon Road
Yucaipa, CA 92399

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 797-2313

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

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

*Cal Fire Yucaipa numbers are reported under "Cal Fire San Bernardino"

Transporting Agencies

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: California Highway Patrol (CHP) Air - Inland Division - S62-51806

Response Zone: N/A

Address: 21605 Corwin Road
Apple Valley, CA 92307

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 240-8004

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

89	Total number of responses	84	Total number of transports
89	Number of emergency responses	84	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	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: San Bernardino **Provider:** Chino Valley Independent Fire District - S62-51181 **Response Zone:** 2

Address: 14011 City Center Drive
Chino Hills, CA 91709

Phone Number: (909) 902-5280

Number of Ambulance Vehicles in Fleet: N/A

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport	☑ ALS ☑ BLS ☐ 7-Digit	☑ 9-1-1 ☑ 7-Digit ☐ CCT ☐ IFT	☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Chino Valley Independent FD a non-transporting agency is reporting transports due to not transferring care to transport agency

Transporting Agencies

22,076	Total number of responses	2,810	Total number of transports
22,076	Number of emergency responses	2,810	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Cole Schaefer Ambulance Service, Inc. - S62-50304

Response Zone: 1, 2

Address: 324 N Towne Avenue
Pomona, CA 91767

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (909) 622-1273

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

312	Total number of responses	255	Total number of transports
287	Number of emergency responses	230	Number of emergency transports
25	Number of non-emergency responses	25	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	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: San Bernardino

Provider: Colton Fire Department - S62-51182

Response Zone: 7

Address: 303 East E Street
Colton, CA 92324

Phone Number: (909) 370-5100

Number of Ambulance Vehicles in Fleet: N/A

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport ☑ ALS ☑ BLS ☐ 7-Digit ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☐ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Colton Fire reporting transports as a non-transport provider due to not transferring care to the transport provider

Transporting Agencies

5,990	Total number of responses	502	Total number of transports
5,989	Number of emergency responses	502	Number of emergency transports
1	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Combat Center Fire Department Bldg 1453 - S62-50955

Response Zone: 14

Address: Marine Corp Logistics Base 29 Palms
29 Palms, CA 92278

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 830-6871

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-2

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

Transporting Agencies

229	Total number of responses	186	Total number of transports
229	Number of emergency responses	186	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Desert Ambulance Service - S62-50331

Response Zone: 13

Address: 831 West Main Street
Barstow, CA 92311

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (760) 256-6854

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-2

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

Transporting Agencies

8,151	Total number of responses	6,483	Total number of transports
7,106	Number of emergency responses	5,453	Number of emergency transports
1,045	Number of non-emergency responses	1,030	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: San Bernardino **Provider:** Fort Irwin Fire Department **Response Zone:** N/A

Address: C CO 2916th AVN BN (Dust Off)
National Training Center, Fort Irwin, CA

Phone Number: 760-380-4849

Number of Ambulance Vehicles in Fleet: 6

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☐ LALS ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☐ Ground ☒ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☒ Other Explain: Military	☐ City ☐ County ☐ State ☐ District ☒ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☒ ALS Rescue ☐ 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

_____ 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

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Loma Linda Fire Department - S62-50555

Response Zone: 9

Address: 11325 Loma Linda Drive
Loma Linda, CA 92354

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 799-2877

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

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

*Loma Linda FD reported transports as a non-transport provide due to not transferring care to the transport provider

Transporting Agencies

3,760	Total number of responses	179	Total number of transports
3,752	Number of emergency responses	178	Number of emergency transports
8	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Marine Corps Logistics Base (MCLB) Fire & Emergency Services - S62-51185

Response Zone: 13

Address: Commanding Officer (B720) Box 110700
Barstow, CA 92311

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 577-6866

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-2

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

*MCLB responds under mutual aid and transfers care upon arrival of EOA provider or transports when local resources are not available

Transporting Agencies

816	Total number of responses	162	Total number of transports
815	~~Number of emergency responses~~	161	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	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: San Bernardino

Provider: Mercy Air Service (Air Methods) - S62-50616

Response Zone: 1-27

Address: 625 East Carnegie Drive, Suite 140
San Bernardino, CA 92408

Phone Number: (909) 829-7030

Number of Ambulance Vehicles in Fleet: 3

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport	☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☑ Air ☐ 7-Digit ☑ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☑ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1,377	Total number of responses	1,361	Total number of transports
566	Number of emergency responses	599	Number of emergency transports
811	Number of non-emergency responses	802	Number of non-emergency transports

Air Ambulance Services

1371	Total number of responses	1358	Total number of transports
1339	Number of emergency responses	1326	Number of emergency transports
32	Number of non-emergency responses	32	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Mission Ambulance (Special Events) - S62-50629

Response Zone: N/A

Address: 1055 E. Third Street
Corona, CA 92878

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (800) 899-9111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

*Mission Ambulance was not reporting data to ICEMA at this time. Their normal reporting LEMSA is REMSA

Transporting Agencies

N/A Total number of responses
N/A Number of emergency responses
N/A ~~Number of non-emergency responses~~

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Montclair Fire Department - S62-50637

Response Zone: 2

Address: 8901 Monte Vista Drive
Montclair, CA 91763

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 626-1217

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

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

*Montclair Fire reported transports as a non-transport provide due to not transferring care to the transport provider

Transporting Agencies

3,702	Total number of responses	383	Total number of transports
3,698	Number of emergency responses	381	Number of emergency transports
4	Number of non-emergency responses	2	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Morongo Basin Ambulance - S62-50646

Response Zone: 14, 15

Address: 6335 Park Boulevard
Joshua Tree, CA 92252

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (760) 366-8474

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

Transporting Agencies

6,741	Total number of responses	5,029	Total number of transports
5,382	Number of emergency responses	3,687	Number of emergency transports
1,359	Number of non-emergency responses	1,342	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Morongo Valley Fire Department - S62-51187

Response Zone: 14

Address: 11207 Ocotillo St.
Morongo Valley, CA 92256

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (760) 363-6211

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☑ Non-Transport ☑ BLS ☑ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Morongo Valley FD reported transports as a non-transport provide due to not transferring care to the transport provider

Transporting Agencies

379	Total number of responses	7	Total number of transports
379	Number of emergency responses	7	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Mount Baldy Fire Department - S62-51188

Response Zone: 1

Address: 6736 Mount. Baldy Road
Mount Baldy, CA 91759

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 982-1213

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

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

*Mount Baldy VFD was reporting data under San Bernardino County Fire's CEMSIS ID

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Ontario Fire Department - S62-51190

Response Zone: 3

Address: 425 East B Street
Ontario, CA 91764

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 395-2002

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☑ Non-Transport ☑ BLS ☑ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Ontario FD reported transports as a non-transporting provide due to not transferring care to the transport provider

Transporting Agencies

16,688	Total number of responses	880	Total number of transports
16,688	Number of emergency responses	880	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting year: **2017-18**

Response/Transportation/Providers

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

County: San Bernardino

Provider: Rancho Cucamonga Fire Protection District - S62-51191

Response Zone: 1

Address: 10500 Civic Center Drive
Rancho Cucamonga, CA 91730

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 477-2770

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

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

*Rancho Cucamonga FD reported transports as a non-transport provide due to not transferring care to the transport provider

Transporting Agencies

14,396	Total number of responses	337	Total number of transports
14,373	Number of emergency responses	335	Number of emergency transports
23	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	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: San Bernardino

Provider: Redlands Fire Department - S62-51192

Response Zone: 8

Address: 35 Cajon, Suite 12
Redlands, CA 92373

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (909) 798-7600

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

llands FD reported transports as a non-transporting provider due to not transferring care to the transport provider

Transporting Agencies

14,396	Total number of responses	337	Total number of transports
14,373	Number of emergency responses	335	Number of emergency transports
23	Number of non-emergency responses	2	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	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: San Bernardino

Provider: Rialto Fire Department - S62-50790

Response Zone: 5

Address: 131 South Willow
Rialto, CA 92376

Phone Number: (909) 820-2657

Number of Ambulance Vehicles in Fleet: 3

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☑ 7-Digit ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

14,556	Total number of responses	5,314	Total number of transports
14,544	Number of emergency responses	5,308	Number of emergency transports
12	Number of non-emergency responses	6	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	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: San Bernardino

Provider: Running Springs Fire Department - S62-50807

Response Zone: 19

Address: 31250 Hilltop Boulevard
Running Springs, CA 92382

Phone Number: (909) 867-2630

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☐ 7-Digit ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☐ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

800	Total number of responses	542	Total number of transports
783	Number of emergency responses	525	Number of emergency transports
17	Number of non-emergency responses	17	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	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: San Bernardino

Provider: San Bernardino County Fire - S62-50824

Response Zone: 12B, 16, 17, 18, 21, 23

Address: 157 West 5th Street, 2nd Floor
San Bernardino, CA 92415

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 909-387-5779

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

- San Bernardino County Fire acquired EMS Aircraft provider status upon annexation of Upland FD and now provides 1st responder non-transport, ground transport and EMS Aircraft –air ambulance transports in various areas within their total response area.

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport	☑ ALS ☑ BLS ☑ 7-Digit	☑ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT	☑ Ground ☑ Air ☑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☑ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*EMS Aircraft services are provided through a public/private partnership with REACH Air Medical Services

Transporting Agencies

131,574	Total number of responses	16,369	Total number of transports
130,669	Number of emergency responses	15565	Number of emergency transports
905	Number of non-emergency responses	804	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	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: San Bernardino

Provider: San Bernardino County Sheriff's Aviation Division - S62-51193

Response Zone: N/A

Address: 1776 Miro Way
Rialto, CA 92376

Phone Number: (909) 356-3800

Number of Ambulance Vehicles in Fleet: 3

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ Non-Transport ☑ ALS ☑ 9-1-1 ☐ Ground ☑ BLS ☑ 7-Digit ☑ Air ☑ 7-Digit ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☑ Law ☐ Other Explain: _____	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☑ Auxiliary Rescue ☑ Air Ambulance ☑ ALS Rescue ☑ BLS Rescue

* San Bernardino County Sheriff's was not reporting data to ICEMA at this time, San Bernardino County Fire personnel (medical flight crew) is reporting under San Bernardino County Fire's CEMSIS ID

Transporting Agencies

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

Air Ambulance Services

94	Total number of responses	70	Total number of transports
89	Number of emergency responses	66	Number of emergency transports
5	Number of non-emergency responses	4	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: San Bernardino

Provider: San Manuel Fire Department (Tribal) S62-51194

Response Zone: 6

Address: 26540 Indian Service Road
Highland, CA 92346

Phone Number: (909) 864-6928

Number of Ambulance Vehicles in Fleet: 1

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

- San Manual is tradionally Non-transport however; the department maintains an ambulance for reservation residents in case of delayed response by EOA provider

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ *Transport ☑ Non-Transport	☑ ALS ☑ BLS ☐ 7-Digit	☑ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT	☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☑ Other Explain: Tribal	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*San Manual FD is reporting transports as a non-transport agency due to not transferring care to the transport provider

Transporting Agencies

1,574	Total number of responses	31	Total number of transports
1,573	Number of emergency responses	31	Number of emergency transports
1	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	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: San Bernardino

Provider: Searles Valley Minerals (Industrial) - S62-51038

Response Zone: 24

Address: 13200 Main Street
Trona, CA 93562

Phone Number: (760) 372-2339

Number of Ambulance Vehicles in Fleet: 1

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☐ ALS ☐ 9-1-1 ☑ Ground ☑ BLS ☑ 7-Digit ☐ Air ☐ 7-Digit ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4	Total number of responses	4	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
4	Number of non-emergency responses	4	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	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: San Bernardino

Provider: Symons Ambulance (Special Events) - S62-51751

Response Zone: N/A

Address: 18592 Cajon Boulevard
San Bernardino, CA 92407

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (909) 880-2979

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2-3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☐ 7-Digit ☐ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

155	Total number of responses	149	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
155	Number of non-emergency responses	149	Number of non-emergency transports

Air Ambulance Services

2	Total number of responses	1	Total number of transports
1	Number of emergency responses	0	Number of emergency transports
1	Number of non-emergency responses	1	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: San Bernardino

Provider: Yermo Fire Department - S62-51748

Response Zone: 1

Address: 38321 Yermo Road
Yermo, CA 92398

Phone Number: (760)

Number of Ambulance Vehicles in Fleet: N/A

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Transport Ground ☑ Non-Transport Air Water	☐ ALS ☑ BLS ☐ 7-Digit	☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT	☑ ☐ ☐

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

*Yermo VFD report one transport as a non-transporting provider possibly as a ride-in to assist ALS transport agency

Transporting Agencies

3 Total number of responses *Yermo Fire does not regularly report data to ICEMA

1 Total number of transports

3	Number of emergency responses	1	Number of emergency transports
1	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Desert Ambulance Service

Area or subarea (Zone) Geographic Description:

This area comprised of Barstow and large rural/wilderness area.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency ambulance; 9-1-1 emergency response, ALS, IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #14
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Morongo Basin Ambulance Association
Area or sub area (Zone) Geographic Description: This area comprised of Twenty-nine Palms, Joshua Tree and surrounding areas in Morongo Basin.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Symons Emergency Specialties, Inc.

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

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

[X] Exclusive

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency Response, IFT, Standby Services

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

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

This provider has operated in the area pursuant to the EMS Transportation Plan adopted March 11, 1986.
RFP initiated in February 12, 2016. Awarded June 2016. Contract approved for 10 years (November 15, 2026).

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Big Pine Rescue

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

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

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

[ ] Non-exclusive

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

Emergency ambulance; 9-1-1 emergency response

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

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

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

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Independence Volunteer Fire Department

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

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

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

[ ] Non-exclusive

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

Emergency ambulance; 9-1-1 response

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

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

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

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Lone Pine Volunteer Fire Department

Area or sub area (Zone) Geographic Description: Lone Pine
North- Aqueduct crossing at George's creek, Hwy 395
South- Cottonwood Creek, Hwy 395
East- Death Valley National Park Boundary
West- Roads End

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

[ ] Exclusive

[X] Non-exclusive

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

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

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

RFPs initiated February 12, 2016. No provider awarded operating area.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Olancha-Cartago Fire Department

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

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

[ ] Exclusive

[X] Non-exclusive

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

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

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

RFPs initiated in February 15, 2016. No provider awarded operating area.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Liberty Ambulance has provided (mutual aid) for 9-1-1 calls only ALS in the area.

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

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

[ ] Exclusive

[X] Non-exclusive

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

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

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

RFPs initiated in February 15, 2016. No provider awarded operating area.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

San Bernardino County Fire has provided mutual aid response to this area of Inyo County without an agreement or remuneration for fire service and BLS ambulance services and when possible meeting with Death Valley Park Service for transition of care to ALS (mutual aid).

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

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

[ ] Exclusive

[X] Non-exclusive

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.
If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

RFPs initiated in February 15, 2016. No provider awarded operating area.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Death Valley National Monument Ambulance
Area or sub area (Zone) Geographic Description: Death Valley National Park North- Death Valley National Park Boundary South- Death Valley National Park Boundary East- Nevada State Line West- Death Valley National Park Boundary, Saline Valley Road
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. ☐ Exclusive ☐ Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. National Park (Federal Land with NPS-51 exemption)

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Southern Inyo Fire Protection District

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

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

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

[ ] Non-exclusive

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

Emergency ambulance; 9-1-1 emergency response

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Exclusive Operating Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program
Area or sub area (Zone) Geographic Description: All areas of Mono County (including both incorporated and the unincorporated Town of Mammoth Lakes), except that southeastern portion of the County including and surrounding the Benton, Chalfant and Hammil Valleys (the Tri-Valley area).
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - Meets grandfathering requirement of 1797.224. [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. The Mono County Paramedic program or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area prior to January, 1, 1981. This provider began providing paramedic service in 1975.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program
Area or sub area (Zone) Geographic Description: The incorporated area of the Town of Mammoth Lakes and the observed Fire District boundaries.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - Meets grandfathering requirement of 1797.224. [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. Mono County Paramedic program and the Mammoth Lakes Fire Protection District have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January, 1, 1981. Mono County Paramedic program provider began providing paramedic service in 1975. The Mammoth Lakes Fire Protection District began providing BLS ambulance service in 1978.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - Mono County
Area or sub area Name or Title: Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program (ALS) White Mountain Volunteer Fire Department (BLS)
Area or sub area (Zone) Geographic Description: This area comprised of including and surrounding the community Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [ ] Exclusive - Meets grandfathering requirement of 1797.224. [X] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Mono County Paramedic Program (ALS)
Chalfant Volunteer Fire Department (BLS)

Area or sub area (Zone) Geographic Description:

This area comprised of areas including and surrounding the community Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.

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

[ ] Exclusive - Meets grandfathering requirement of 1797.224.

[X] Non-exclusive

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Multiple providers
American Medical Response (AMR)
Cole Schaefer

Area or sub area (Zone) Geographic Description:

This area comprised of Mt. Baldy Village, San Antonio Heights, Rancho Cucamonga and Upland.

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

[X] Exclusive - AMR and Cole Schaefer meet grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

AMR: Emergency Ambulance, 9-1-1 emergency response, ALS, IFT, SCT
Cole Schaefer: BLS IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Multiple providers
American Medical Response (AMR)
Cole Schaefer

Area or sub area (Zone) Geographic Description:

This area comprised of Montclair and Chino and a portion of Chino Hills area.

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

[X] Exclusive - AMR and Cole Schaefer meet grandfathering requirement of 1797.224 and 1797.226

[ ] Non-exclusive

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

AMR: Emergency Ambulance, 9-1-1 emergency response, ALS, IFT, SCT
Cole Schaefer: IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of West San Bernardino County including the areas of Ontario and Chino Hills.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - AMR meets grandfathering requirement of 1797.224 and 1797.226. [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance: 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of Lytle Creek, City of Fontana and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - AMR meets grand fathering requirement of 1797.224 and 1797.226. [ ] Non-exclusive
Type of Exclusivity Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 emergency response, ALS; IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Multiple providers
City of Rialto Fire Department
American Medical Response (AMR)

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

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

[X] Exclusive - Both providers meet grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

City of Rialto Fire Department - Emergency ambulance; 9-1-1 emergency response, ALS

AMR - Emergency ambulance; 9-1-1 emergency response, ALS, IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

American Medical Response (AMR)

Area or sub area (Zone) Geographic Description:

West of the City of Rialto, portion of the Cajon Pass and portions of the City of San Bernardino.

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

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

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

American Medical Response (AMR)

Area or sub area (Zone) Geographic Description:

This area comprised of a portion of the cities of Grand Terrace, San Bernardino and Highland.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of Redlands, Mentone, Yucaipa, Forest Falls, Oak Glen and Angelus Oaks and surrounding areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response (AMR)
Area or sub area (Zone) Geographic Description: This area comprised of Loma Linda and surrounding area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 emergency response, ALS, IFT, SCT
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

San Bernardino County Fire Department

Area or sub area (Zone) Geographic Description:

This area comprised of Crest Forest, Crestline, Lake Gregory and surrounding areas.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Multiple providers
American Medical Response (AMR)
San Bernardino County Fire Department (backup ambulance service)

Area or sub area (Zone) Geographic Description:

Areas south of Crest Forest, including Hwy. 18 and surrounding areas.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

AMR Emergency ambulance; 9-1-1 emergency response, ALS

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

Area or sub area Name or Title: Exclusive Operating Area #12: Subarea A and Subarea B
Adelanto, Victorville, Apple Valley, Lucerne Valley and surrounding unincorporated areas

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

Multiple providers
American Medical Response (AMR)
San Bernardino County Fire Department

Area or sub area (Zone) Geographic Description:

(12a) This area comprised of Victorville, Adelanto, Apple Valley and surrounding unincorporated areas, unincorporated area east of 12b services provided by the EOA provider AMR.
(12b) This area comprised of Lucerne Valley and surrounding unincorporated area.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

(12a) Emergency ambulance; 9-1-1 emergency response, ALS; IFT, SCT
(12b) Emergency ambulance; 9-1-1 emergency response, ALS

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grand fathered, pertinent facts concerning changes in scope and manner of service.

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

EMSA's opinion letter regarding 1797.224 and/or 1797.226 status.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #15
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Morongo Basin Ambulance Association
Area or sub area (Zone) Geographic Description: This area comprised of Johnson Valley, Flamingo Heights and Landers areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If grand fathered, pertinent facts concerning changes in scope and manner of service. This provider or its predecessors has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

San Bernardino County Fire Department

Area or sub area (Zone) Geographic Description:

This area is comprised of Wrightwood, Phelan and surrounding areas.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #17
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department
Area or sub area (Zone) Geographic Description: This area is comprised of boundaries similar to the Hesperia Fire Protection District.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. [X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226. [ ] Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 emergency response, ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. San Bernardino County Fire Department or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

San Bernardino County Fire Department

Area or sub area (Zone) Geographic Description:

This area is comprised of Lake Arrowhead, Rimforest, Skyforest, Blue Jay and surrounding areas.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS, IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Running Springs Fire Department

Area or sub area (Zone) Geographic Description:

This area is comprised of Running Springs, Green Valley Lake, and Arrowbear.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS, IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Big Bear City Fire Department (Bear Valley Paramedic Service)

Area or sub area (Zone) Geographic Description:

This area is comprised of Big Bear and surrounding communities.

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

[ ] Exclusive

[X] Non-exclusive

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

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

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

San Bernardino County Fire Department

Area or sub area (Zone) Geographic Description:

This area is comprised of Yucca Valley and Aberdeen.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS, IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Needles Ambulance Service

Area or sub area (Zone) Geographic Description:

This area is comprised of east of the Colorado River and includes Needles and surrounding areas.

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

[X] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[ ] Non-exclusive

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

Emergency Ambulance; 9-1-1 emergency response, ALS, IFT

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

San Bernardino County Fire (assigned by ICEMA)
*Assigned by ICEMA due to previous provider ceasing operations. This assignment provides continuing ambulance services until such time in the future when a viable alternative exists.

Area or sub area (Zone) Geographic Description:

This area is comprised of Baker and surrounding communities.

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

[ ] Exclusive

[X] Non-exclusive

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Multiple non-exclusive providers
San Bernardino County Fire Department provides volunteer BLS ambulance services.
Liberty Ambulance provides ALS mutual aid ambulance services from neighboring Kern County.

Area or sub area (Zone) Geographic Description:

This area is comprised of Trona and the surrounding Searles Valley.

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

[ ] Exclusive

[X] Non-exclusive

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

Liberty Ambulance Service has provided 9-1-1 calls only - ALS (mutual aid) in the area pursuant to the EMS Transportation Plan adopted June 18, 1985.

Area or sub area (Zone) Geographic Description:

This area is comprised of Highway 395 from the Kern County line to north of Hwy 58.

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

☐ Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

☒ Non-exclusive

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

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

EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM

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

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

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

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

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

Area or sub area (Zone) Geographic Description:

This area is comprised of Havasu Lake and surrounding areas. Borders Arizona, EOA 14 and EOA 22 and Riverside County.

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

[ ] Exclusive - Meets grandfathering requirement of 1797.224 and 1797.226.

[X] Non-exclusive

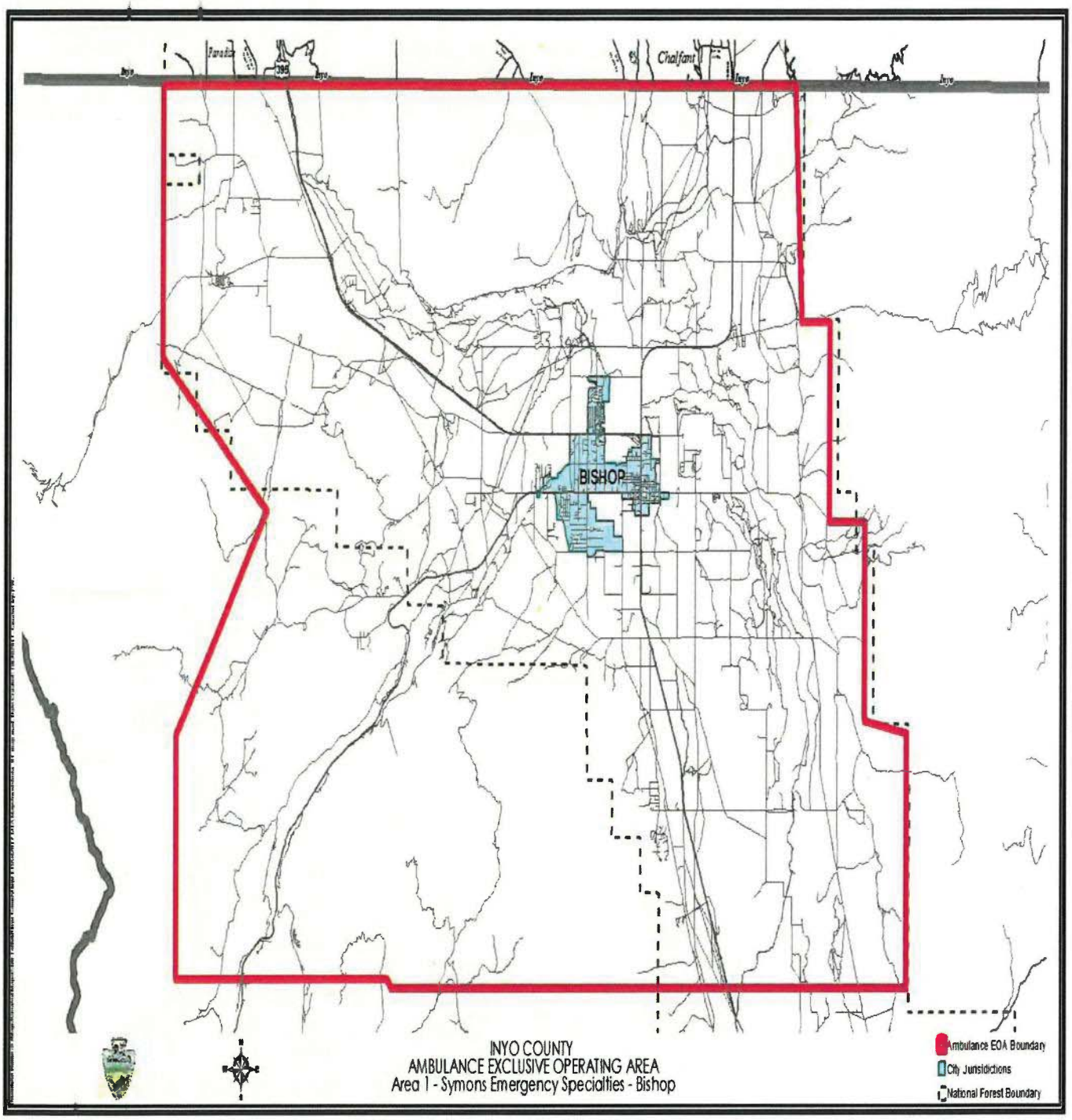
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service.

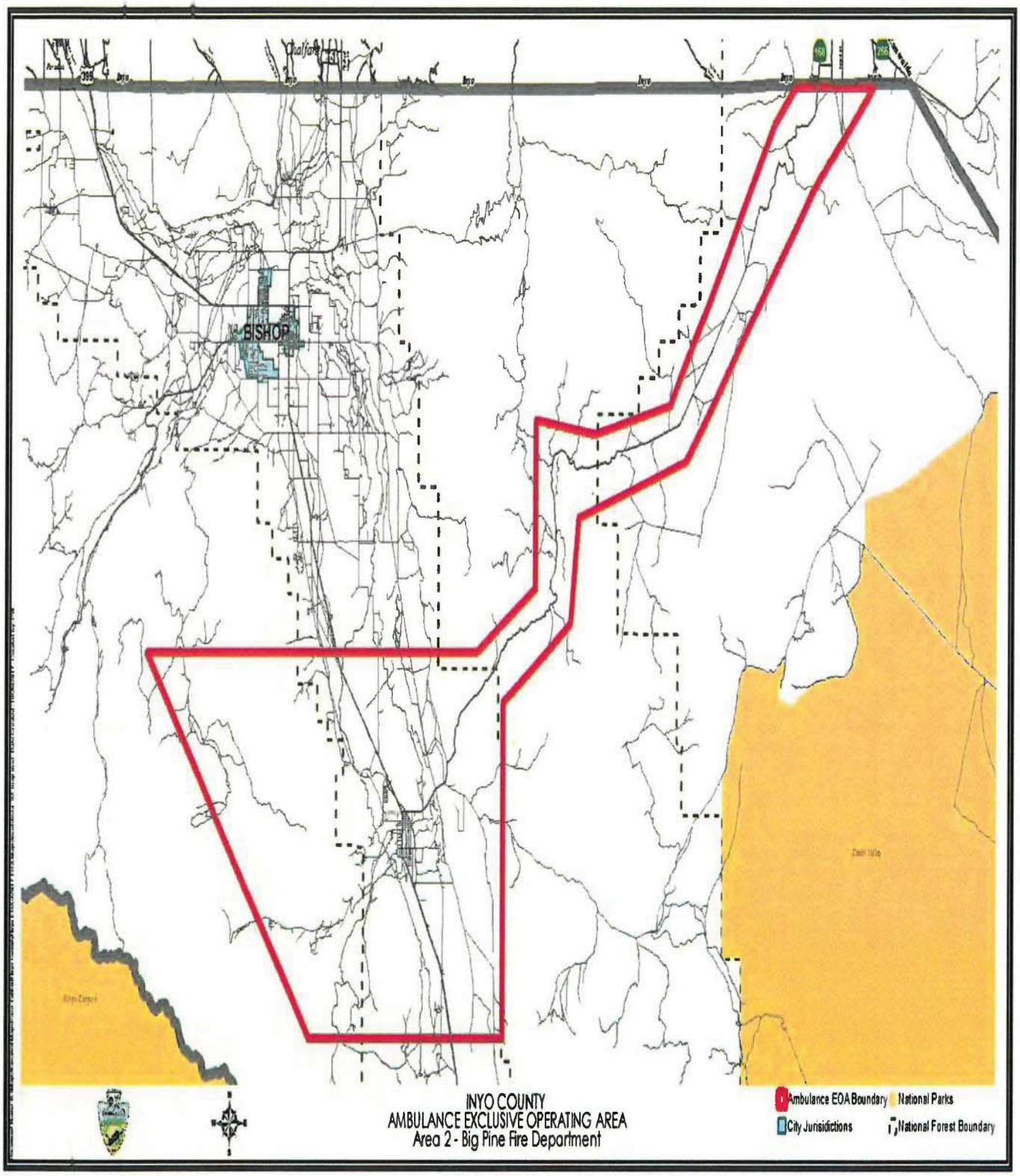
This area underwent the RFP process in January 2007. No responses were received and area remains non-exclusive.

Appendix B- ICEMA Maps Inyo County

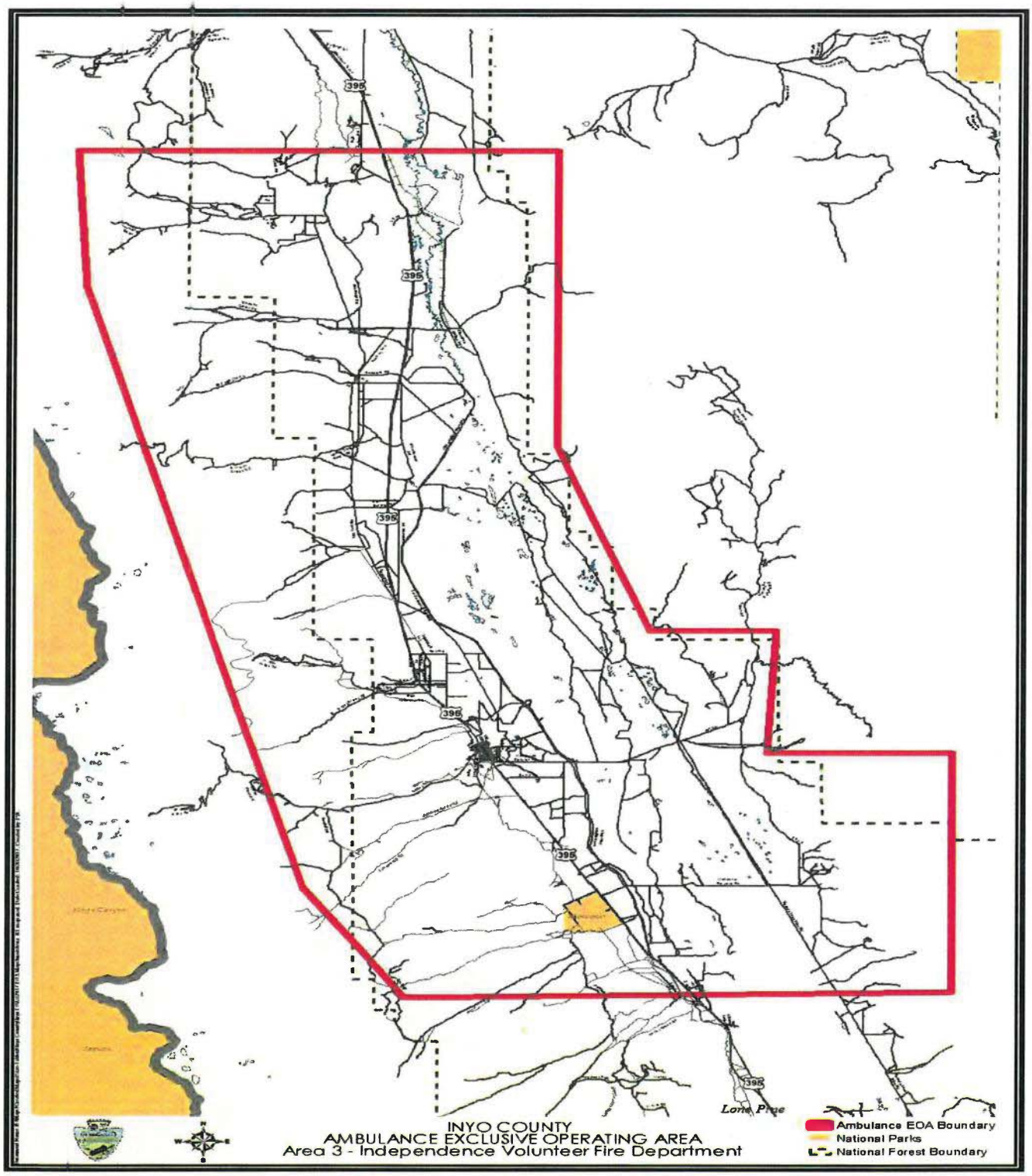
EOA 1 Inyo



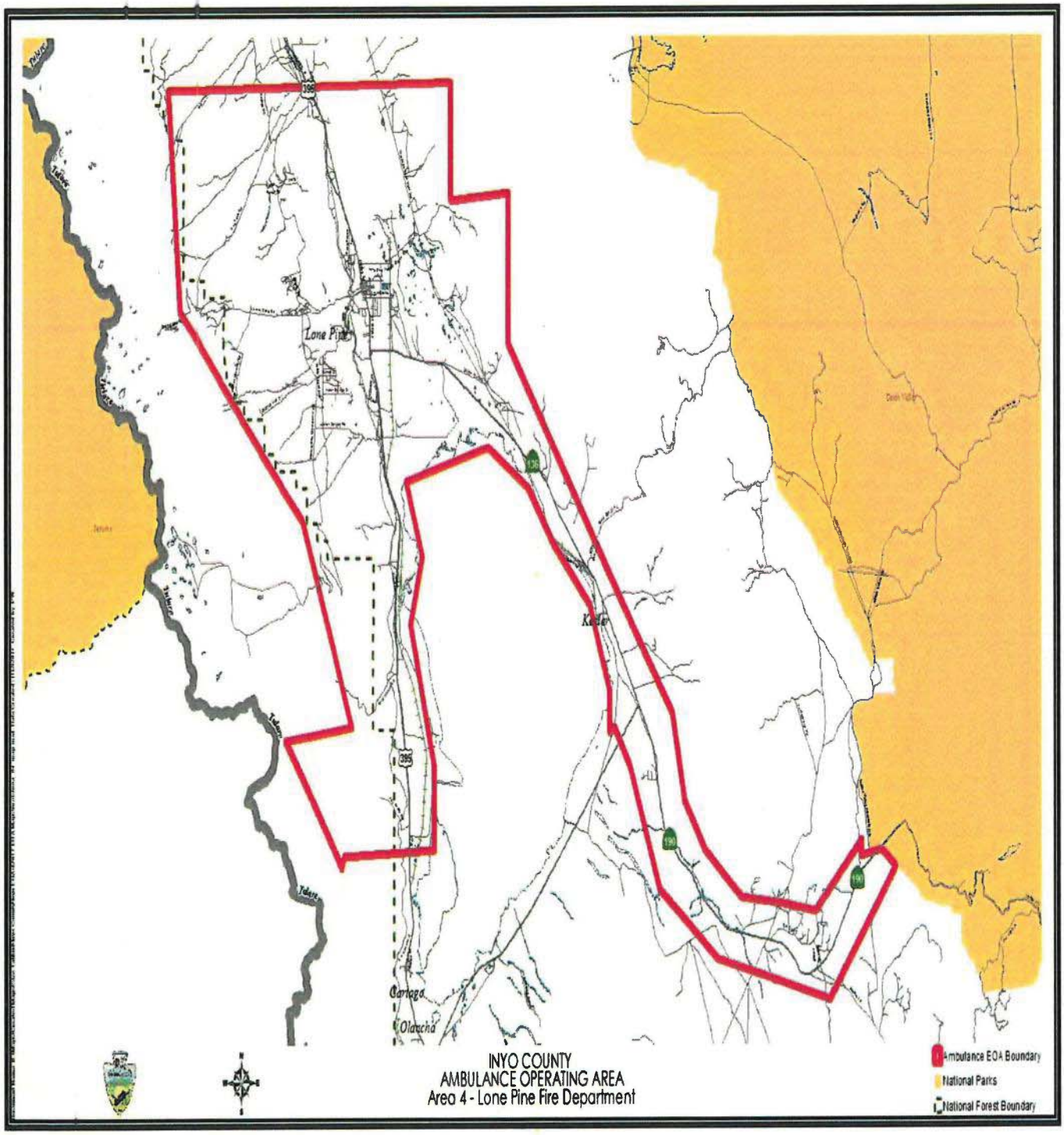
EOA 2 Inyo


BISHOP
INYO COUNTY
AMBULANCE EXCLUSIVE OPERATING AREA
Area 2 - Big Pine Fire Department
Ambulance EOA Boundary
National Parks
City Jurisdictions
National Forest Boundary

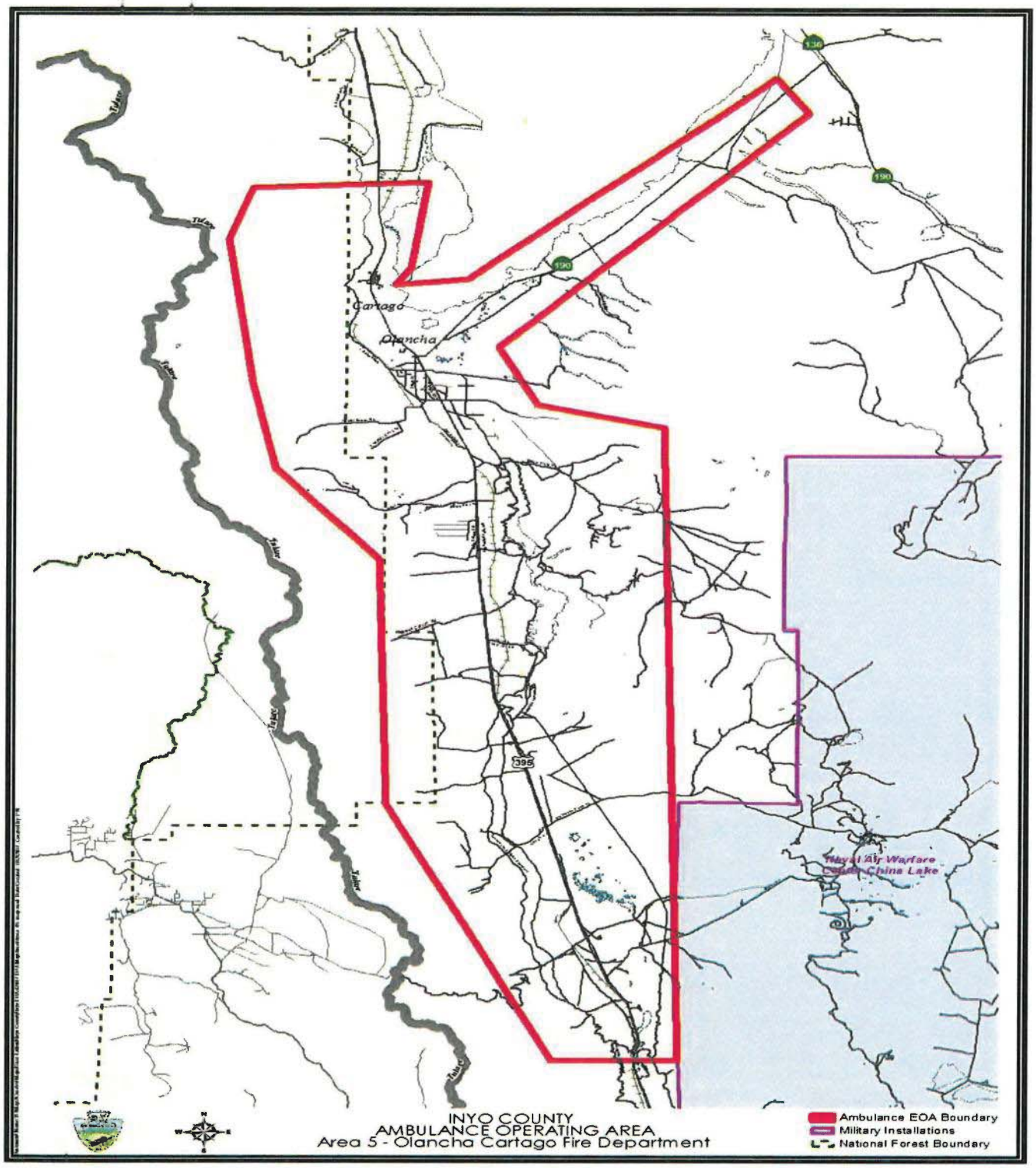
EOA 3 Inyo


395
Lone Pine
INYO COUNTY
AMBULANCE EXCLUSIVE OPERATING AREA
Area 3 - Independence Volunteer Fire Department
Ambulance EOA Boundary
National Parks
National Forest Boundary

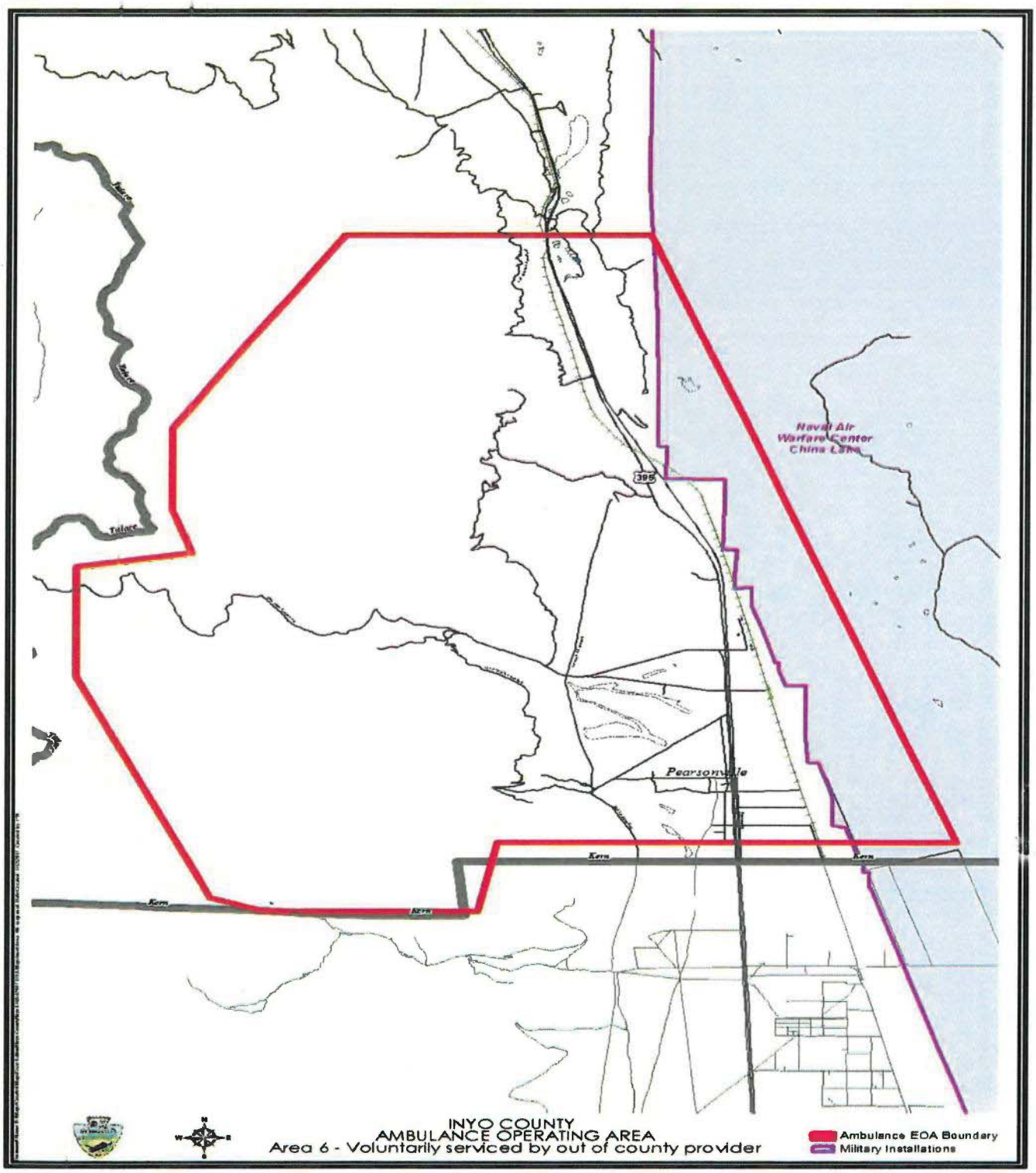
OA 4 Inyo


Lone Pine
Keeler
Cartago
Olancha
INYO COUNTY
AMBULANCE OPERATING AREA
Area 4 - Lone Pine Fire Department
Ambulance EOA Boundary
National Parks
National Forest Boundary

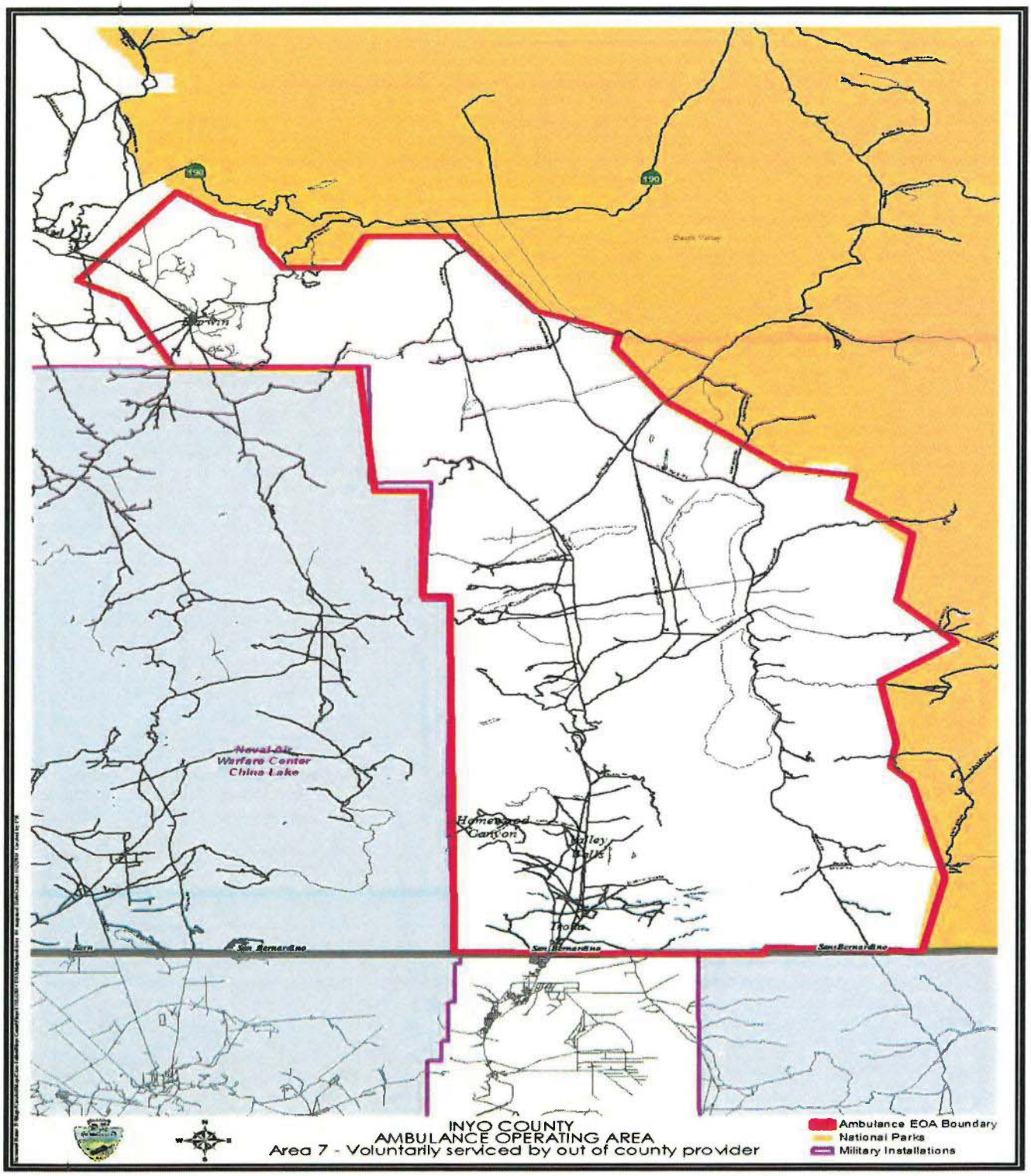
OA 5 Inyo


Cartago
Olancha
190
136
395
Naval Air Warfare
Depot China Lake
INYO COUNTY
AMBULANCE OPERATING AREA
Area 5 - Olancha Cartago Fire Department
Ambulance EOA Boundary
Military Installations
National Forest Boundary

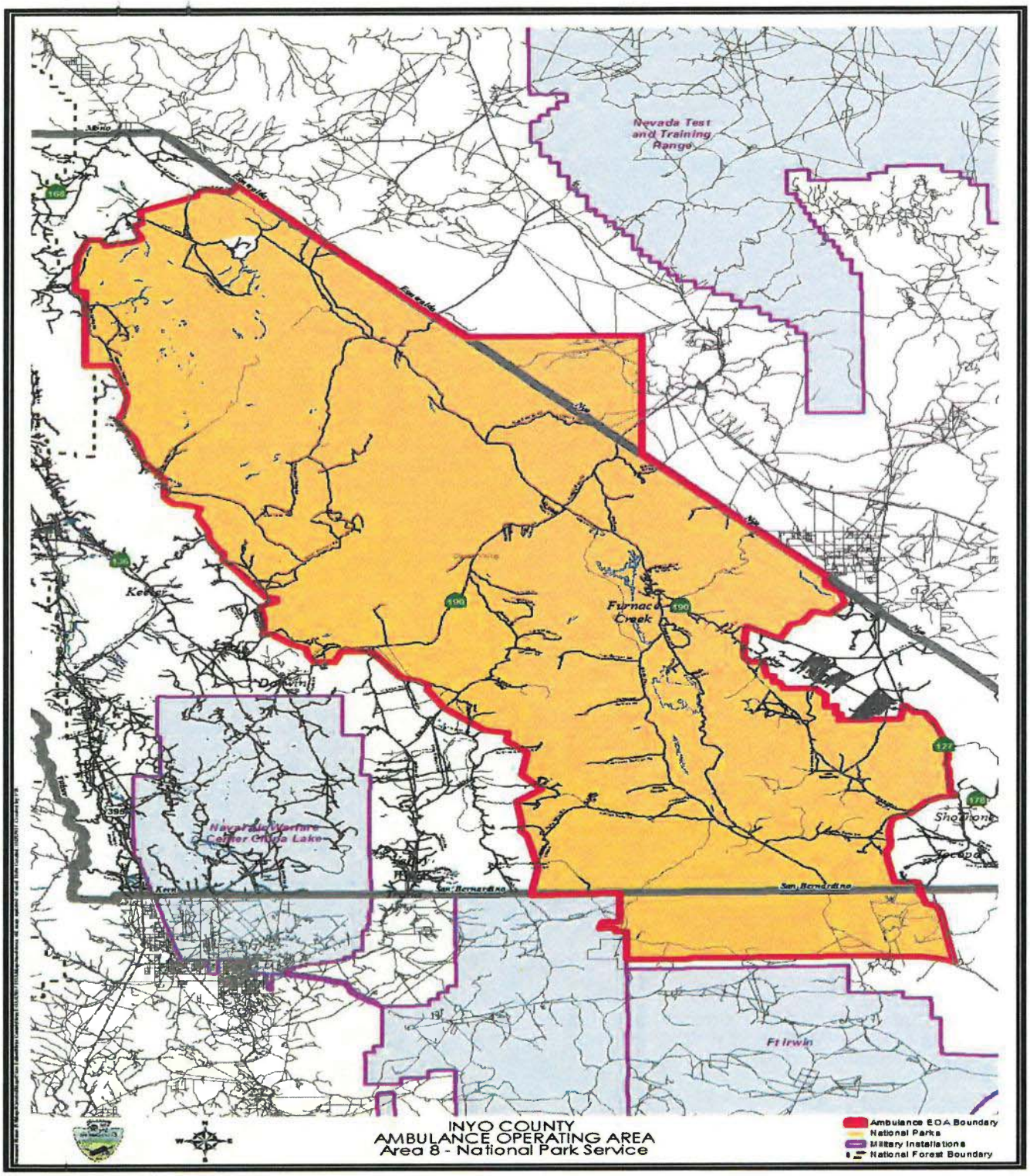
OA 6 Inyo


Naval Air
Warfare Center
China Lake
395
Pearsonville
Kern
Kern
Kern
Kern
INYO COUNTY
AMBULANCE OPERATING AREA
Area 6 - Voluntarily serviced by out of county provider
Ambulance EOA Boundary
Military Installations

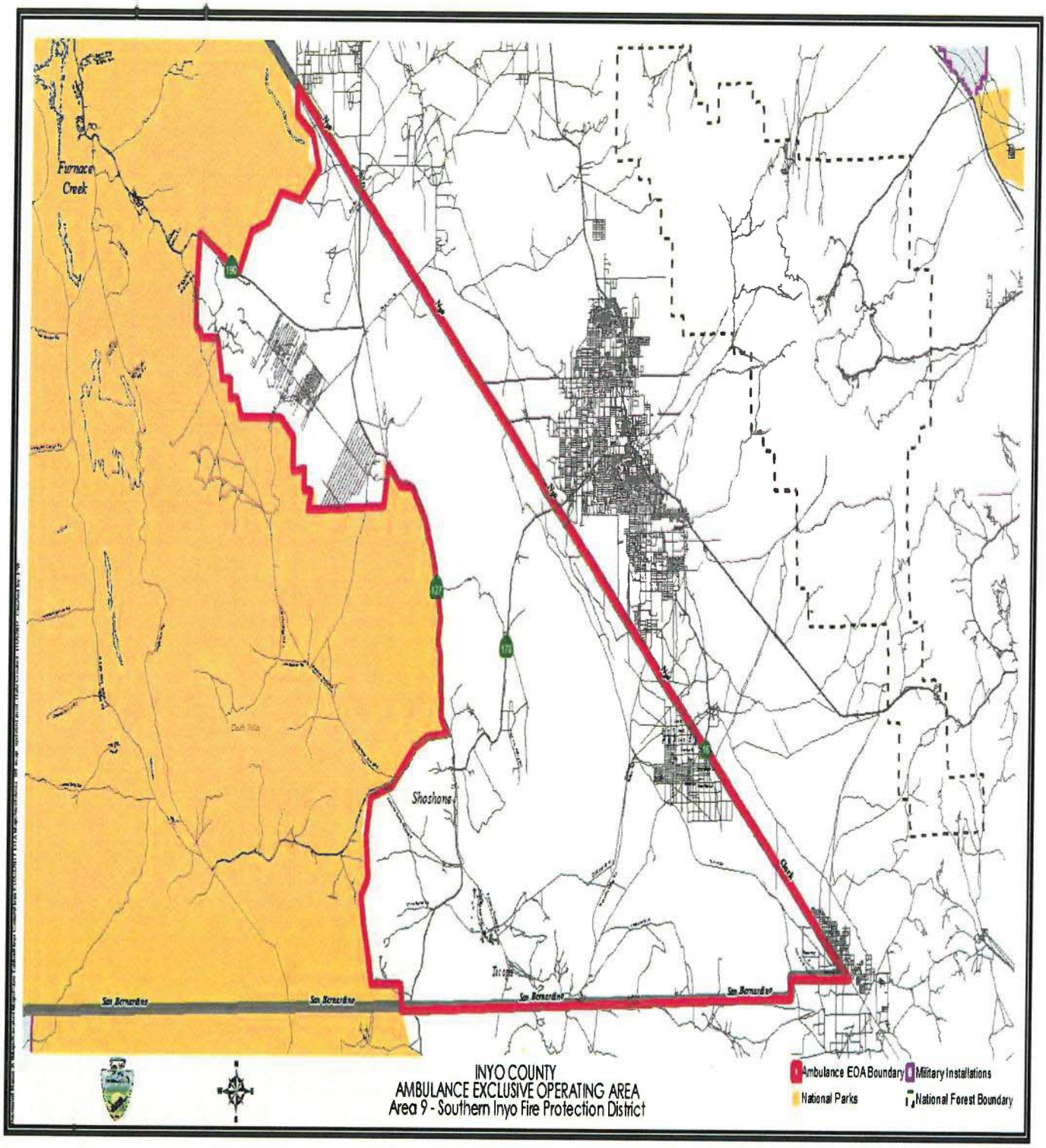
INYO OA 7 Inyo



OA 8 Inyo

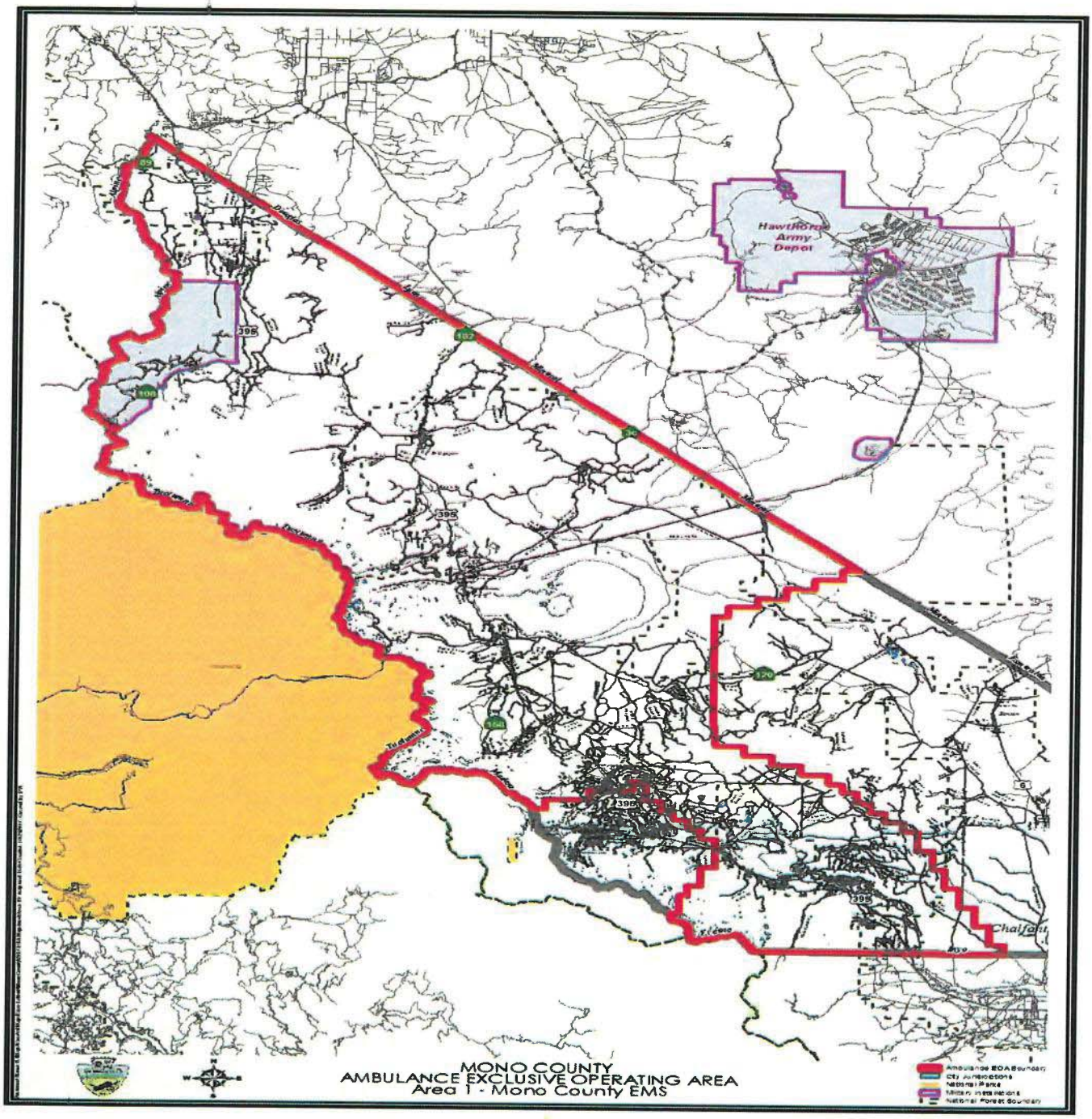

Nevada Test and Training Range
Furnace Creek
Shoshone
Ft Irwin
INYO COUNTY
AMBULANCE OPERATING AREA
Area 8 - National Park Service
Ambulance EOA Boundary
National Parks
Military Installations
National Forest Boundary

EOA 9 Inyo

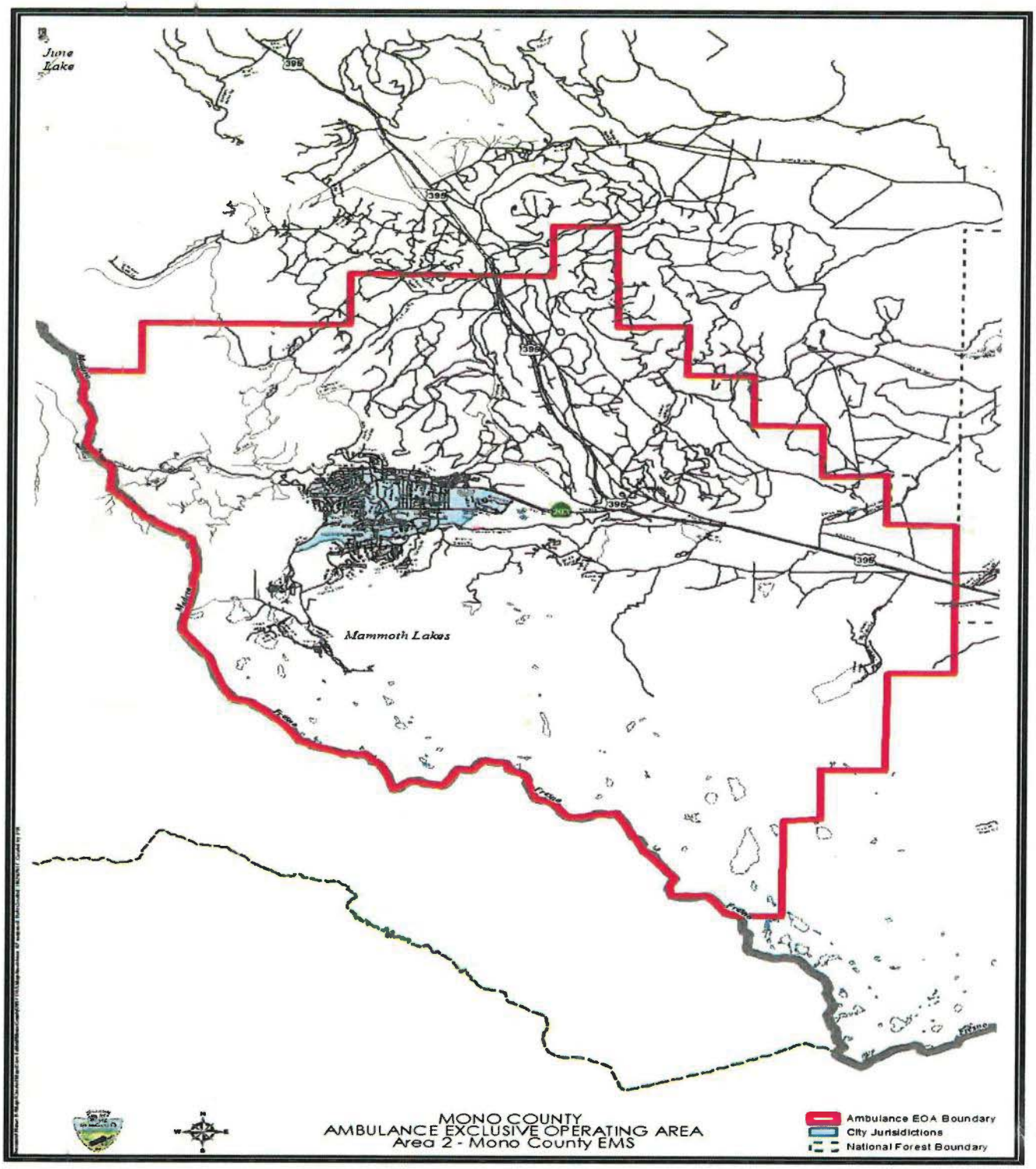

Furnace Creek
Shoshone
INYO COUNTY
AMBULANCE EXCLUSIVE OPERATING AREA
Area 9 - Southern Inyo Fire Protection District
Ambulance EOA Boundary
Military Installations
National Parks
National Forest Boundary

APPENDIX C ICEMA Maps Mono County

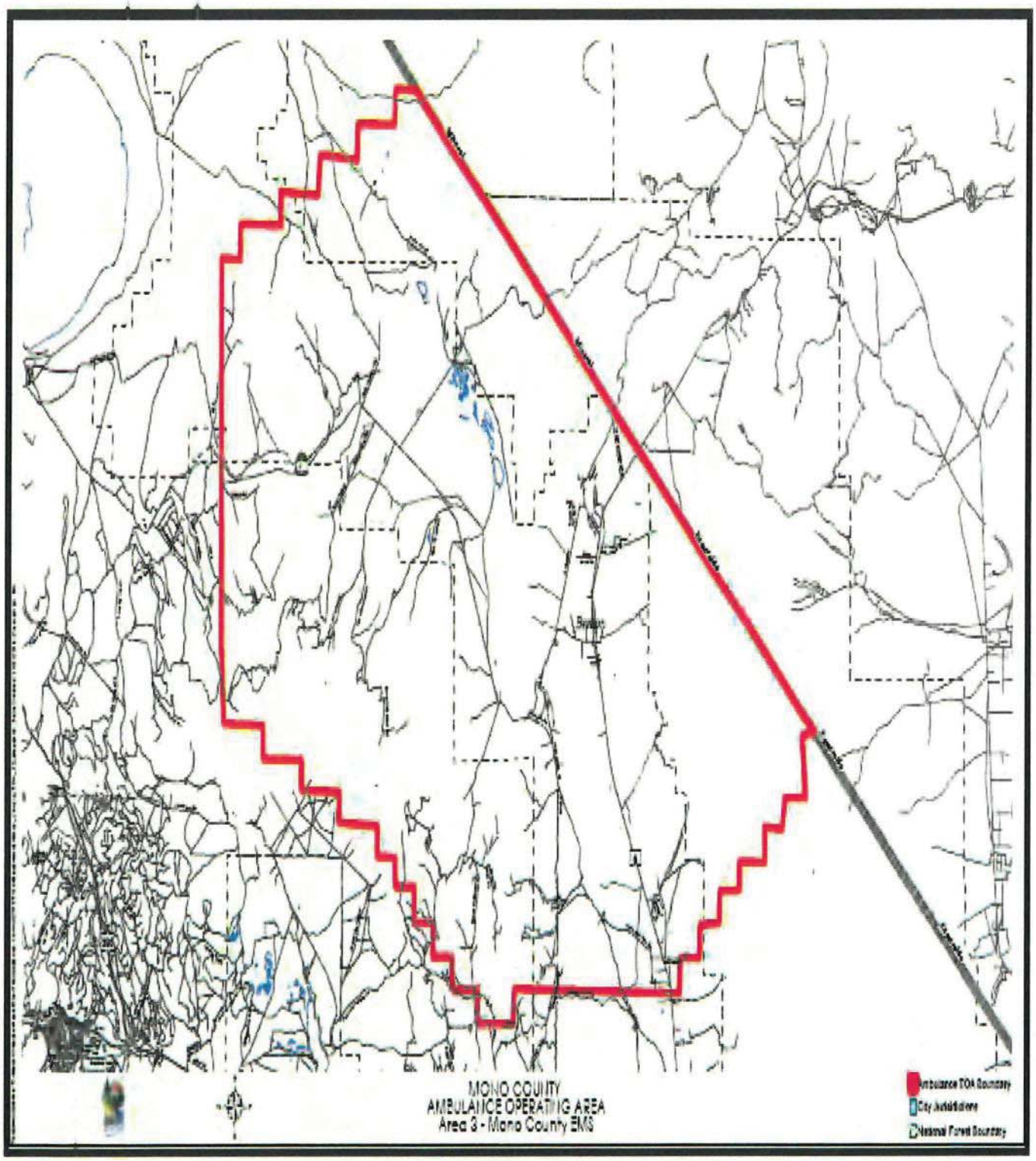
EOA 1 Mono



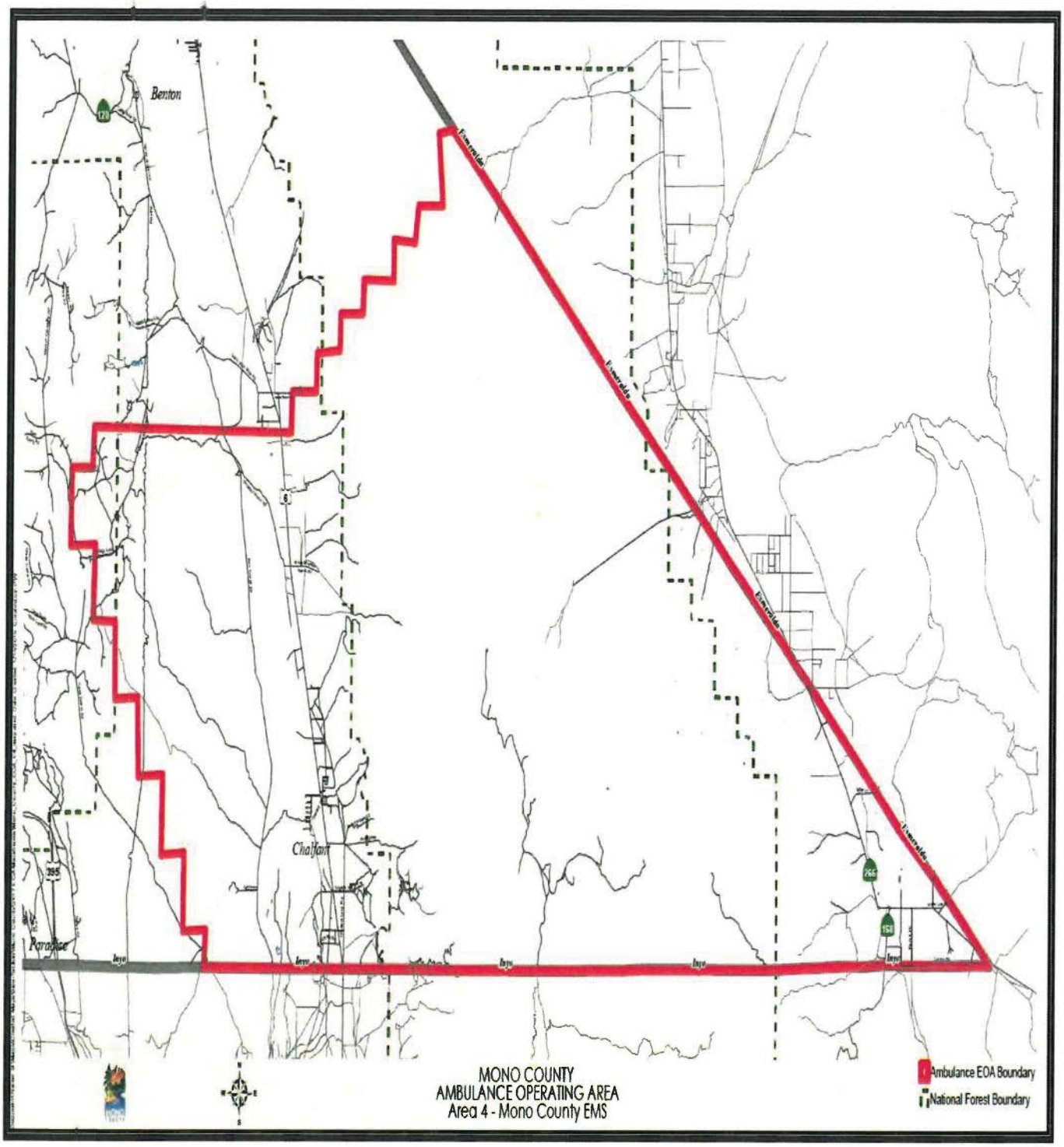
EOA 2 Mono


June Lake
395
Mammoth Lakes
MONO COUNTY
AMBULANCE EXCLUSIVE OPERATING AREA
Area 2 - Mono County EMS
Ambulance EOA Boundary
City Jurisdictions
National Forest Boundary

EOA 3 Mono

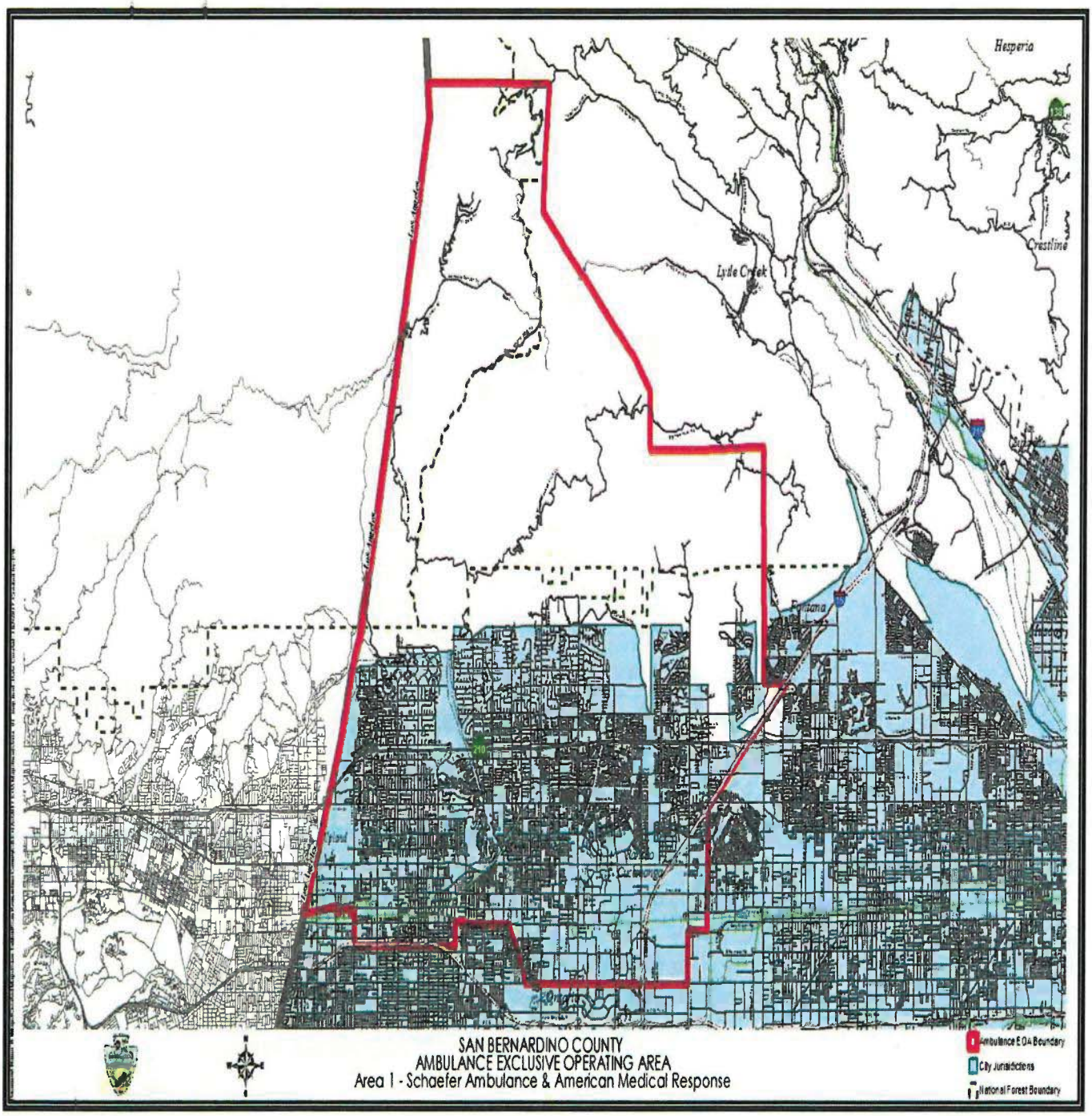

MONO COUNTY
AMBULANCE OPERATING AREA
Area 3 - Mono County EMS
City Jurisdictions

EOA 4 Mono

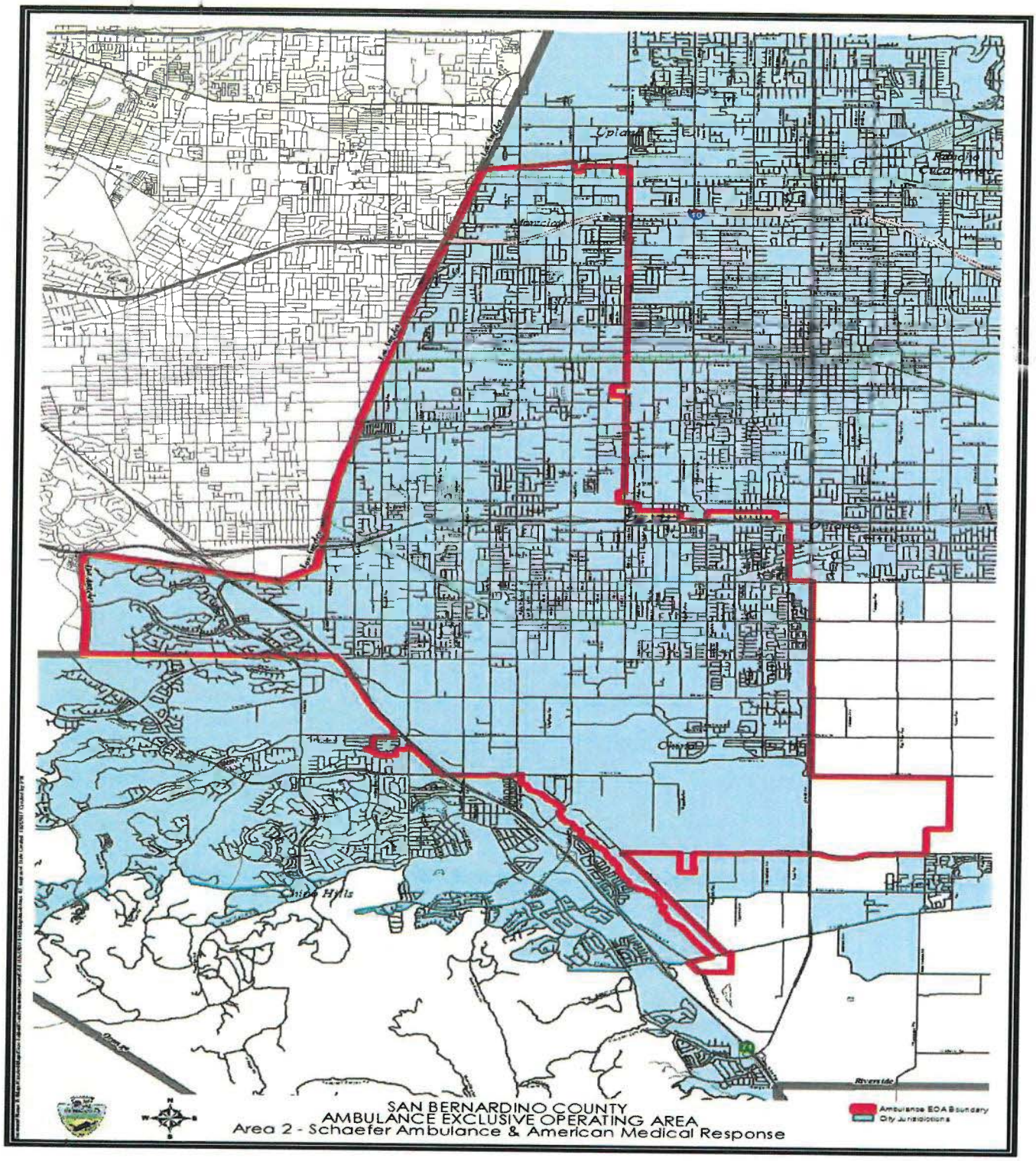

Benton
Chalfant
Paradise
Inyo
Mono
Ambulance EOA Boundary
National Forest Boundary
MONO COUNTY
AMBULANCE OPERATING AREA
Area 4 - Mono County EMS

Appendix D ICEMA Maps San Bernardino County –

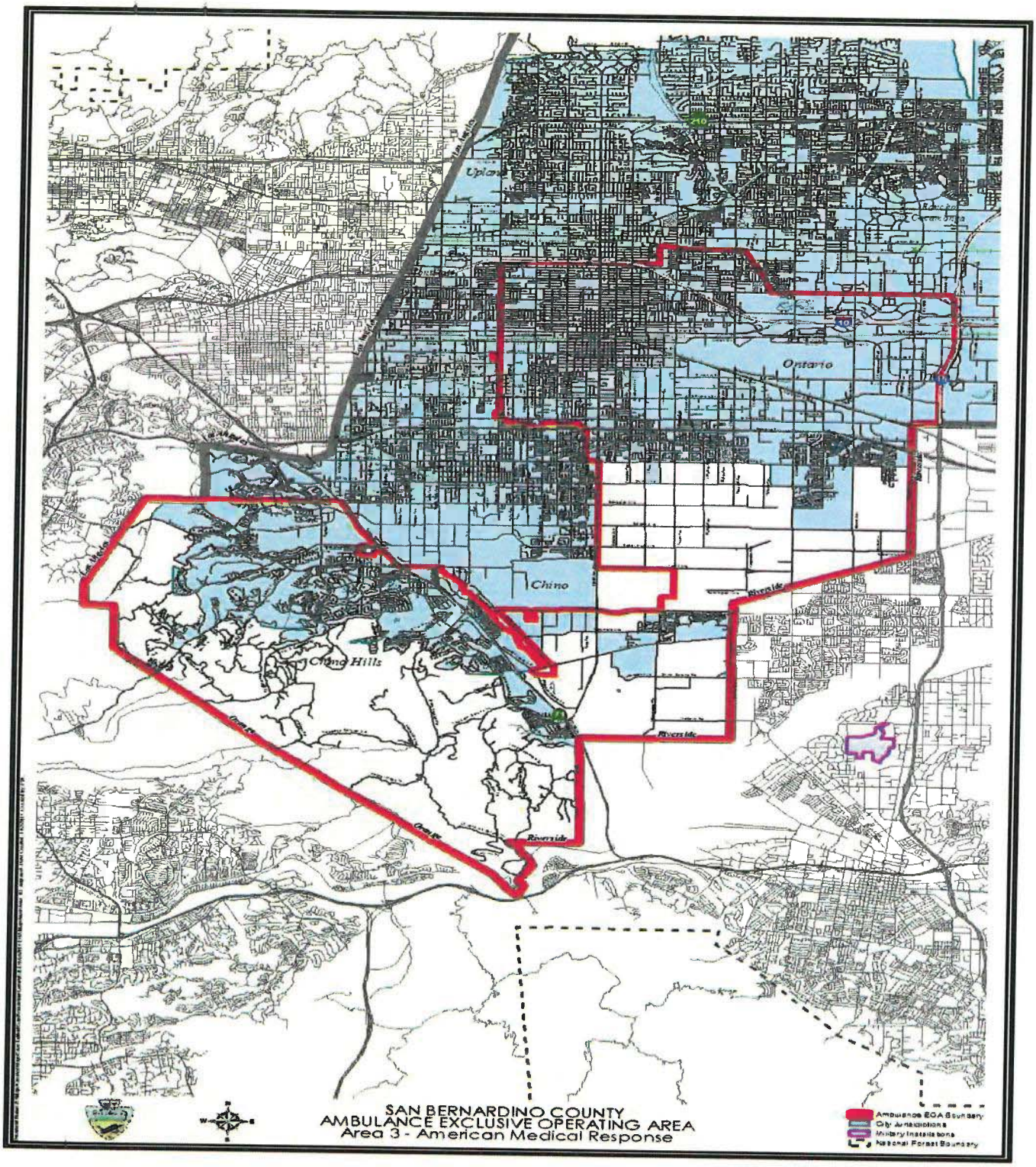
EOA 1 San Bernardino



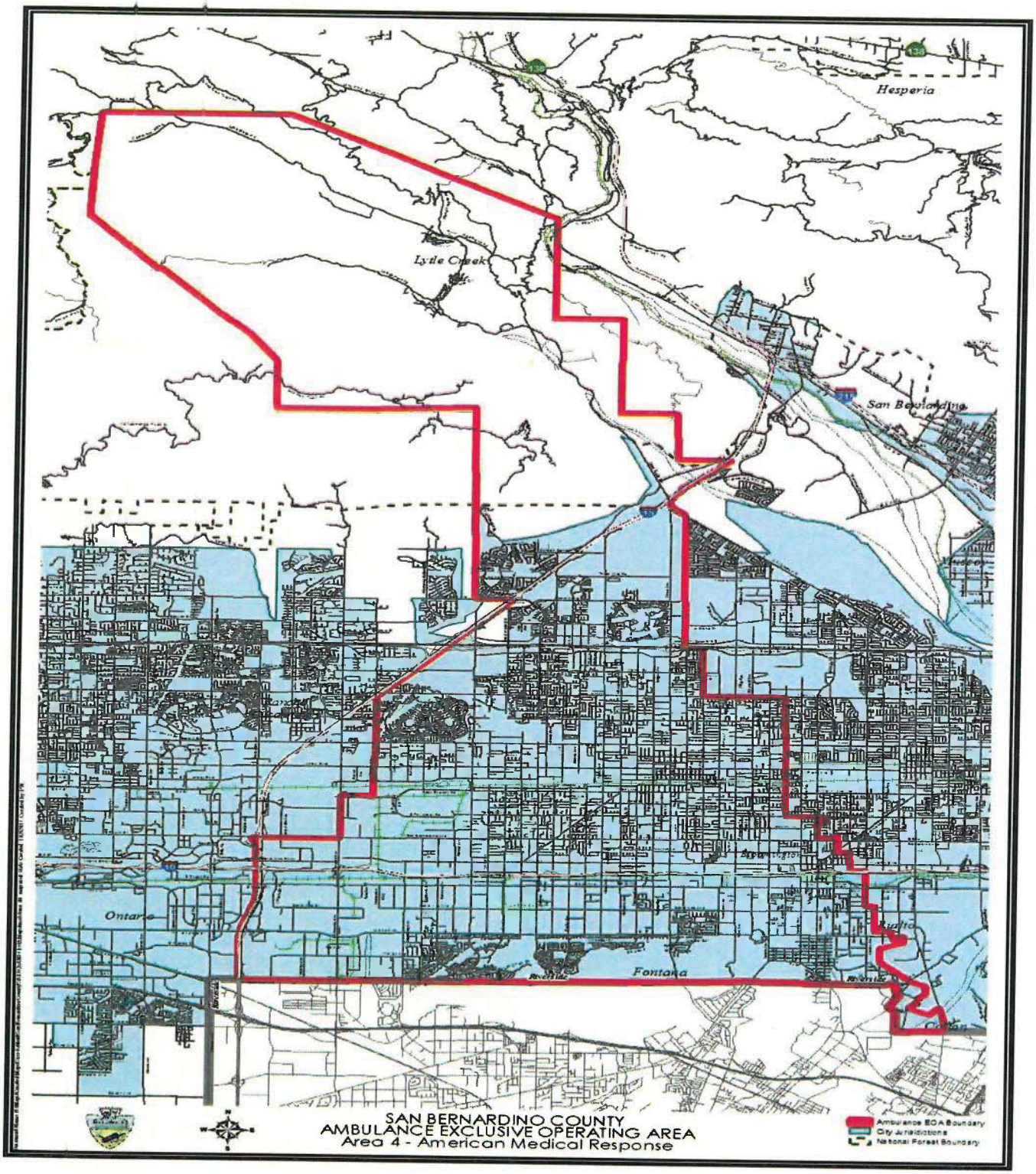
EOA 2 San Bernardino



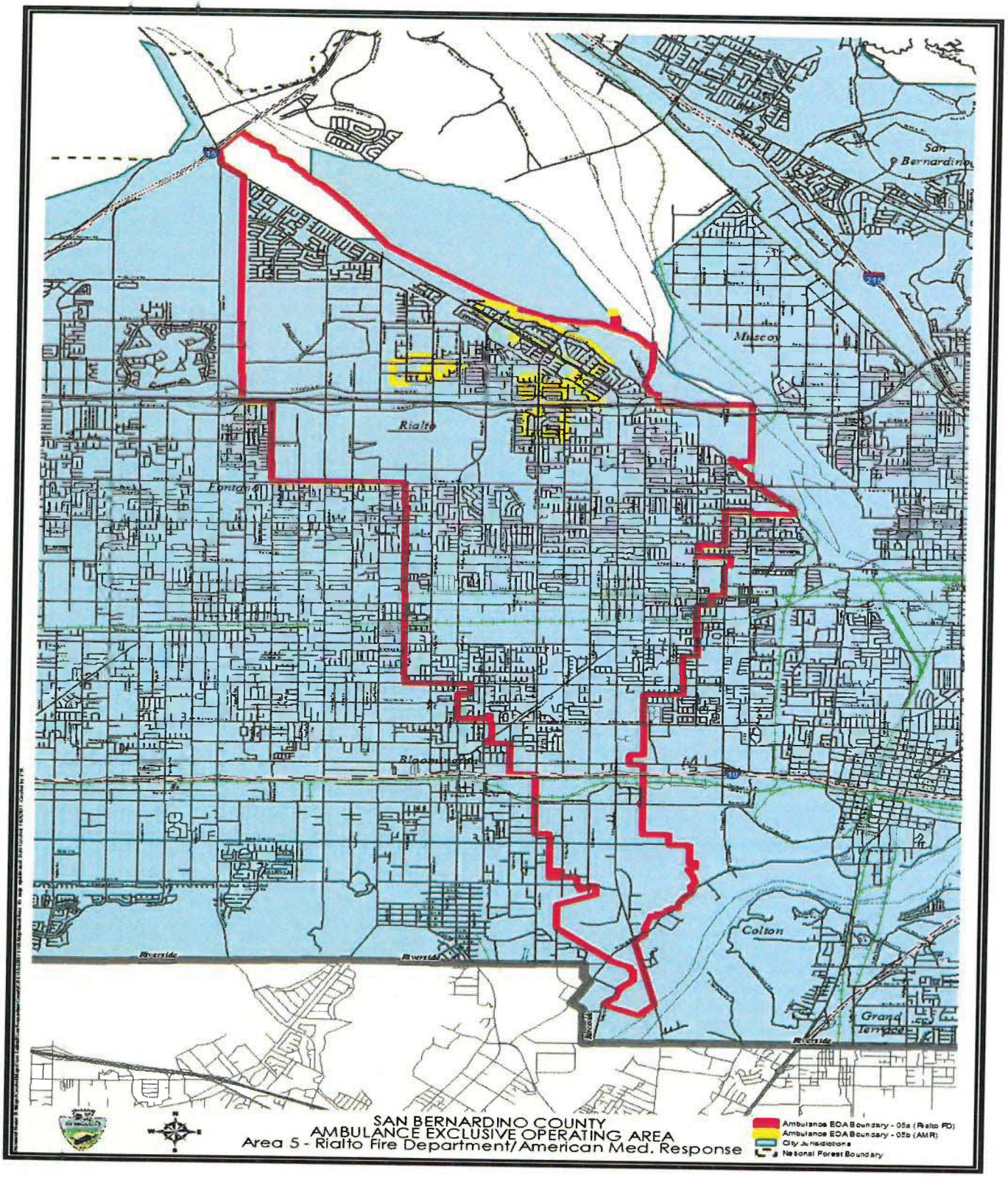
EOA 3 San Bernardino



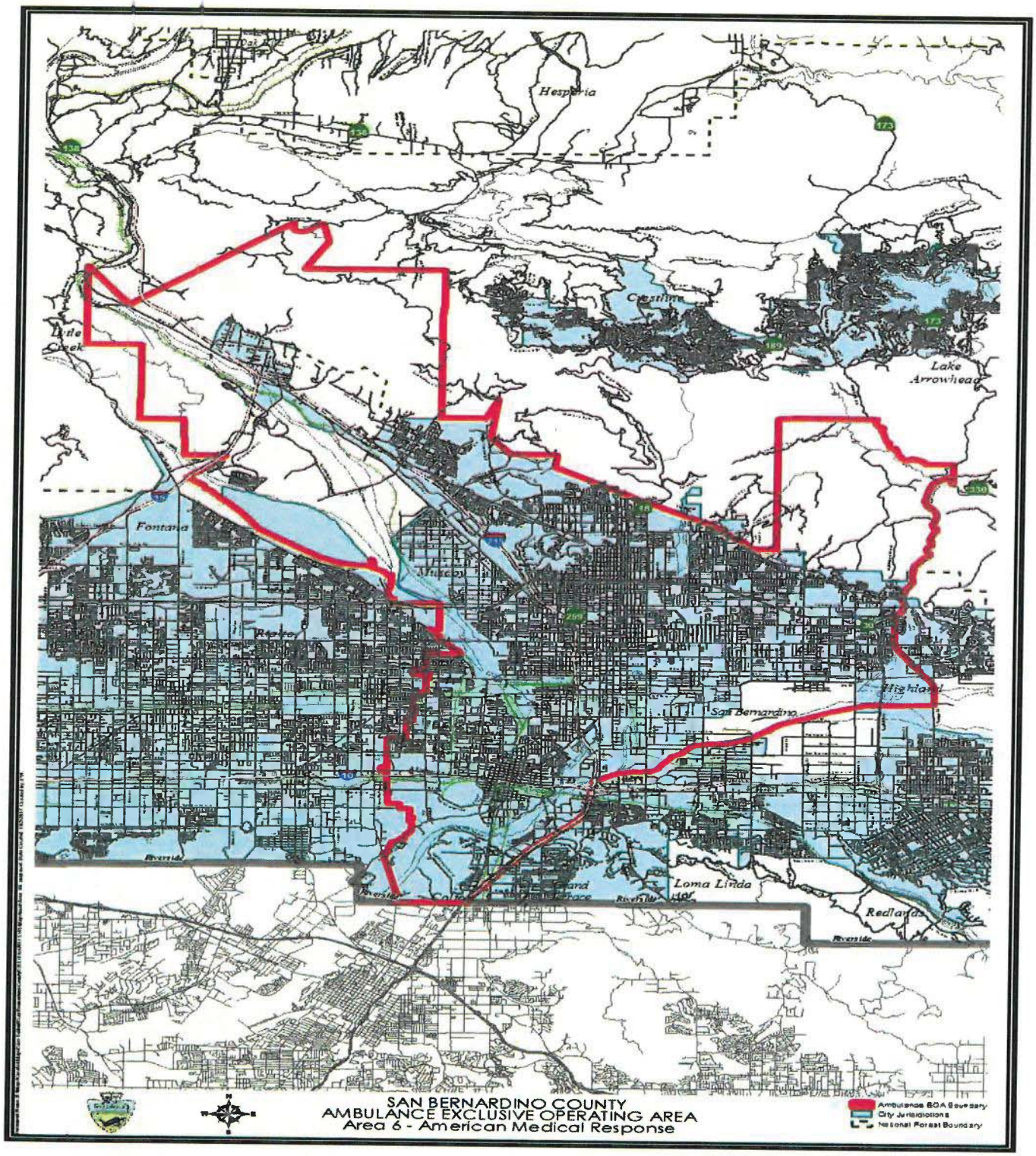
EOA 4 San Bernardino



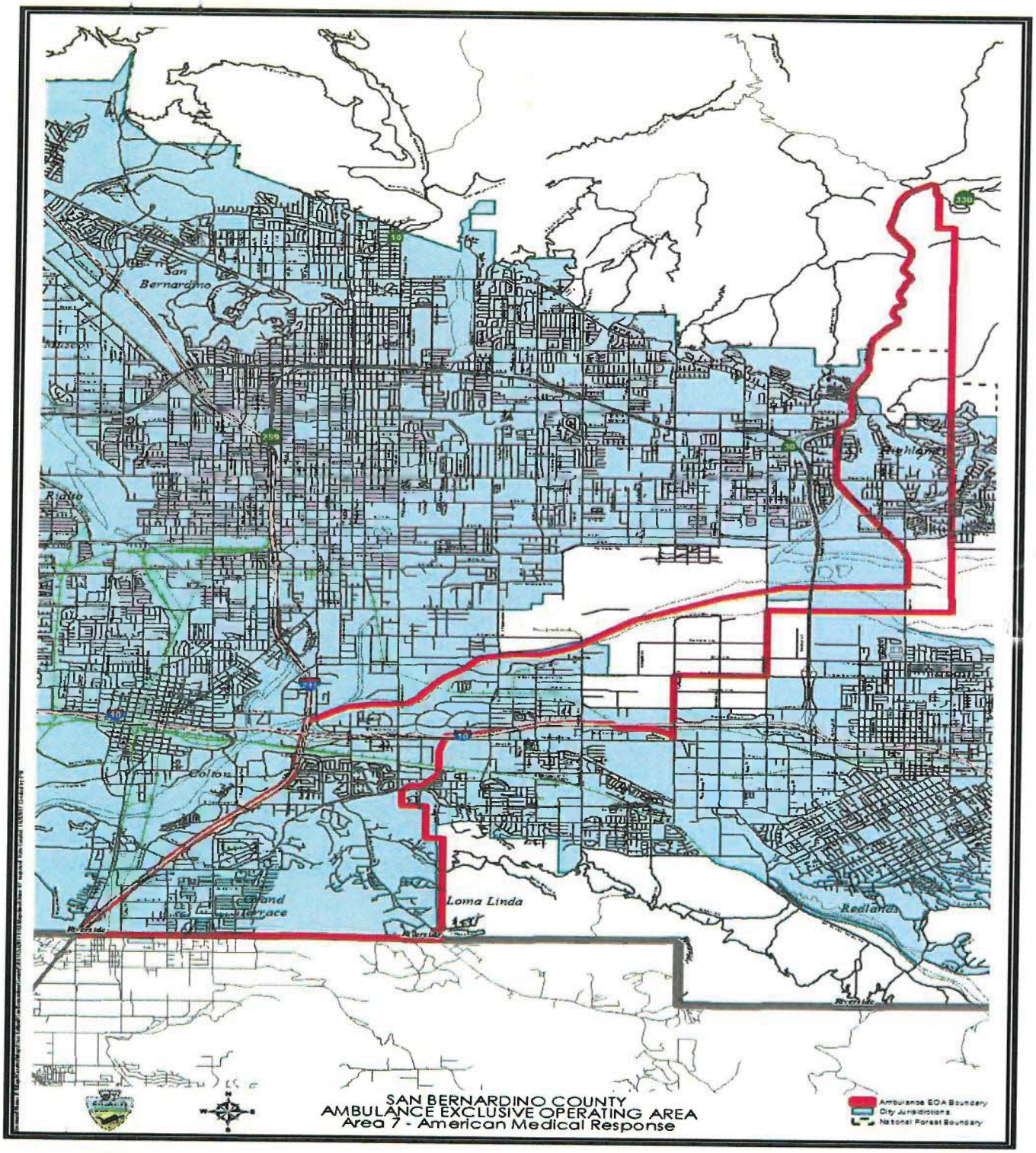
EOA 5 San Bernardino



EOA 6 San Bernardino

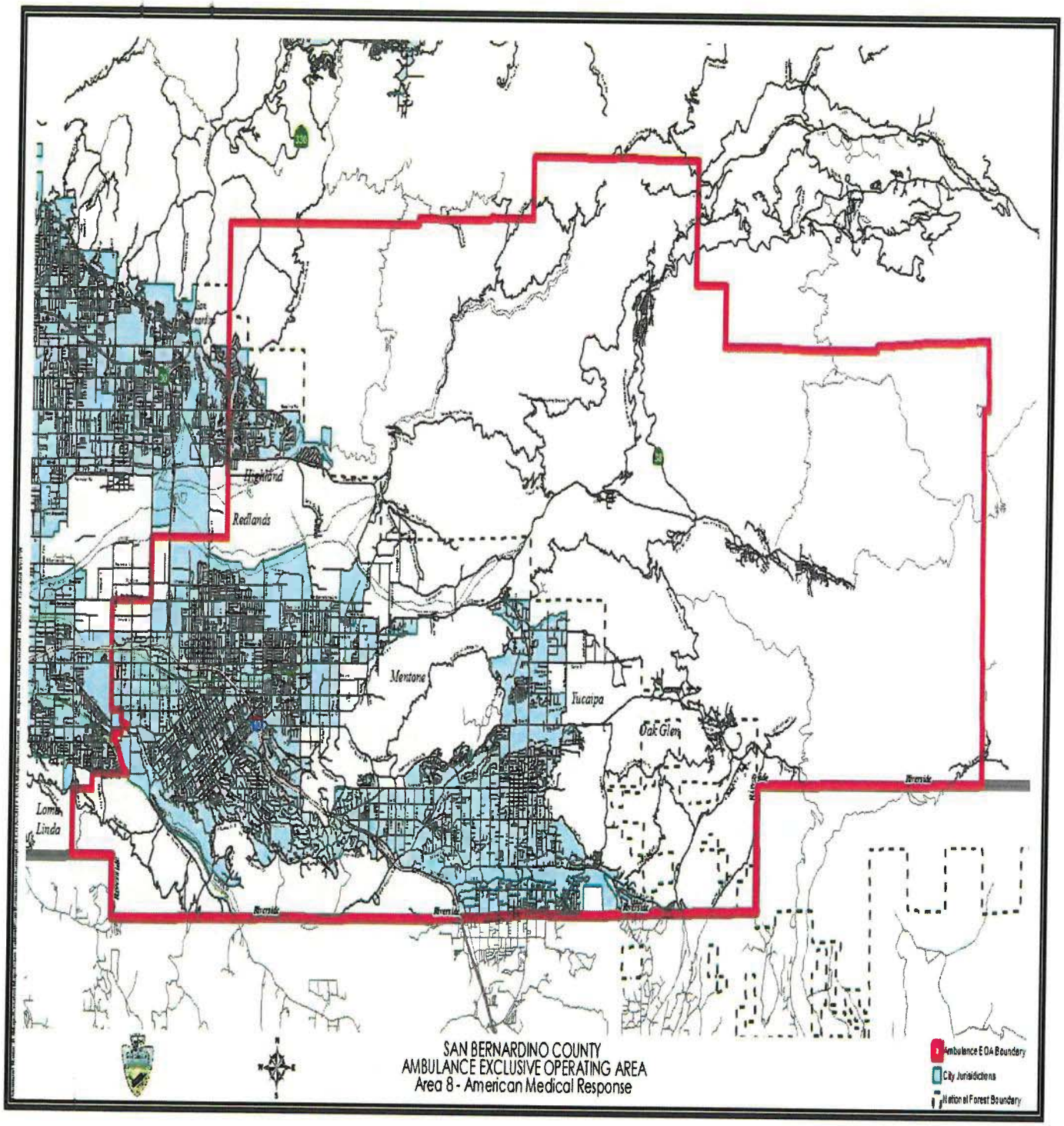


EOA 7 San Bernardino

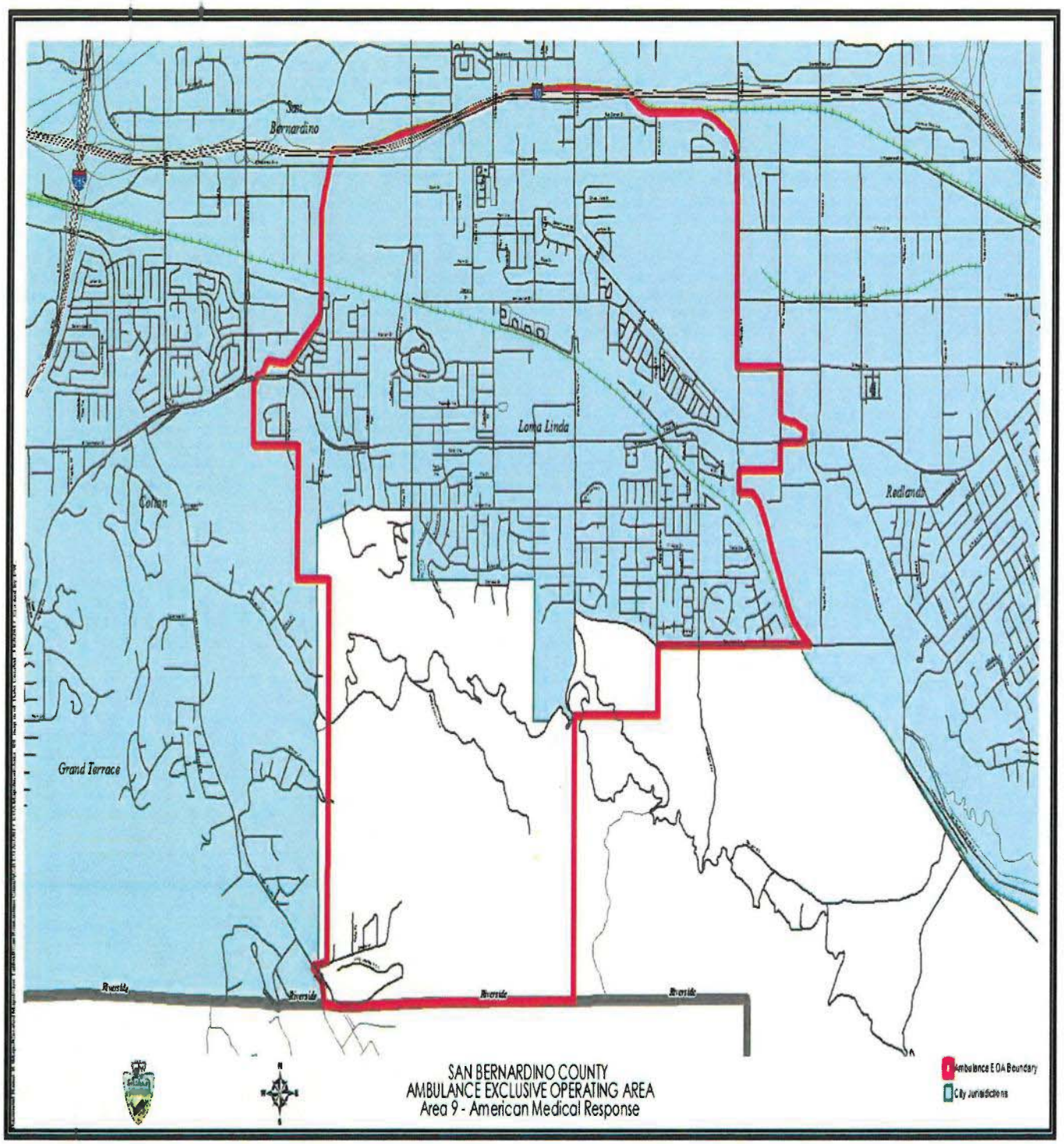


SAN BERNARDINO COUNTY
AMBULANCE EXCLUSIVE OPERATING AREA
Area 7 - American Medical Response

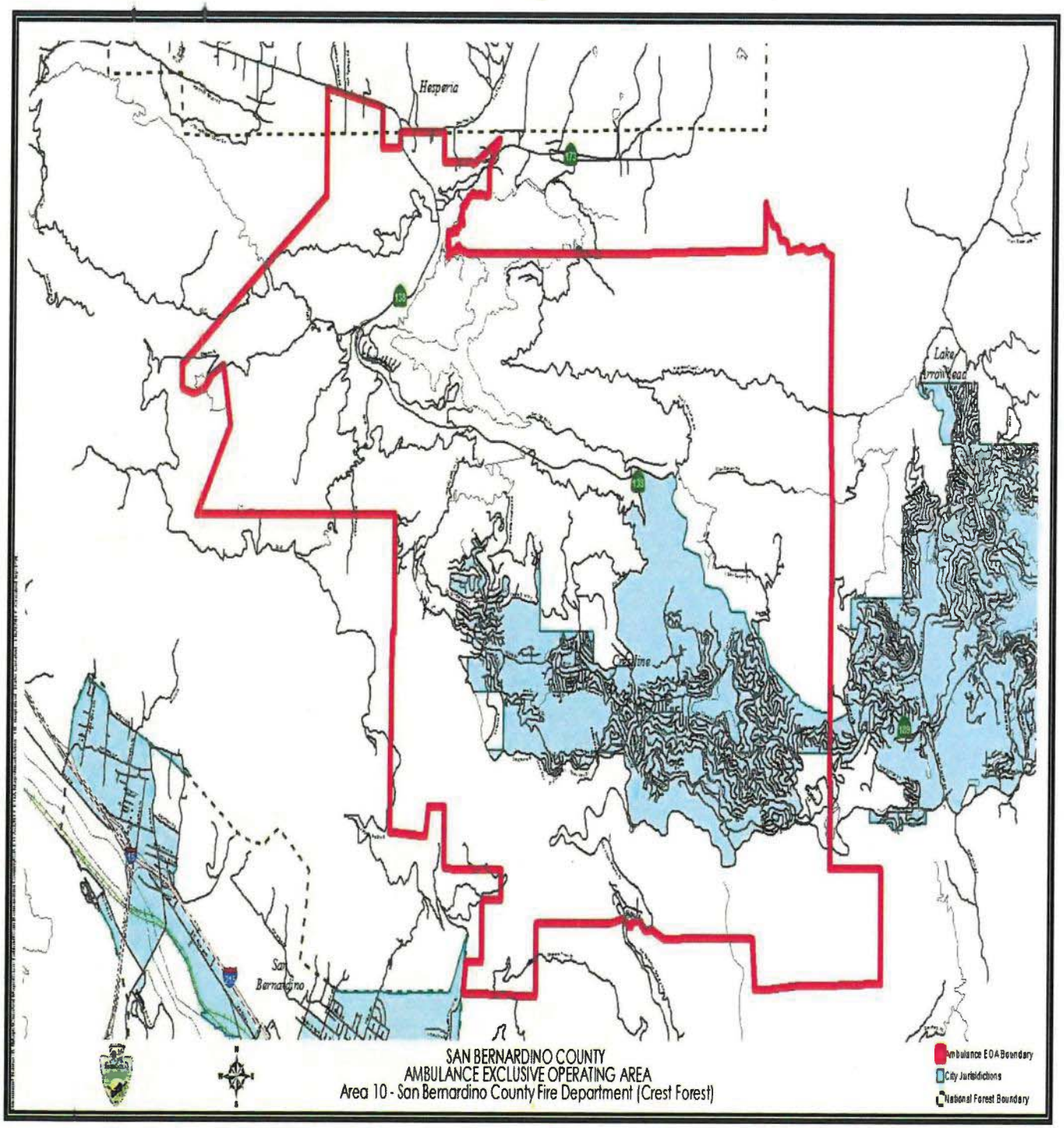
EOA 8 San Bernardino



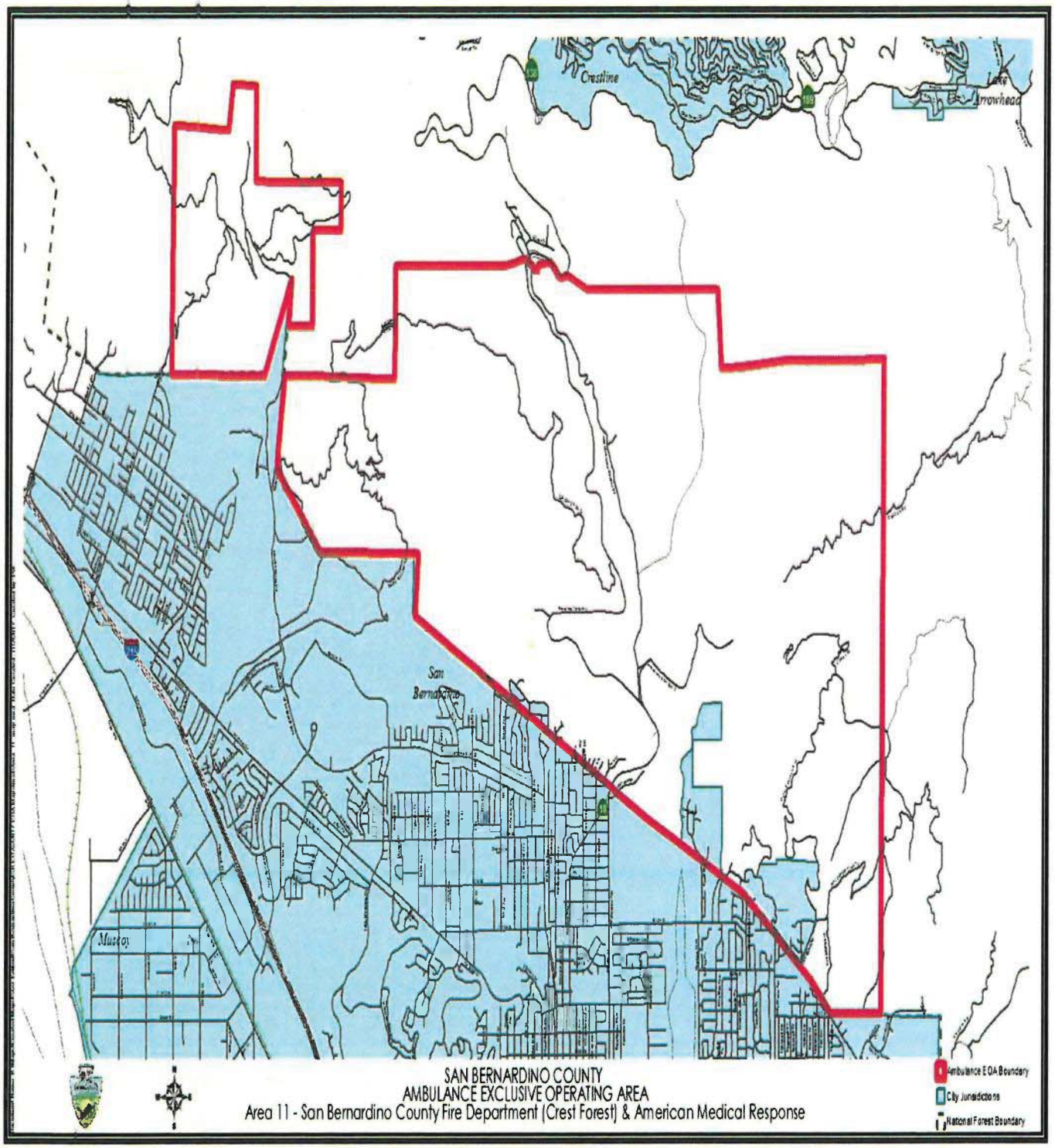
EOA 9 San Bernardino



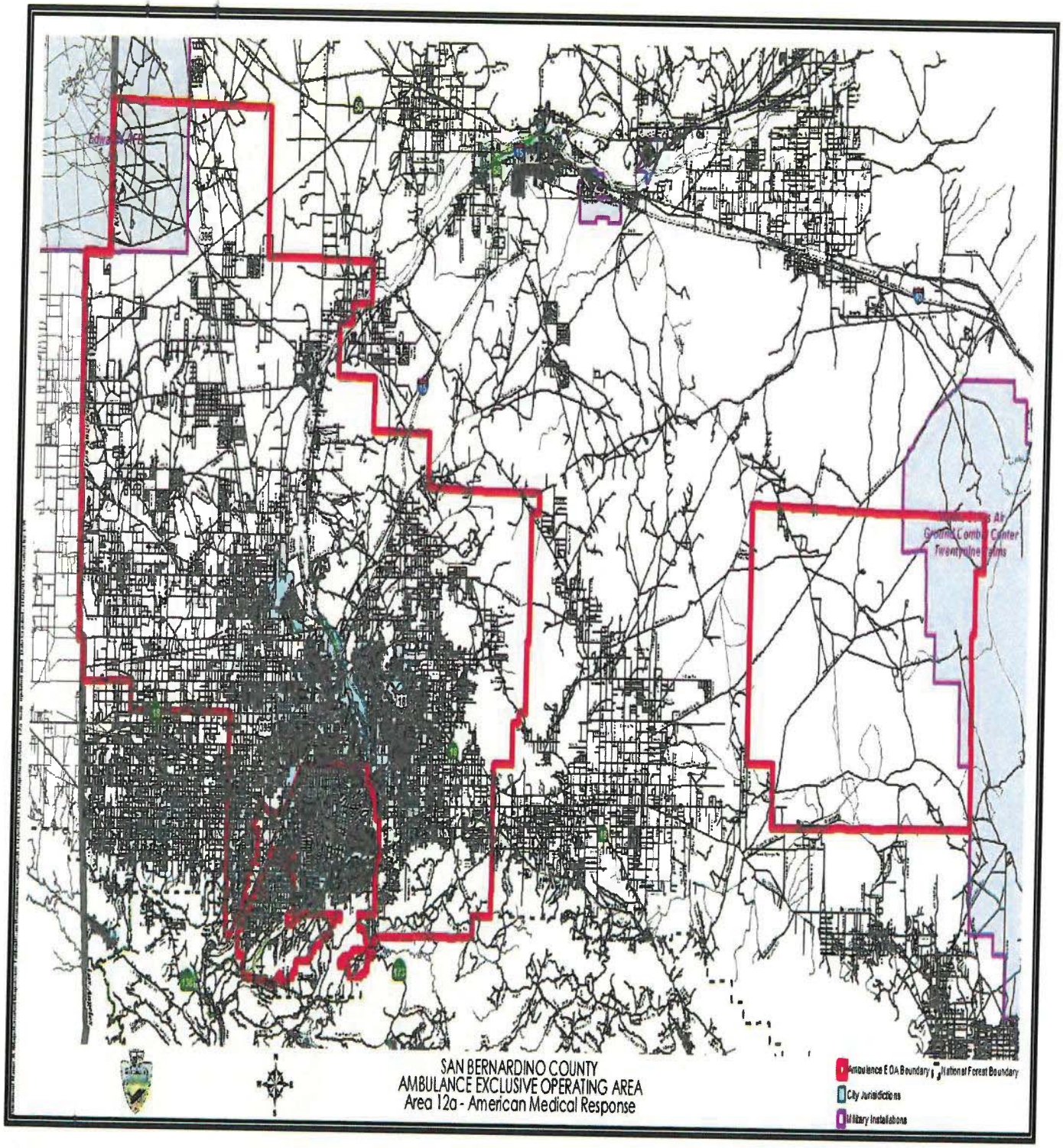
EOA 10 San Bernardino



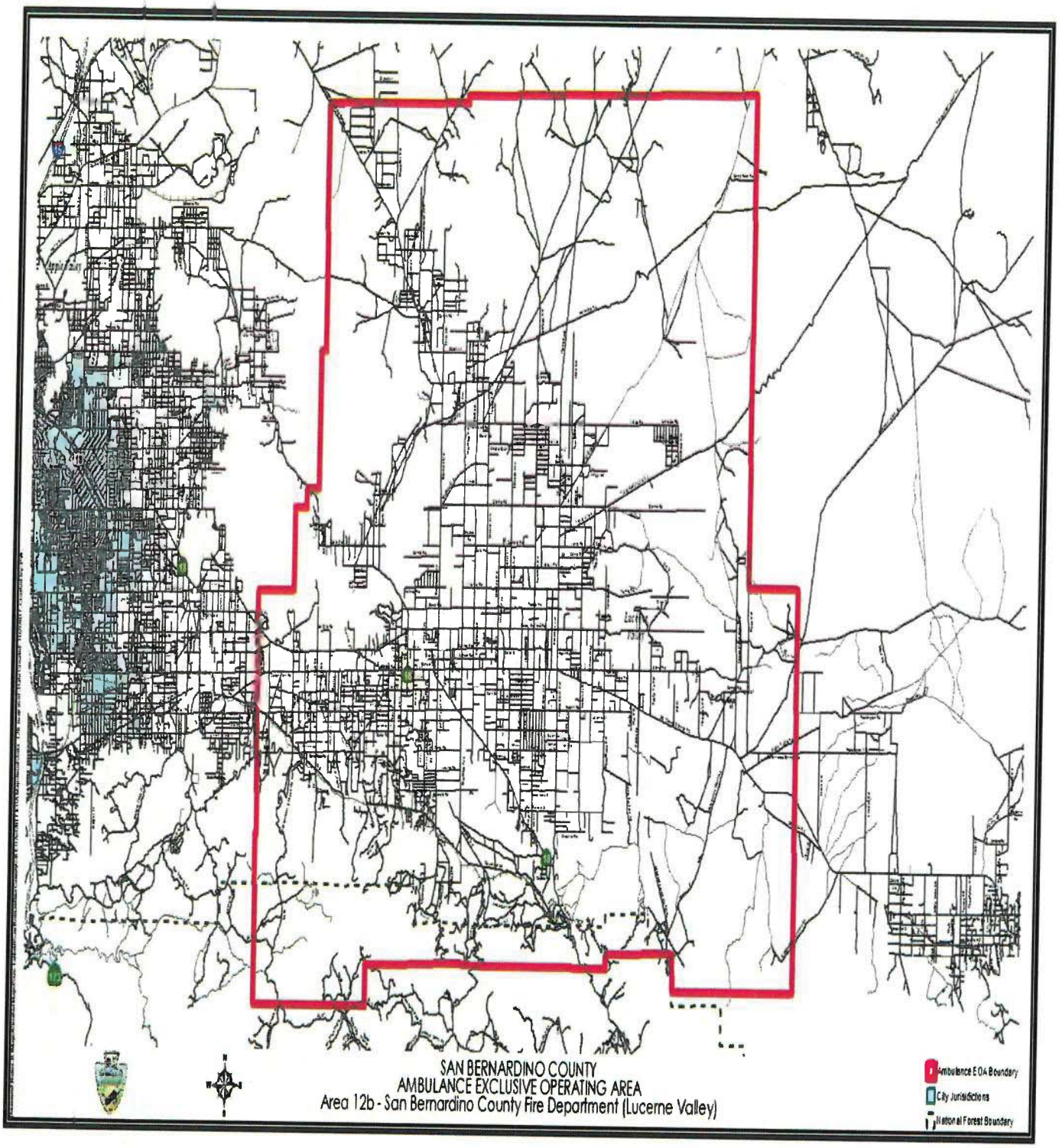
EOA 11 San Bernardino



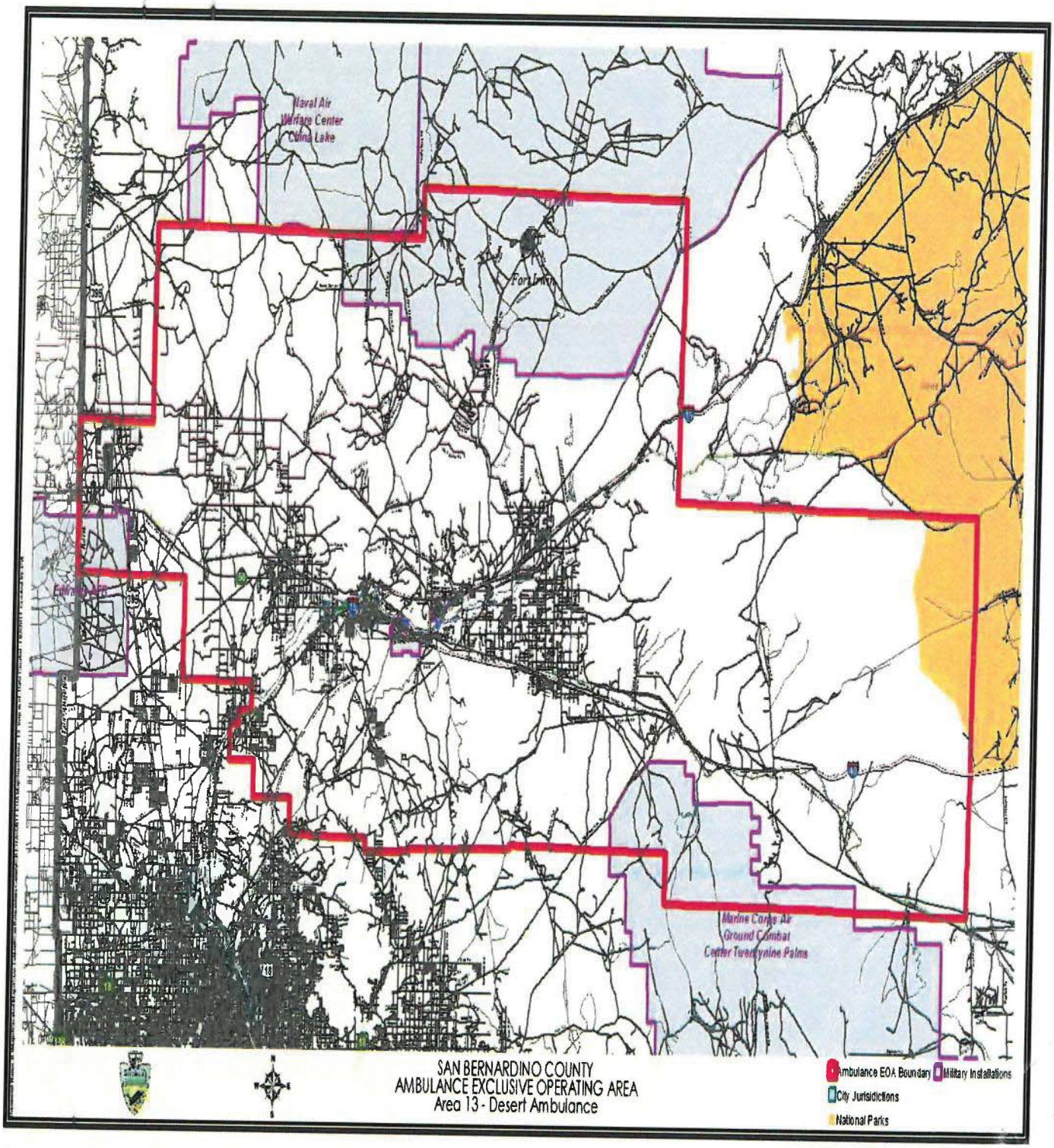
EOA 12a San Bernardino



EOA 12b San Bernardino



EOA 13 San Bernardino



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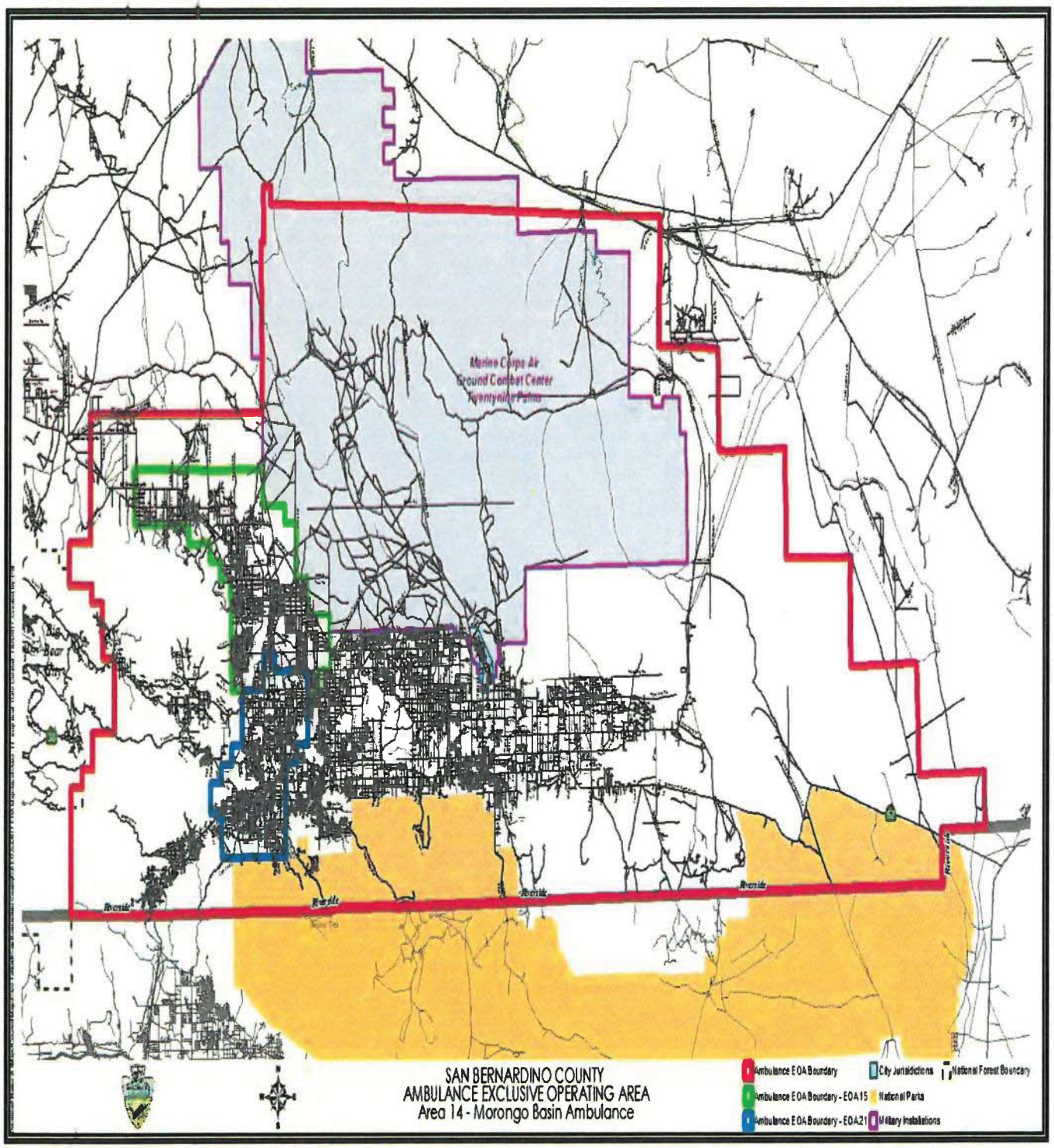
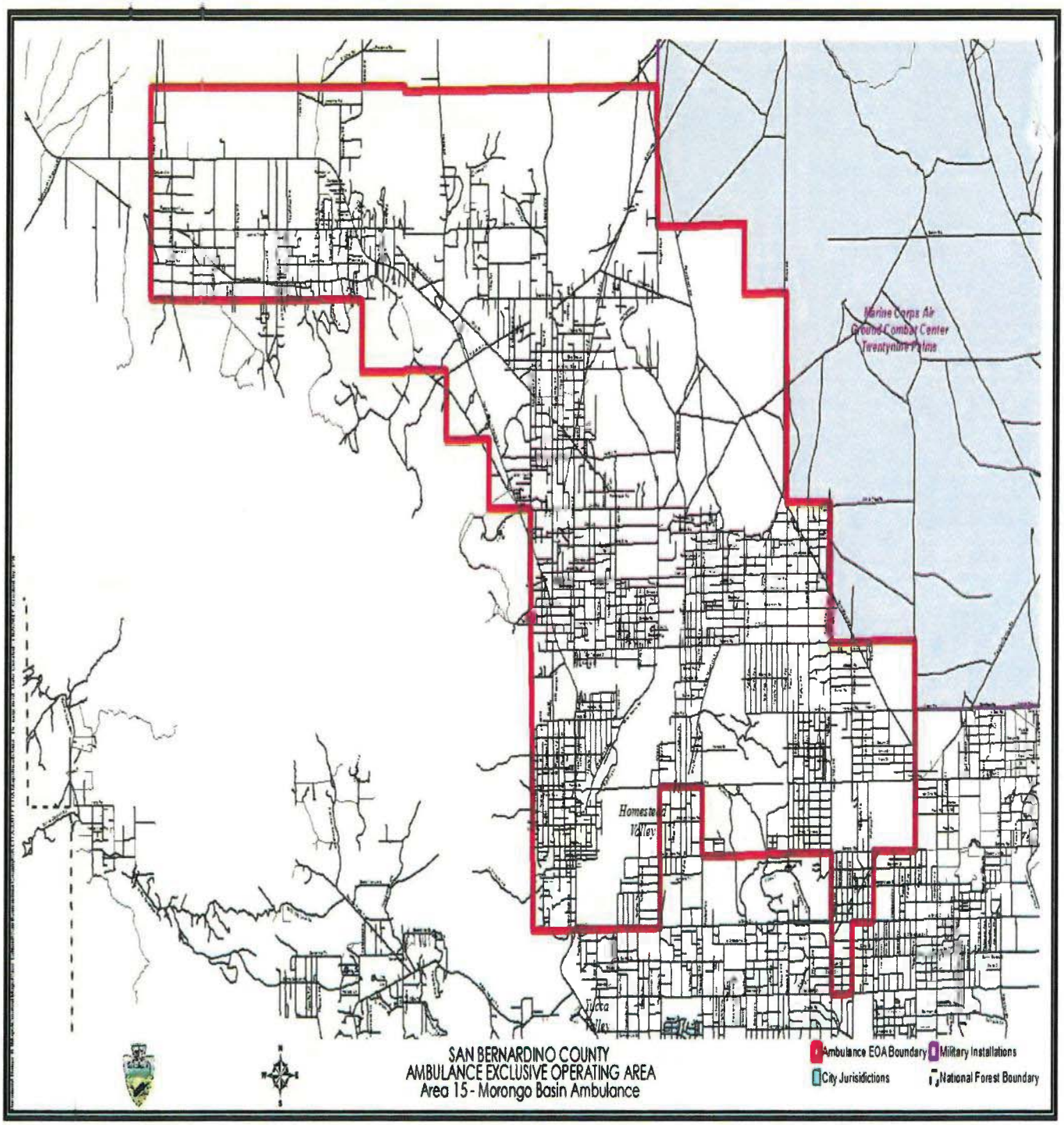
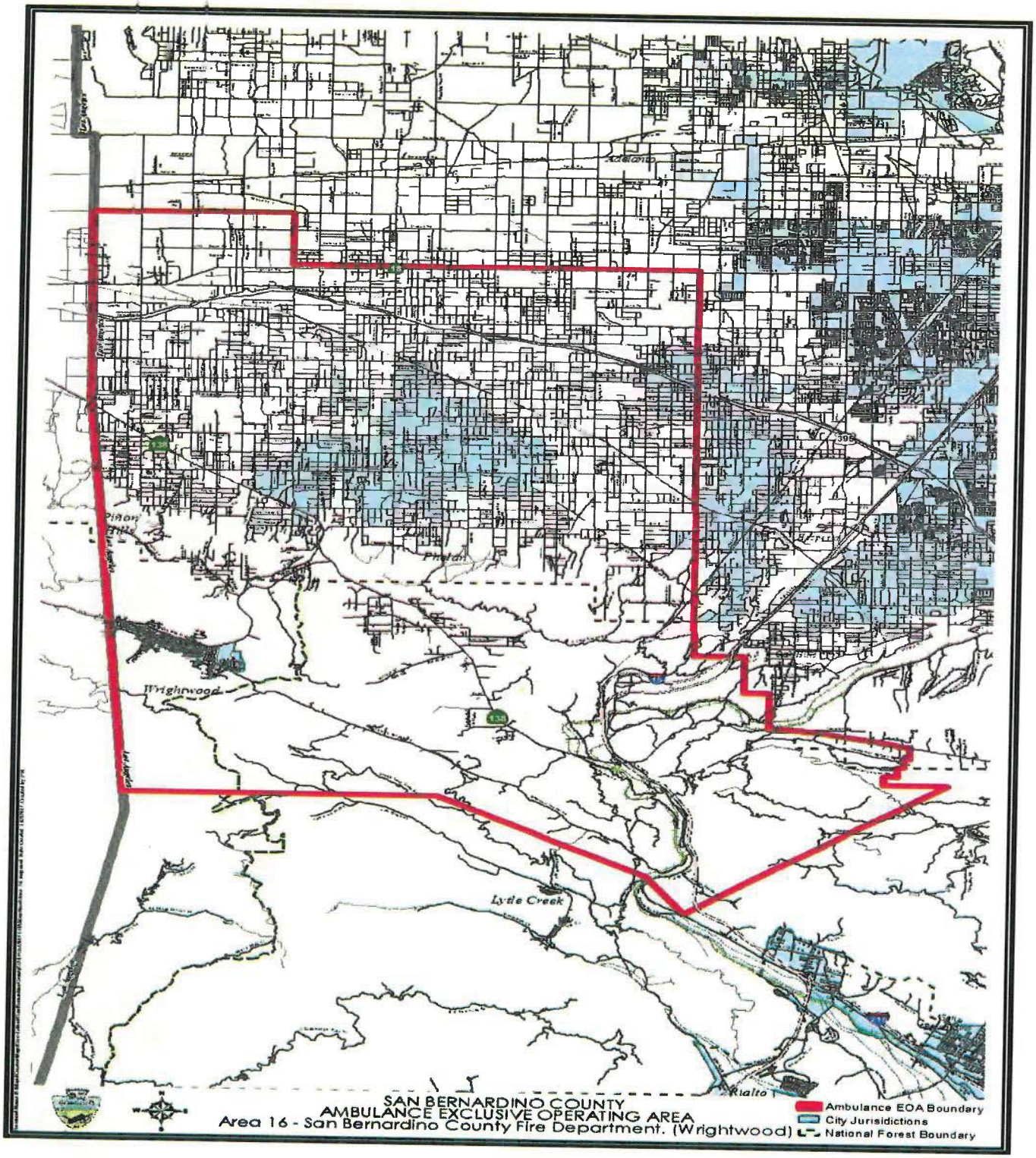


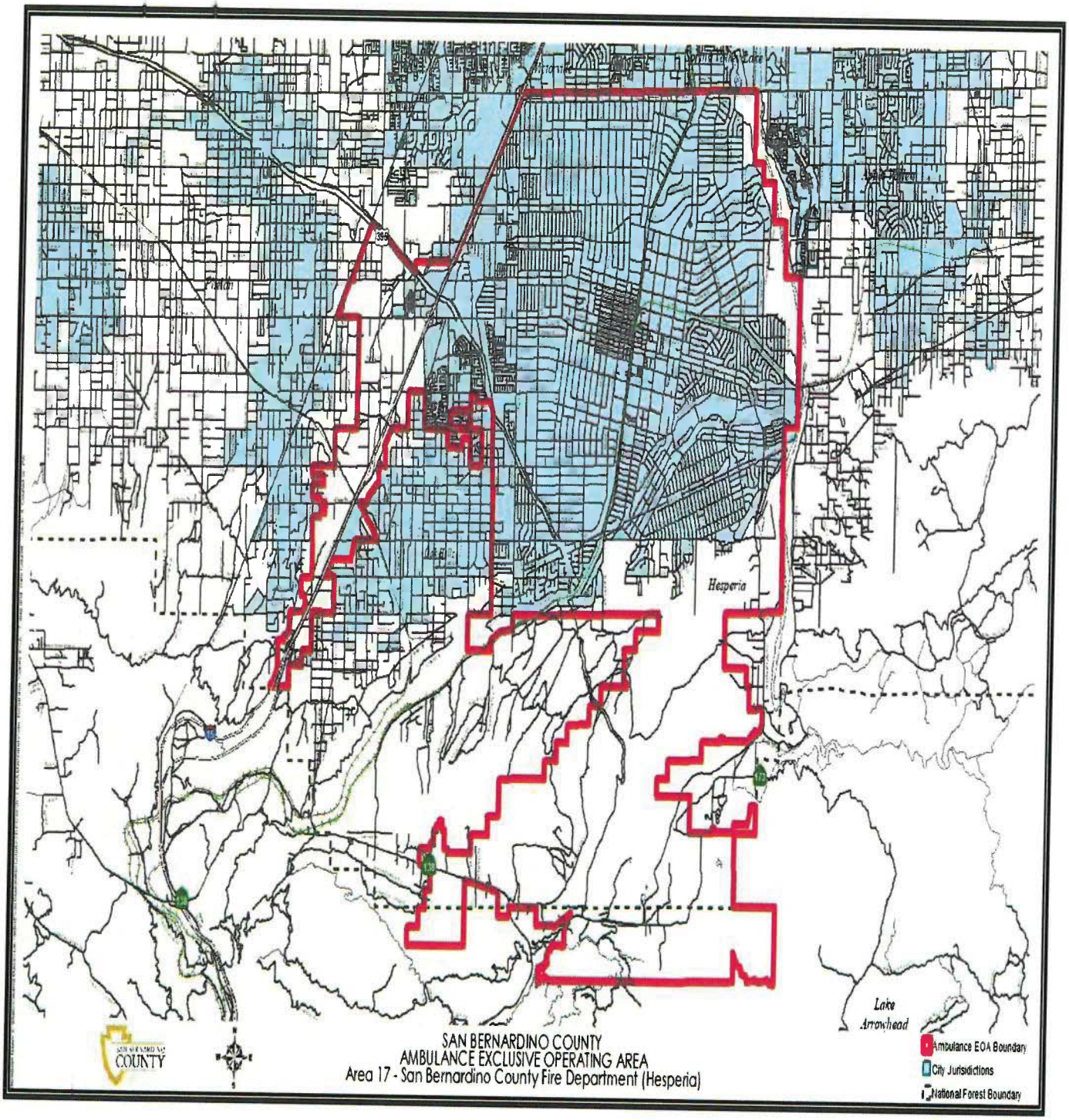
EOA 15 San Bernardino



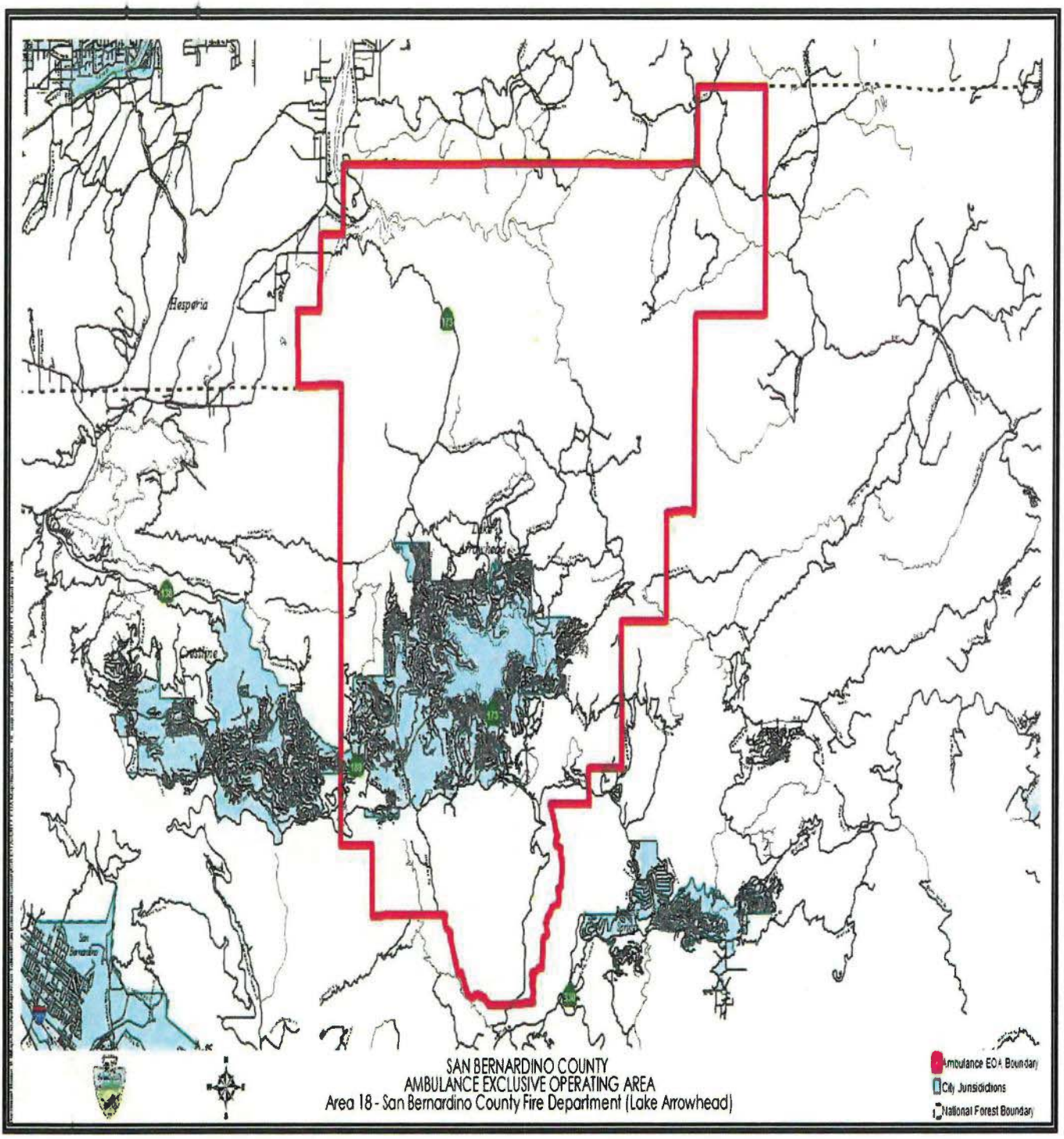
EOA 16 San Bernardino



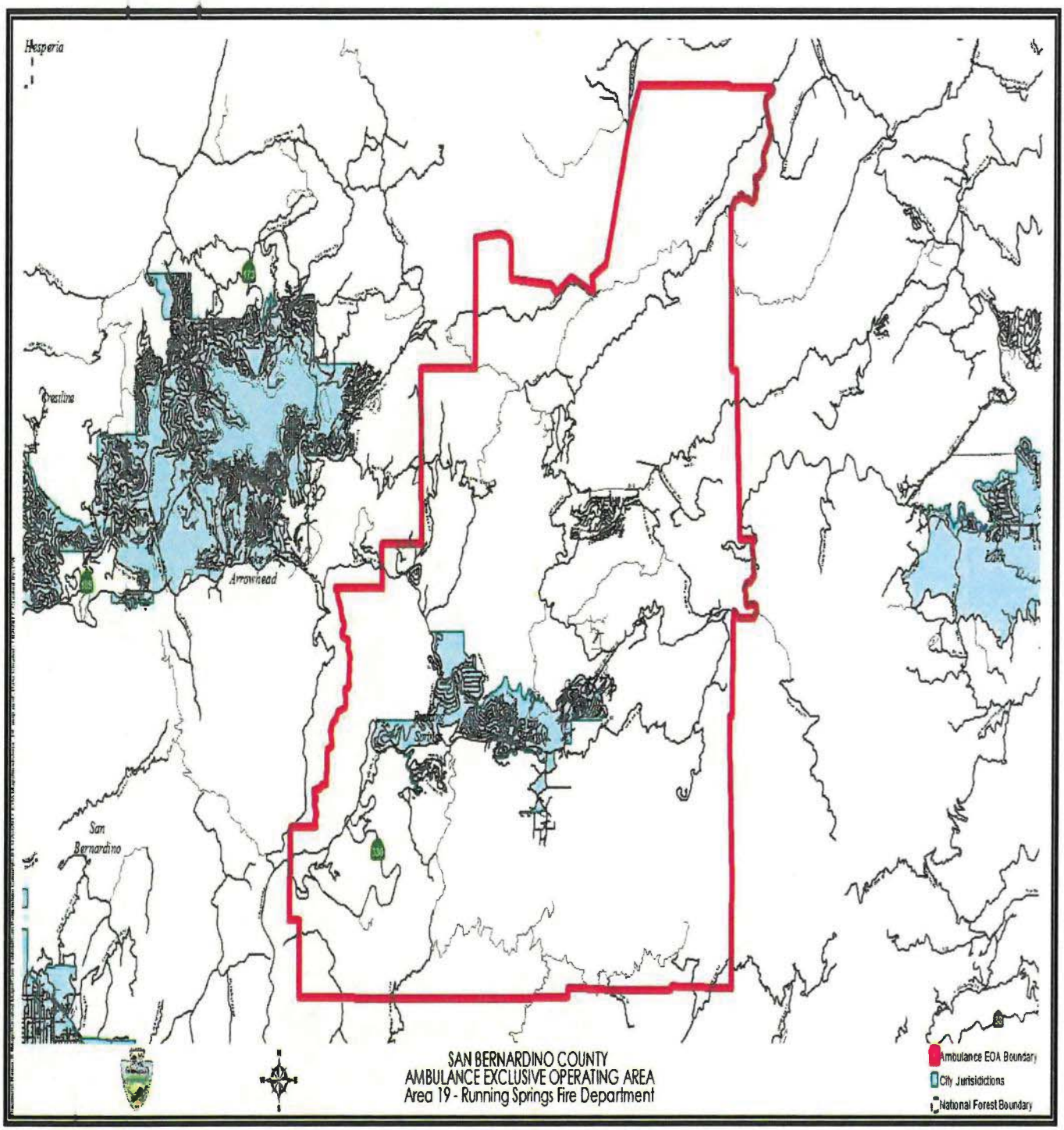
EOA 17 San Bernardino



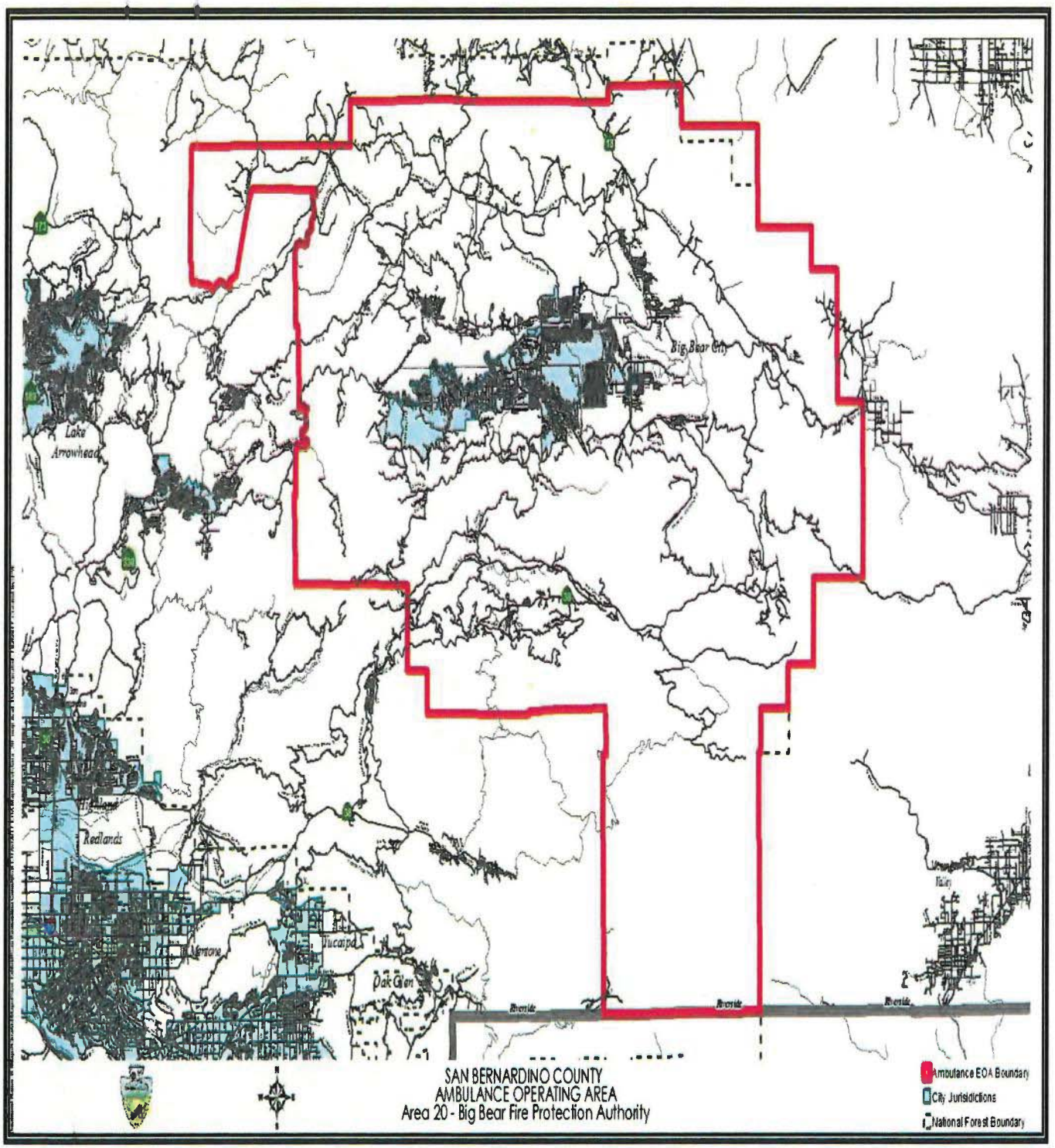
EOA 18 San Bernardino



EOA 19 San Bernardino



OA 20 San Bernardino



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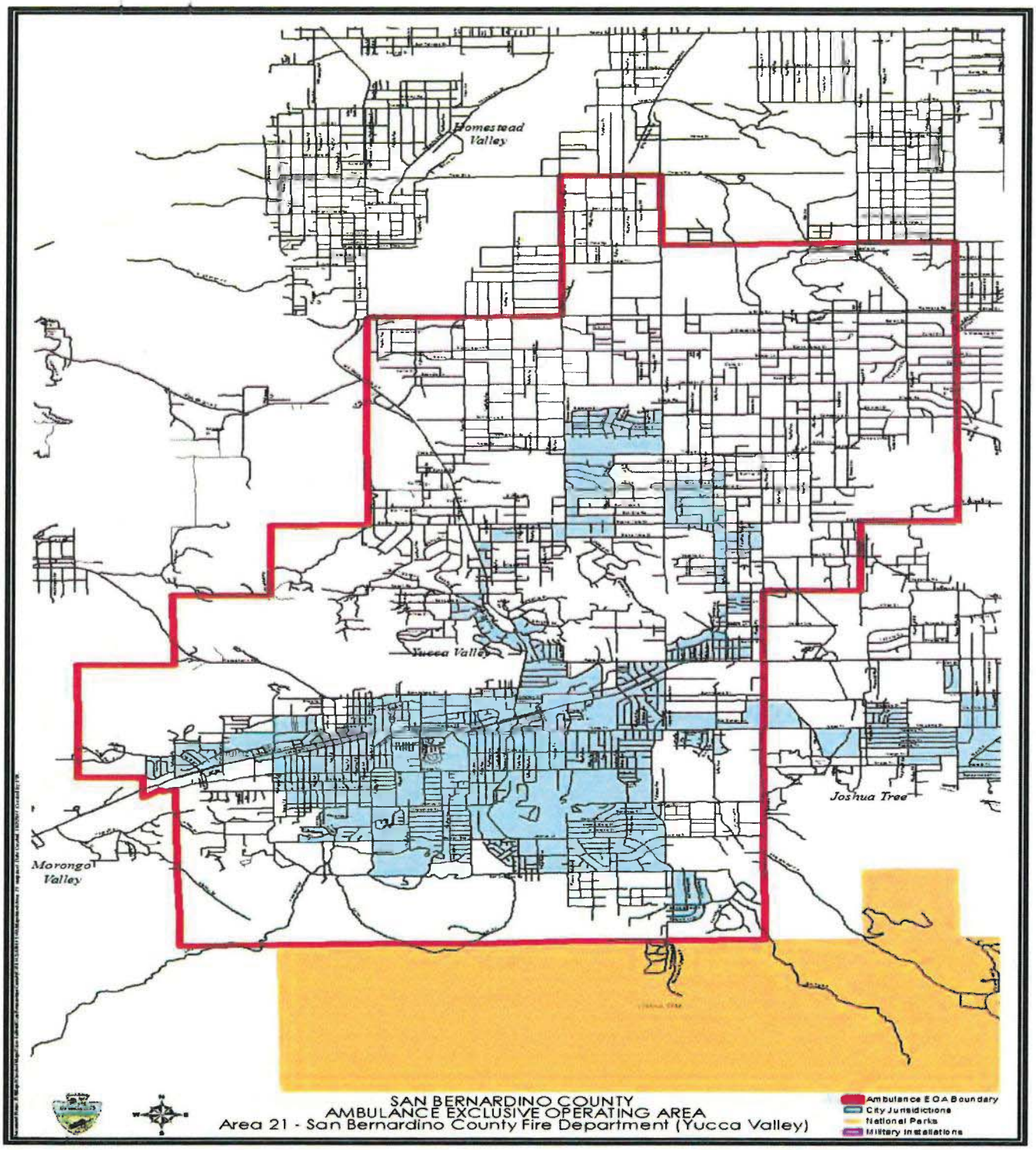
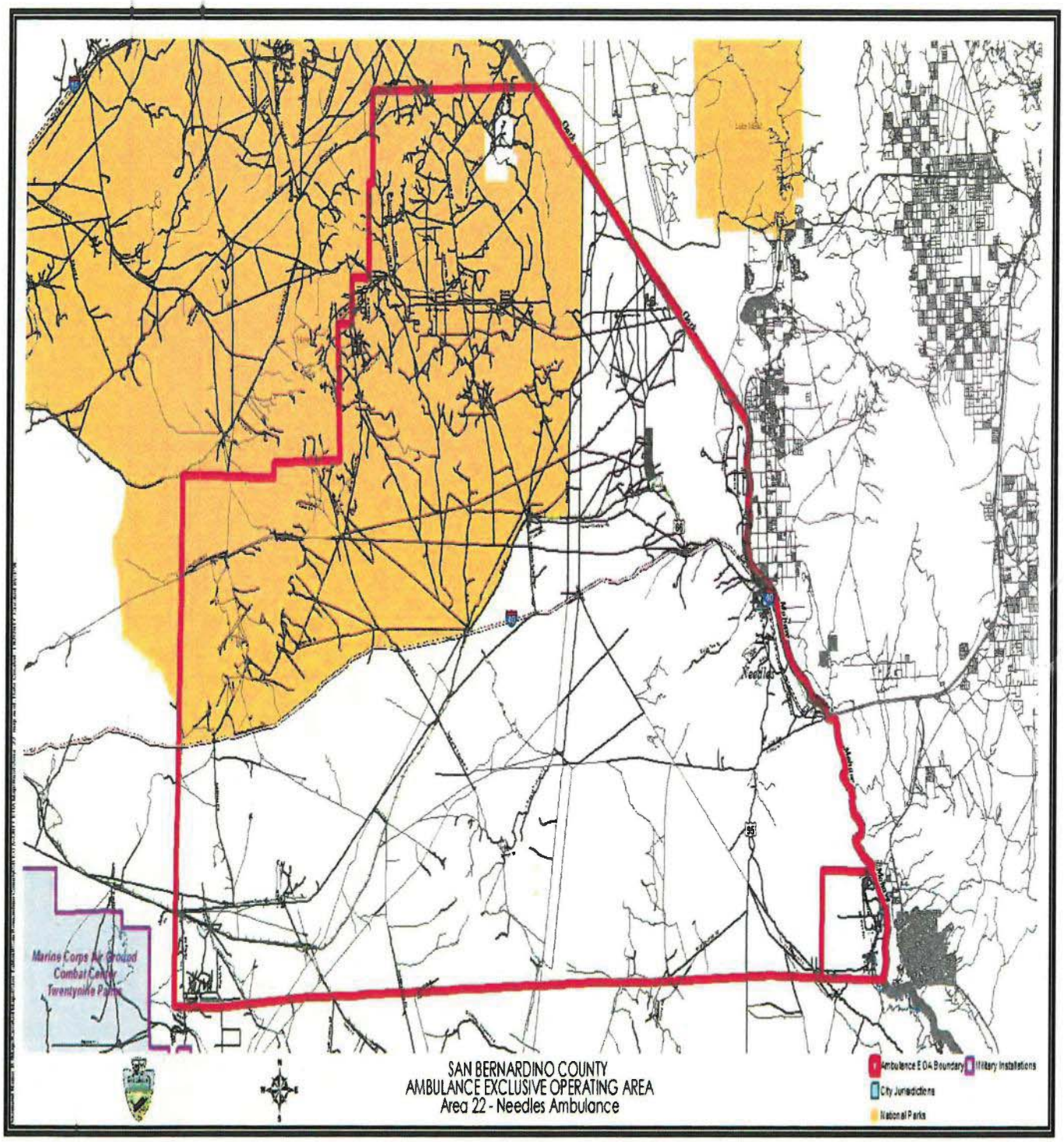
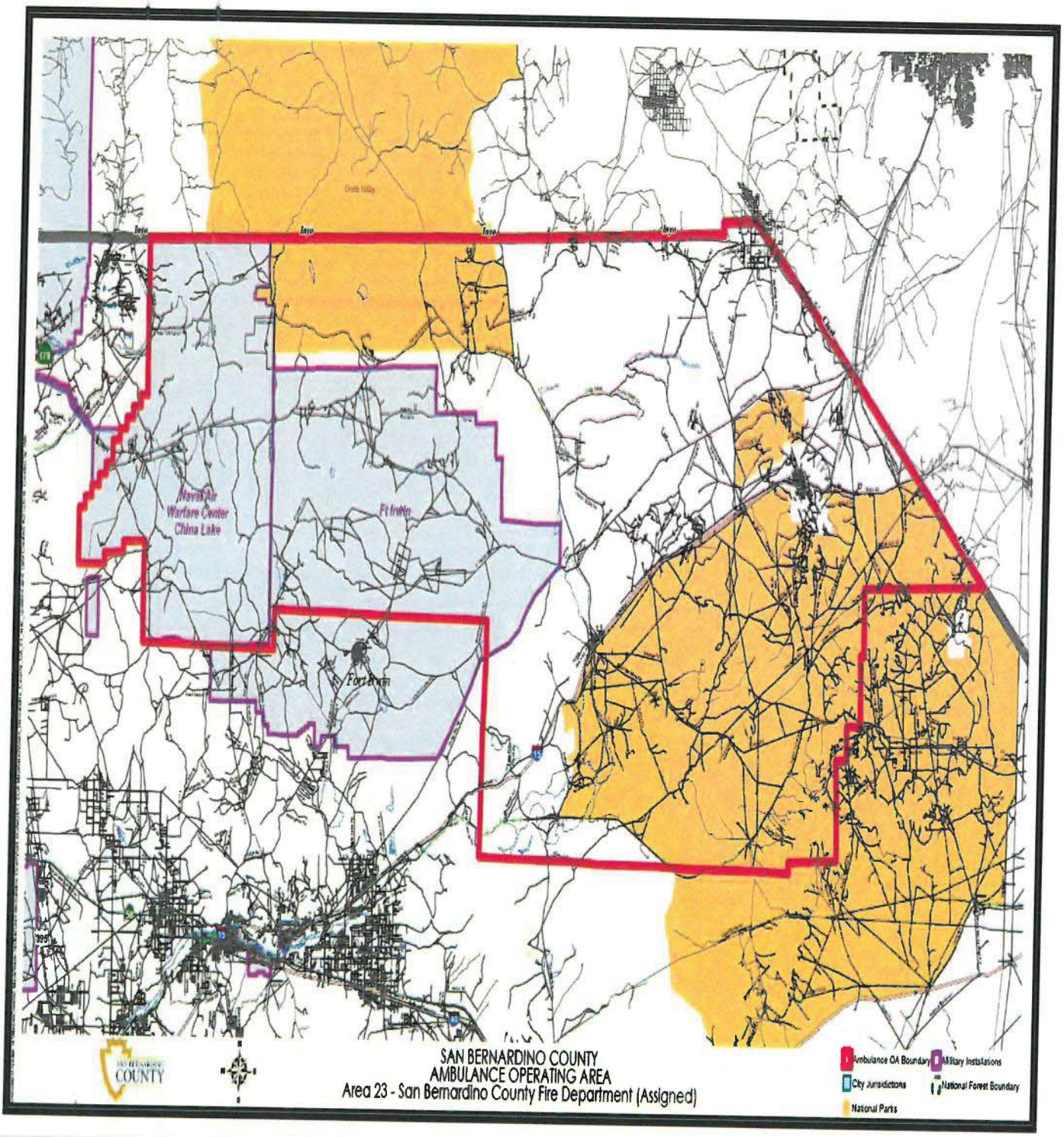


EOA 22 San Bernardino



OA 23 San Bernardino



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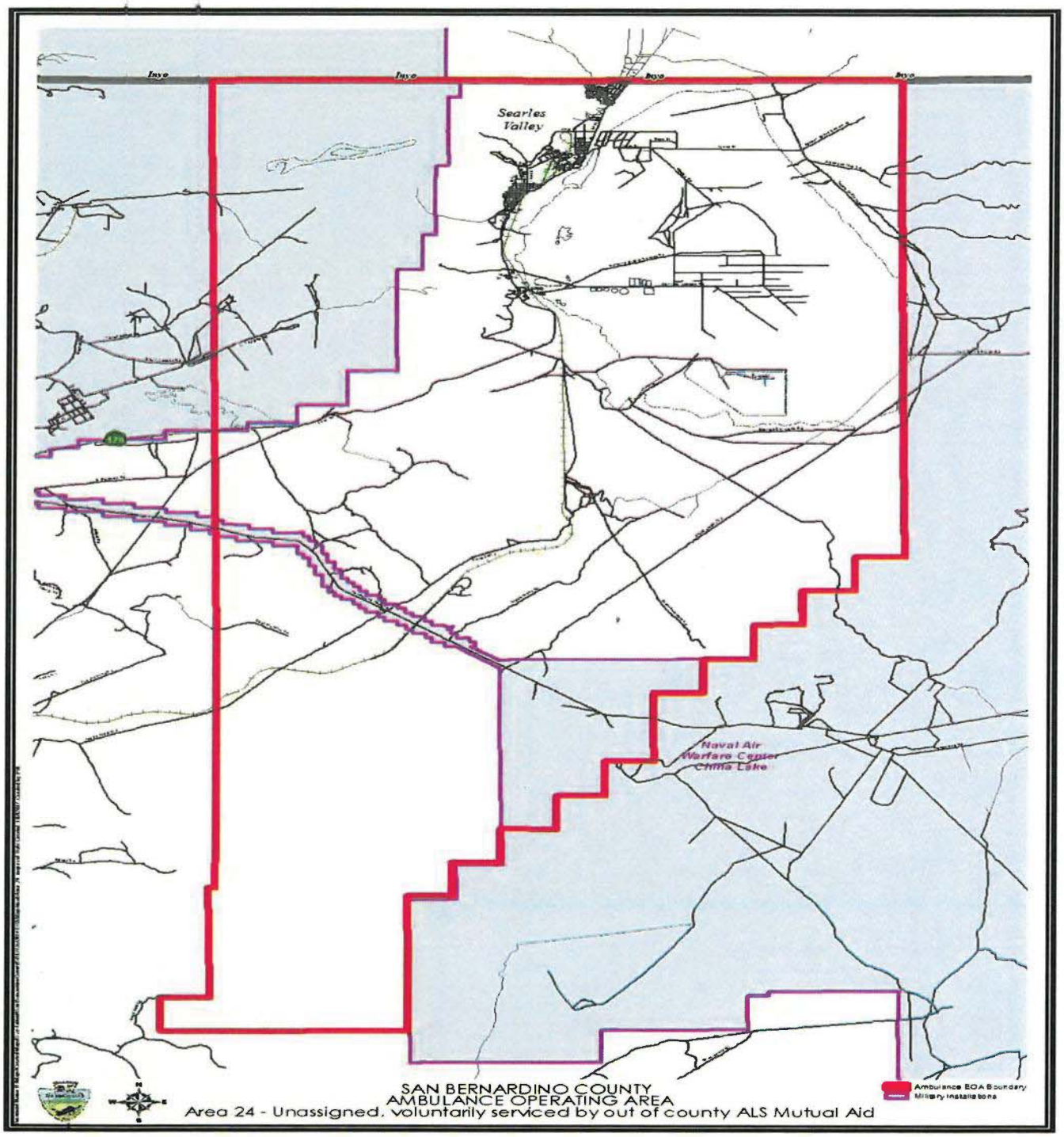

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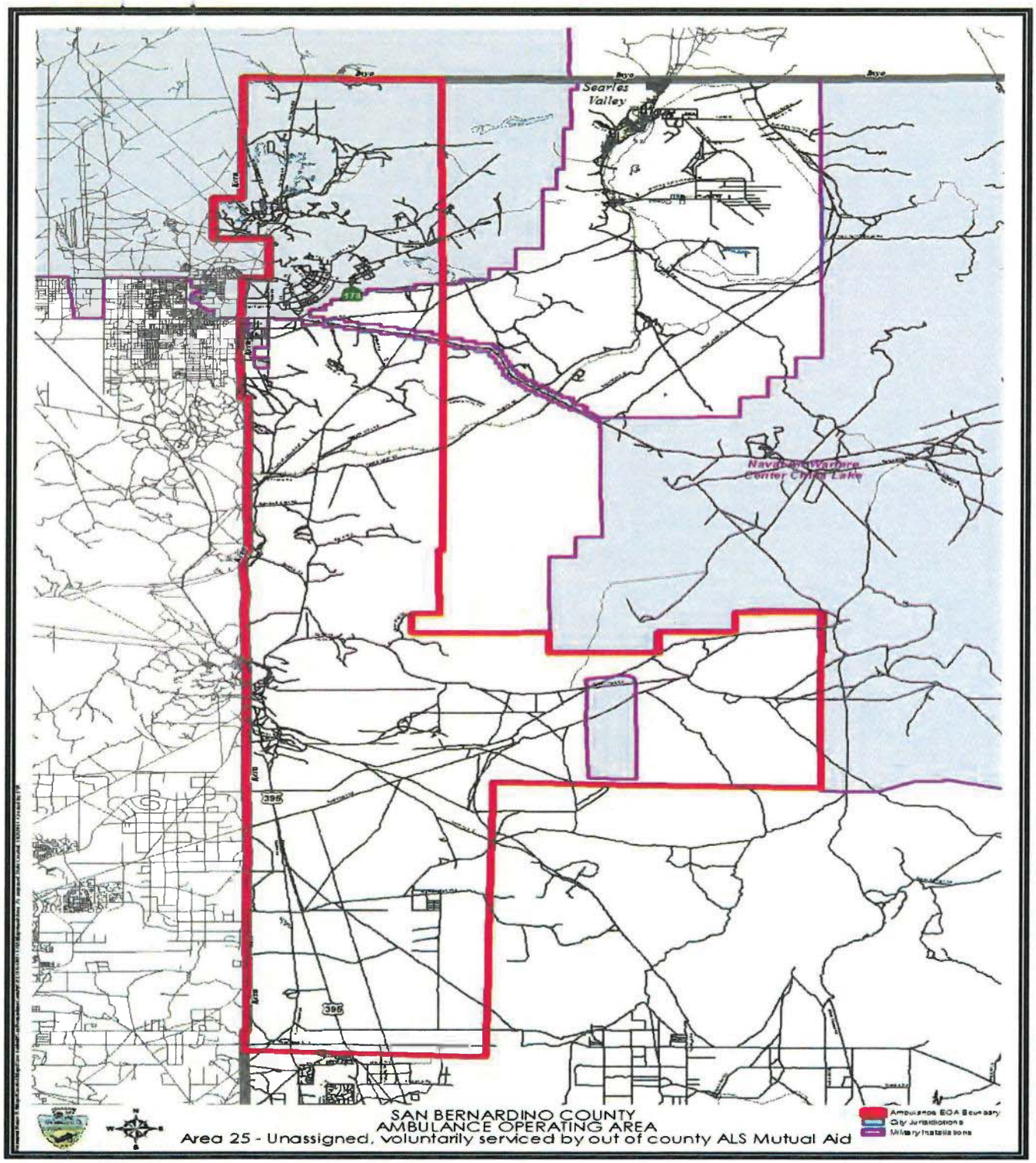

OA 26 San Bernardino

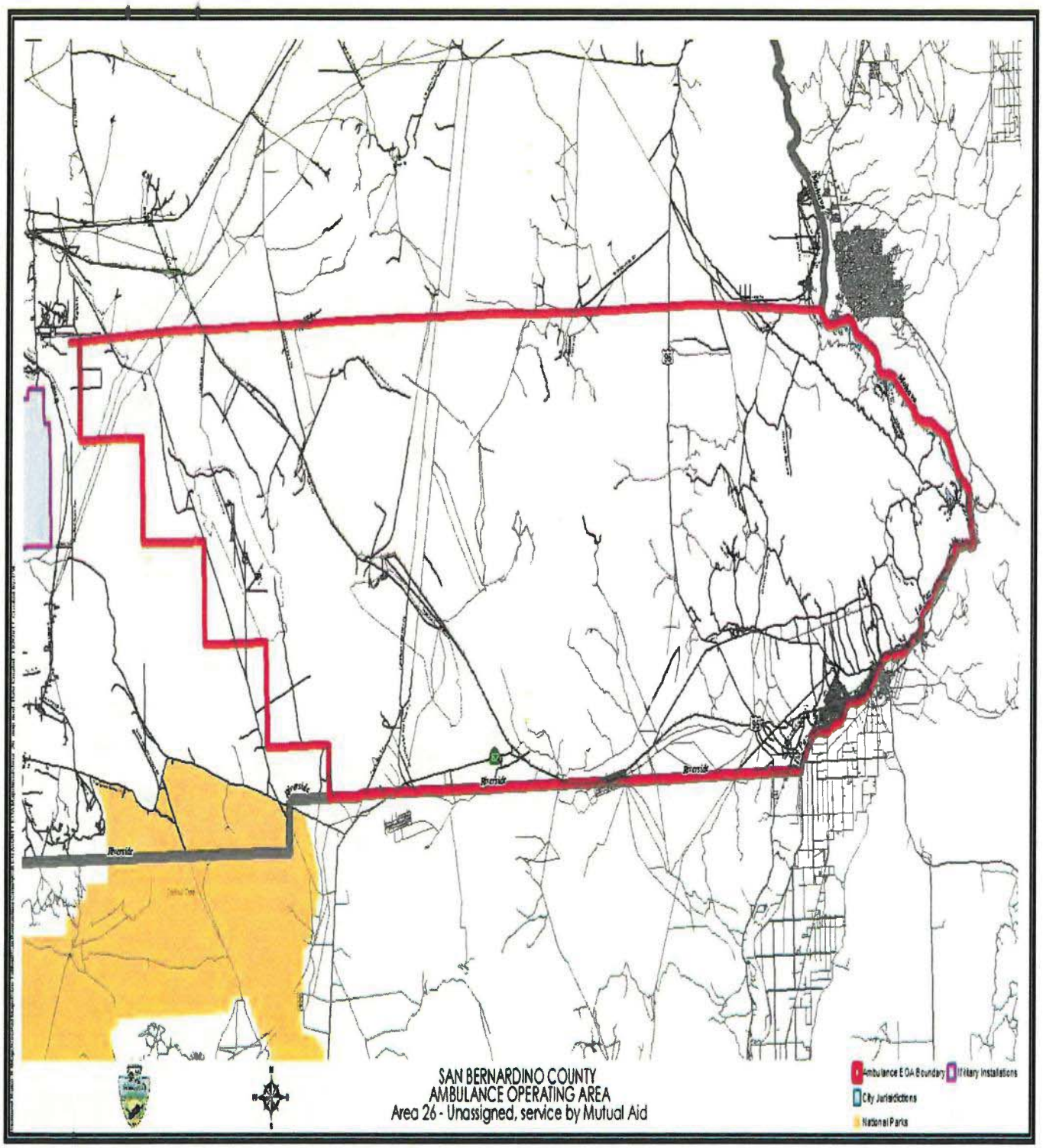

TABLE 9: FACILITIES

County: INYO

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

Facility: Northern Inyo Hospital
Address: 150 Pioneer Lane
Bishop, CA 93514

Telephone Number: 760-873-5811

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: INYO

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

Facility: Southern Inyo Hospital
Address: 501 E. Locust
Lone Pine, CA 93545

Telephone Number: 760-876-5501

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: MONO

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

Facility: Mammoth Hospital
Address: 85 Sierra Park Road
PO Box 660
Mammoth Lakes, CA 93546

Telephone Number: 760-934-3311

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Arrowhead Regional Medical Center
Address: 400 North Pepper Avenue
Colton, CA 92324

Telephone Number: 580-1000

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Barstow Community Hospital
Address: 820 East Mountain View Street
Barstow, CA 92311

Telephone Number: 760-957-3221

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Bear Valley Community Healthcare District
Address: 41870 Garstin Dr
PO Box 1649
Big Bear Lake, CA 92315

Telephone Number: 909-866-6501

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Chino Valley Medical Center
Address: 5451 Walnut Avenue
Chino, CA 91710

Telephone Number: 909-464-8600

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Colorado River Medical Center
Address: 1401 Bailey Avenue
Needles, CA 92363

Telephone Number: 760-326-7100

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Community Hospital of San Bernardino
Address: 1805 Medical Center Drive
San Bernardino, CA 92411

Telephone Number: 909-887-6333

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Desert Valley Hospital
Address: 16850 Bear Valley Road
Victorville, CA 92395

Telephone Number: 760-241-8000

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

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

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Hi-Desert Medical Center
Address: 6601 White Feather Road
Joshua Tree, CA 92252

Telephone Number: 760-366-3711

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Jerry L. Pettis Memorial Veterans Hospital
Address: 11201 Benton Street
Loma Linda, CA 92354

Telephone Number: 909-825-7084

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Kaiser Hospital - Fontana Medical Center
Address: 9961 Sierra Avenue
Fontana CA 92335

Telephone Number: 909-427-5000

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Kaiser Hospital - Ontario Medical Center
Address: 2295 S. Vineyard Avenue
Ontario, CA 91761

Telephone Number: 909-724-5800

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Loma Linda University Medical Center
Address: 11234 Anderson Street
PO Box 2000
Loma Linda, CA 92354

Telephone Number: 909-558-4000

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

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

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Montclair Hospital Medical Center
Address: 5000 San Bernardino Street
Montclair, CA 91763

Telephone Number: 909-625-5411

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Mountains Community Hospital
Address: 29101 Hospital Road / PO Box 70
Lake Arrowhead, CA 92352

Telephone Number: 909-336-5500

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Redlands Community Hospital
Address: 350 Terracina Boulevard
Redlands, CA 92373

Telephone Number: 909-335-5500

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: San Bernardino

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

Facility: San Antonio Regional Hospital
Address: 999 san Bernardino road
Upland, CA 91786

Telephone Number: 909-985-2811

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

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

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: St. Bernardine Medical Center
Address: 2101 North Waterman Ave
San Bernardino, CA 92404

Telephone Number: 909-883-8711

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

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

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: San Bernardino

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

Facility: St. Joseph Health St. Mary Medical Center
Address: 18300 Highway 18
Apple Valley, CA 92307

Telephone Number: 760-242-2311

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

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

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Victor Valley Glogal Medical Center
Address: 15248 11th Street
Victorville, CA 92392

Telephone Number: 760-245-8691

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 9: FACILITIES

County: SAN BERNARDINO

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

Facility: Weed Army Community Hospital
Address: Inner Loop Road & 4th Street Building 166
PO box 105109
Fort Irwin, CA 92310

Telephone Number: 760-380-5501

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2017-18**

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

Training Institution Name	**Lone Pine Unified School District**	**Contact Person**	**Telephone no.**
Address	Box 1007 Lone Pine, CA 93549	LeRoy Kritz	760-876-4626
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs	**Cost of Program** Basic $110 Refresher $110	***Program Level: EMT** Number of students completing training per year: 166 Initial training: 15 Refresher: 0 Cont. Education: 151 Expiration Date: 02/12/2020 Number of courses: 32 Initial training: 1 Refresher: 0 Cont. Education: 31	

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

Training Institution Name	**Southern Inyo Fire Prot District**	**Contact Person**	**Telephone no.**
Address	410 Hot Springs Road Tecopa, CA 92389	Carl Dennett	760-852-4130
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs	**Cost of Program** Basic $ Books Refresher $ Books	****Program Level: EMT** Number of students completing training per year: 16 Initial training: 16 Refresher: 0 Cont. Education: 0 Expiration Date: 05/31/2018 Number of courses: 5 Initial training: 5 Refresher: 0 Cont. Education: 0	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year: **2017-18**

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

Training Institution Name	**Mono County EMS**	**Contact Person**	**Telephone no.**
Address	PO Box 511 Bridgeport, CA 93517	Ray McGrale	760-924-4632
Student Eligibility: * Mono County EMS Staff or Members of the Counties 11 fire districts.	**Cost of Program** Basic $0 Refresher $0	***Program Level:** **EMT** Number of students completing training per year: 9 Initial training: 9 Refresher:0 Cont. Education: 0 Expiration Date: 01/14/2020 Number of courses: 1 Initial training: 1 Refresher: 0 Cont. Education: 0	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Barstow Community College**	**Contact Person**	**Telephone no.**
Address	2700 Barstow Rd. Barstow 92311	Art Rodriguez	760-256-6854(Desert Ambulance) 760-252-2411 x7223 (College)
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs	**Cost of Program** Basic $368 plus Books Refresher $92 plus Book	****Program Level: EMT** Number of students completing training per year: 44 Initial training: 40 Refresher: 4 Cont. Education: 0 Expiration Date: 01/31/2021 Number of courses: 4 Initial training: 2 Refresher: 2 Cont. Education: 0	

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

Training Institution Name	**Big Bear Fire Department**	**Contact Person**	**Telephone no.**
Address	PO Box 2830 417 Grenfall Drive Big Bear Lake, CA 92315	Ryan Harold	909-866-4668
Student Eligibility: * EMT-Open to general public. 18 y/o for EMT, refresher and CE students employees only	**Cost of Program** Basic $795 plus $130 text Refresher $	****Program Level: EMT** Number of students completing training per year: 161 Initial training: 0 Refresher: 0 Cont. Education: 161 Expiration Date: 01/31/2018 Number of courses: 21 Initial training: 0 Refresher: 0 Cont. Education: 21	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Chaffey Community College**	**Contact Person**	**Telephone no.**
Address	5885 Haven Avenue Rancho Cucamonga, CA 91737	Nik Pheng/James Sloan	909-652-7288 or 909-652-6844
Student Eligibility: * Open to public. 18 y/o for EMT, refresher and CE students must be EMTs	**Cost of Program** Basic $322 (plus misc. fees, books, background check and medical) Refresher $199	****Program Level: EMT** Number of students completing training per year: 85 Initial training: 68 Refresher: 17 Cont. Education: 2 Expiration Date: 09/30/2021 Number of courses: 7 Initial training: 5 Refresher: 2 Cont. Education: 0	

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

Training Institution Name	**CPR and More**	**Contact Person**	**Telephone no.**
Address	571 N. Mountain Avenue	Chris Siska	800-477-6193
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs	**Cost of Program** Basic $800 plus books Refresher $150	****Program Level: EMT** Number of students completing training per year: 105 Initial training:50 Refresher: 25 Cont. Education30 Expiration Date: 02/28/2019 Number of courses:21 Initial training:6 Refresher: 5 Cont. Education: 10	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Copper Mountain College**	**Contact Person**	**Telephone no.**
Address	P O Box 2062, 6162 Rotary Way Joshua Tree, CA 92252	Kathleen Wahl, RN, BS	760-366-3791 x0287
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs	**Cost of Program** Basic $1760 Refresher $112	****Program Level: EMT** Number of students completing training per year: 51 Initial training: 51 Refresher: 0 Cont. Education: 0 Expiration Date: 01/31/2022 Number of courses: 5 Initial training: 5 Refresher: 0 Cont. Education: 0	

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

Training Institution Name	**Crafton Hills College**	**Contact Person**	**Telephone no.**
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Naomi Lara	909-389-3252
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs. Must meet prerequisite set by the CHC placement test process & required to read at the CHC Read 078 course or greater prior to registration.	**Cost of Program** Basic $46 x 10.5 units + college fees Refresher $146 x 3 units + college fees	****Program Level: EMT** Number of students completing training per year: 294 Initial training: 291 Refresher: 047 Cont. Education: 156 Expiration Date: 01/31/2021 Number of courses: 17 Initial training: 4 Refresher: 3 Cont. Education: 10	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Crafton Hills College**	**Contact Person**	**Telephone no.**
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Kathy Crow	909-389-3220
Student Eligibility: * Current job at Base Hospital. Current CA RN & ACLS. 1 year ER experience.	**Cost of Program** Basic $46.00/unit @ 2.5 units Refresher N/A	****Program Level: MICN** Number of students completing training per year: 68 Initial training: 68 Refresher: 0 Cont. Education: 0 Expiration Date: 11/30/2020 Number of courses: 2 Initial training: 2 Refresher: 0 Cont. Education: 0	

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

Training Institution Name	**Crafton Hills College**	**Contact Person**	**Telephone no.**
Address	11711 Sand Canyon Rd. Yucaipa, CA 92399	Kathy Crow	909-389-3220
Student Eligibility: * Open to general public. EMT State Certificate. EMT Experience. Meet Medical/Vaccination Requirements. Transferable A/P class.	**Cost of Program** Basic $46.00/unit @ 39 units Refresher N/A	****Program Level: EMT-P** Number of students completing training per year: 22 Initial training: 22 Refresher: 0 Cont. Education: 0 Expiration Date: 02/28/2020 Number of courses: 14 Initial training: 14 Refresher: 0 Cont. Education: 0	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Inland Empire Healthcare Training Institute**	**Contact Person**	**Telephone no.**
Address	1910 Orange Tree Lane Suite 360 Redlands, CA 92373	Rose Akona	909-793-7746
Student Eligibility: * Open to general public. 17½ y/o, High School Diploma or GED	**Cost of Program** Basic $2,035 Refresher $N/A	****Program Level: EMT** Number of students completing training per year: 26 Initial training: 26 Refresher: 0 Cont. Education: 0 Expiration Date: 07/17/2018 Number of courses: 2 Initial training: 2 Refresher: 0 Cont. Education: 0	

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

Training Institution Name	**Montclair Fire Department DBA Fire Future**	**Contact Person**	**Telephone no.**
Address	3662 W. Arrow Hwy, Montclair, CA 91768	Edward Cook Jr.	909-203-2715
Student Eligibility: * Open to general public. Must be 18 y/o. Have a High School Diploma or GED. Have a CPR Health Care Provider Card.	**Cost of Program** Basic $950 Refresher $ N/A CPR Health Care Provider Certification Class $50	****Program Level: EMT** Number of students completing training per year: 105 Initial training: 105 Refresher: 0 Cont. Education: 0 Expiration Date: 05/31/2018 Number of courses: 4 Initial training: 4 Refresher: 0 Cont. Education: 0	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Ontario Fire Department**	**Contact Person**	**Telephone no.**
Address	415 East B Street Ontario, CA 91764	Pamela Martinez	909-395-2529
Student Eligibility: *	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT** Number of students completing training per year: 1,123 Initial training: 0 Refresher: 0 Cont. Education 1,123 Expiration Date: 08/31/2021 Number of courses: 0 Initial training: 0 Refresher: 0 Cont. Education: 40	

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

Training Institution Name	**Rancho Cucamonga Fire District**	**Contact Person**	**Telephone no.**
Address	10500 Civic Center Drive Rancho Cucamonga, CA 91730	Sandy Griffin	909-477-2700 x3021
Student Eligibility: * Open to fire district personnel only.	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT** Number of students completing training per year: 634 Initial training: 0 Refresher: 0 Cont. Education: 634 Expiration Date: 10/16/2019 Number of courses: 34 Initial training: 0 Refresher: 0 Cont. Education: 34	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Redlands Fire Dept**	**Contact Person**	**Telephone no.**
Address	35 Cajon Blvd. Redlands, 92373	Bob Tyson	909-798-7549
Student Eligibility: * Open to fire department personnel only.	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT** Number of students completing training per year: 456 Initial training: 0 Refresher: 0 Cont. Education: 456 Expiration Date: 02/28/2018 Number of courses: 28 Initial training: 0 Refresher: 0 Cont. Education: 28	

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

Training Institution Name	**Rialto Fire Department**	**Contact Person**	**Telephone no.**
Address	131 S. Willow Rialto, CA 92376	Joe Powell	909-820-2657 (office) 909-800-0775 (cell)
Student Eligibility: * Open to fire department personnel only, except for CEs	**Cost of Program** Basic $0 Refresher $0	****Program Level: EMT** Number of students completing training per year: 353 Initial training: 0 Refresher: 0 Cont. Education: 353 Expiration Date: 04/30/2019 Number of courses: 38 Initial training: 0 Refresher: 0 Cont. Education: 38	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Running Springs Fire Department**	**Contact Person**	**Telephone no.**
Address	31250 Hilltop Blvd. PO Box 2206 Running Springs CA. 92382	Cindy Strebel	909- 867-2630
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs	**Cost of Program** Basic $ 0 Refresher $ 0	****Program Level: EMT** Number of students completing training per year: 35 Initial training: 0 Refresher: 0 Cont. Education: 35 Expiration Date: 03/01/2020 Number of courses: 20 Initial training: 0 Refresher: 0 Cont. Education: 20	

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

Training Institution Name	**San Bernardino County Fire Dept**	**Contact Person**	**Telephone no.**
Address	EMS Training & Safety Div. 2824 W Street, Bldg. 302 San Bernardino, CA 92408	John Commander EMS Training Officer	909-382-5405
Student Eligibility: * Open to fire department personnel only.	**Cost of Program** Basic $475 Refresher $275	****Program Level: EMT** Number of students completing training per year: 1,579 Initial training: 25 Refresher: 0 Cont. Education: 1,554 Expiration Date: 08/05/2020 Number of courses: 59 Initial training: 2 Refresher: 0 Cont. Education: 57	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**San Bernardino County Sheriff**	**Contact Person**	**Telephone no.**
Address	Emergency Operations 199 N. Hangar Way San Bernardino, CA 92415	Ryan Norkunas	909-252-4124
Student Eligibility: * Must be a member of County Search and Rescue Team, or employee of San Bernardino County Sheriff.	**Cost of Program** Basic: $75.00 for supplies plus book Refresher: May be cost for some supplies.	****Program Level: AEMT** Number of students completing training per year: 0 Initial training:0 Refresher: 0 Cont. Education: 24 Expiration Date:11/18/2019 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 5	

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

Training Institution Name	**San Bernardino County Superintendent of Schools ROP**	**Contact Person**	**Telephone no.**
Address	144 Mt. View Avenue San Bernardino, CA 92408	Kathleen Steele	909-252-4550
Student Eligibility: * Open to the public. 18 y/o for EMT, refresher and CE students must be EMTs.	**Cost of Program** Basic: $Not offering at this time Refresher: $Not offering at this time	****Program Level: EMT** Number of students completing training per year: 0 Initial training: 0 Refresher: 0 Cont. Education: 0 Expiration Date: 05/30/2021 Number of courses: 0 Initial training: 0 Refresher: 0 Cont. Education: 0	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**SOCAL EMT/Fire Training**	**Contact Person**	**Telephone no.**
Address	10808 E. Foothill Blvd. Suite 160-115 Rancho Cucamonga, CA 91730	Robert Ethridge	909-632-4981
Student Eligibility: * Open to general public. 18 y/o for EMT, refresher and CE students must be EMTs. Psychomotor exam students must be EMTs or have letter to test from NREMT.	**Cost of Program** Basic (Classroom) $750 Basic (Online) $650 +eText Refresher $ 150 CEs 24hr $50 CEs 48hr $75 CEs 72hr $100 Psychomotor Exam $75	****Program Level**: **EMT** Number of students completing training per year: 1 Initial training: 1 Refresher: 0 Cont. Education: 0 Expiration Date: 10/10/2021 Number of courses: 1 Initial training: 1 Refresher: 0 Cont. Education: 0	

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

Training Institution Name	**Victor Valley College**	**Contact Person**	**Telephone no.**
Address	18422 Bear Valley Road Victorville, CA 92395	Dave Oleson	760-245-4271 x2738
Student Eligibility: * Open to general public. 18 y/o, High School Diploma or GED, CPR for BLS Provider, copy of driving history, refresher and CE students must be EMTs.	**Cost of Program** Basic approx. $700 Refresher approx. $46	****Program Level**: **EMT** Number of students completing training per year: 473 Initial training: 225 Refresher: 30 Cont. Education: 218 Expiration Date: 12/31/2019 Number of courses: 37 Initial training: 9 Refresher: 4 Cont. Education: 24	

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

TABLE 10: Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Training Institution Name	**Victor Valley College**	**Contact Person**	**Telephone no.**
Address	18422 Bear Valley Road Victorville, CA 92395-5850	Dave Oleson	760-245-4271 x2738
Student Eligibility: * Current EMT certification. Documented experience (see website for listed prerequisites www.vvc.edu/academic/paramedic	**Cost of Program** Basic approx. $3573 Refresher N/A	****Program Level: <u>EMT-P</u>** Number of students completing training per year: 34 Initial training: 34 Refresher: 0 Cont. Education: 0 Expiration Date: 10/31/2020 Number of courses: 3 Initial training: 3 Refresher: 0 Cont. Education: 0	

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

TABLE 11: Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2017-18**

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

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

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

TABLE 11: Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year: **2017-18**

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

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

TABLE 11: Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

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

Name, address & telephone:			**Primary Contact:**
Barstow Police Department Communications, 220 East Mountain View St., Barstow, CA 92311			Marilyn Y. Maestas 760-256-2211
Written Contract: ☐ yes ☑ no	Medical Director: ☐ yes ☑ no	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: __X__ EMD Training_____ EMT-D _____ ALS _____ BLS_____ LALS _____ Other
Ownership: ☑ Public ☐ Private		If public: ☐ Fire ☑ Law ☐ Other explain:_____	If public: ☑ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Name, address & telephone: Desert Ambulance 831 West Main St., Barstow, CA 92311-2698 760-256-6854			**Primary Contact:** Art Rodriguez
Written Contract: ☑ yes ☐ no	Medical Director: ☑yes ☐ no	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: _____ EMD Training_____ EMT-D _____ ALS _____ BLS_____ LALS _____ Other
Ownership: ☐ Public ☑ Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone: Fort Irwin Building 326, Barstow Rd, Ft. Irwin, 92310			**Primary Contact:** Ron Silviera 760-380-4444
Written Contract: ☐ yes ☑ no	Medical Director: ☑ yes ☐ no	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: _____ EMD Training_____ EMT-D _____ ALS _____ BLS_____ LALS _____ Other
Ownership: ☐ Public ☑ Private		If public: ☐ Fire ☐ Law ☑Other explain: Military Base	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☑ Federal

TABLE 11: Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Name, address & telephone:			**Primary Contact:**
Marine Corp. Logistics Base (MCLB) PO Box 110500 Barstow, CA 92311-5013			760-577-6666
Written Contract: ☐ yes ☑ no	Medical Director: ☑ yes ☐ no	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: _____ EMD Training_____ EMT-D _____ ALS _____ BLS_____ LALS _____ Other
Ownership: ☑ Public ☐ Private		If public: ☐ Fire ☐ Law ☑Other explain: Military Base	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☑ Federal

Name, address & telephone:			**Primary Contact:**
California Department of Forestry 3800 Sierra Way, San Bernardino 92405		909-881-6916	Chief Sweeney
Written Contract: ☐ yes ☑ no	Medical Director: ☑ yes ☐ no	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: _____ EMD Training_____ EMT-D _____ ALS _____ BLS_____ LALS _____ Other
Ownership: ☑ Public ☐ Private		If public: ☑ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☑ state; ☐ fire district; ☐ Federal

TABLE 11: Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

Name, address & telephone:			**Primary Contact:**
Morongo Basin Ambulance 6335 Park Blvd Joshua Tree 92252-0460			760-366-8474 ext 5
Written Contract: ☑ yes ☐ no	Medical Director: ☑ yes ☐ no	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: _____ EMD Training_____ EMT-D _____ ALS _____ BLS_____ LALS _____ Other
Ownership: ☐ Public ☑ Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

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

TABLE 11: Dispatch Agency

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2017-18**

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

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

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