

ANNUAL UPDATE WORKPLAN FORMAT and CONTENTS

The annual update will consist of the following sections:

Summary of System Status - Table 1

Summary of Changes - any changes that your agency has made to the original EMS Plan. Provide a narrative description of any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Updates of Specific Information - provided on Tables 2-11.

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the System Assessment Form (see Appendix 1). Note your agency's progress towards short and long range plans.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

TABLES

NOTE: THESE TABLES ARE TO BE INCLUDED IN THE EMS PLAN AND UPDATED EACH YEAR AS NECESSARY IN THE ANNUAL WORKPLAN.

TABLE 1: Summary of System Status

Place an "x" in the appropriate boxes for each standard. Complete a System Assessment form (Attachment 1) for each standard. For those items from Table 1 that are followed by an asterisk, describe on the Assessment form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 and the System Assessment form are to be reported by agency.

The last two columns of Table 1 refer to the time frame for meeting the objective. Put an "x" in the "Short-range Plan" column if the objective will be met within a year. Put an "x" in the "Long-range Plan" column if the objective will take longer than a year to complete. If the minimum or recommended standard is currently met no "x" is required in either column.

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X			
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	X		

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X			
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 Intercounty Response*		X	X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X			
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X			
6.04 Medical Dispatch		X			
6.05 Data Management System*		X			
6.06 System Design Evaluation	X				X
6.07 Provider Participation		X			
6.08 Reporting	X				X
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit	X				X
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation	X				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			
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	X		
8.09	DMAT Teams	N/A				
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles	X				X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2005
EXPENSES

Salaries and benefits (All but contract personnel)	<u>\$ 293,300</u>
Contract Services (e.g. medical director)	<u> 198,400</u>
Operations (e.g. copying, postage, facilities)	<u> 258,500</u>
Travel	<u> 11,000</u>
Fixed assets	<u> 0</u>
Indirect expenses (overhead)	<u> 56,800</u>
Ambulance subsidy	<u> 48,100</u>
EMS Fund payments to physicians/hospital	<u>1,100,500</u>
Dispatch center operations (non-staff)	<u> 0</u>
Training program operations	<u> 8,600</u>
Other: _____	<u> 0</u>
Other: _____	<u> 0</u>
Other: _____	<u> 0</u>
TOTAL EXPENSES	<u>\$1,975,200</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	<u>463,500</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>274,400</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>103,800</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>1,133,500</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$ <u>1,975,200</u>

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 05-06

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>23.00</u>
EMT-I recertification	<u>12.00</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u>N/A</u>
EMT-P accreditation	<u>42.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>289.00</u>
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	<u>546.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>N/A</u>
Trauma center designation	<u>N/A</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	\$ <u>N/A</u>
Ambulance vehicle permits	<u>N/A</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 05-06.

Table 2 - System Organization & Management (cont.)

EMS System: Ventura County Reporting year 2005

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Deputy Director of Public Health	1.0			
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Administrator II	1.0			
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Program Administrator II	1.0			
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	0.5			Independent Contractor
Other MD/Medical Consult/ Training Medical Director	CQI Coordinator	0.5			Independent Contractor
Disaster Medical Planner	N/A				

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk	Student Worker	0.5			
Other					

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #3 (2/16/95)

EMS System: Ventura County

Reporting Year: 2005

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	776		202	58	52
Number newly certified this year	163		48	21	7
Number recertified this year	613		154	37	45
Total number of accredited personnel on July 1 of the reporting year	1232		220	83	60
Number of certification reviews resulting in:					
a) formal investigations	0				
b) probation	4				
c) suspensions	0				
d) revocations	0				
e) denials	0				
f) denials of renewal	0				
g) no action taken	0				

1. Number of EMS dispatchers trained to EMSA standards: _____
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 8
 - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

- 1. Number of primary Public Service Answering Points (PSAP) 6
- 2. Number of secondary PSAPs 1
- 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 No
 - a. Radio primary frequency 155.205 MHz
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
- 6. Who is your primary dispatch agency for day-to-day emergencies? Ventura County Fire Protection District
- 7. Who is your primary dispatch agency for a disaster? Ventura County Sheriff's Department / Ventura County Fire Protection District

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Ventura

Reporting Year: 2005

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u> 7 </u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u> 99 </u> %
3.	Total number responses	<u> </u>
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u> </u>
	b) Number non-emergency responses (Code 1: normal)	<u> </u>
4.	Total number of transports	<u> </u>
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u> </u>
	b) Number of non-emergency transports (Code 1: normal)	<u> </u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	<u> 0 </u>
	a) Automated	<u> </u>
	b) Manual	<u> </u>
6.	Number of EMT-Defibrillation providers	<u> 8 </u>
	a) Automated	<u> 5 </u>
	b) Manual	<u> 3 </u>

Air Ambulance Services

7.	Total number of responses	<u> </u>
	<u> 384 </u>	
	a) Number of emergency responses	<u> </u>
	b) Number of non-emergency responses	<u> </u>
8.	Total number of transports	<u> </u>
	a) Number of emergency (scene) responses	<u> </u>
	b) Number of non-emergency responses	<u> </u>

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Defined	Not Defined	Not Defined	Not Defined
Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
Advanced life support responder	Not Defined	Not Defined	Not Defined	Not Defined
Transport Ambulance	8 min, 0 sec	20 min, 0 sec	30 min, 0 sec, ASAP	Not Defined

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Name, address & telephone: AMR, 616 Fitch Ave., Moorpark, CA 93021 (805) 517-2000			Primary Contact: Butch Kedrowski		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>6</u> BLS <u>24</u> EMT-D _____ LALS <u>92</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>33</u>

Name, address & telephone: GoldCoast Ambulance, 625 North A Street, Oxnard, CA 93030 (805) 485-3040			Primary Contact: Ken Cook		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>20</u> BLS <u>10</u> EMT-D _____ LALS <u>47</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>24</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Name, address & telephone: Lifeline Medical Transport, 608 E. Thompson Blvd., Ventura, CA 93001 (805) 653-9111			Primary Contact: Steve Frank		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>6</u> BLS <u>5</u> EMT-D ____ LALS <u>8</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>6</u>

Name, address & telephone: Ventura City Fire Dept. 1425 Dowell Dr., Ventura, CA 93003 (805) 339-4300			Primary Contact: Mike Lavery, Fire Chief Nancy Merman, EMS Coordinator		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>46</u> EMT-D ____ LALS <u>25</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Name, address & telephone: Ventura County Fire Dept. 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710			Primary Contact: Bob Roper, Fire Chief Kelly White, EMS Battalion Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>323</u> PS-Defib _____ BLS _____ EMT-D _____ LALS <u>30</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Oxnard Fire Dept. 251 S. C St., Oxnard, CA 93030 (805) 385-7722			Primary Contact: Joe Milligan, Fire Chief Stephanie Huhn, EMS Coordinator		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>72</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Name, address & telephone: Santa Paula Fire Dept. 214 S. 10th St., Santa Paula, CA 93060 (805) 525-4478			Primary Contact: Kevin Fildes, Interim Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>6</u> BLS <u>23</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Fillmore Fire Dept. PO Box 487, Fillmore, CA 93015 (805) 524-0586			Primary Contact: Pete Egedi, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>29</u> EMT-D _____ LALS <u>20</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Name, address & telephone: Mercy Air 2899 W. 5 th St., Oxnard, CA 93035 (805) 985-5416			Primary Contact: Katy Haddock		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>7</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Training Institution Name	Conejo Valley Adult School	Contact Person telephone no.	Bernie Carr
Address	1025 Old Farm Road Thousand Oaks, CA 91360		(805) 497-2761

Student Eligibility: * OPEN	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>2-1-07</u> Number of courses: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic <u>\$615.00</u> Refresher _____	

Training Institution Name	Ventura County Sheriff SAR Air Unit	Contact Person telephone no.	John Wilson
Address	375 A Durley Drive Camarillo, CA 93010		(805) 388-4218

Student Eligibility: * RESTRICTED	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>11-30-07</u> Number of courses: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Training Institution Name	Moorpark College	Contact Person telephone no.	Mark Komins
Address	7075 Campus Road Moorpark, CA 93021		(805) 378-1433

Student Eligibility: * OPEN	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>56</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>1-30-07</u> Number of courses: Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic <u>\$1240.00</u> Refresher _____	

Training Institution Name	Oxnard College	Contact Person telephone no.	Gary Morgan
Address	4000 S. Rose Oxnard, CA 93033		(805) 488-0911

Student Eligibility: * OPEN	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>130</u> Refresher: <u>28</u> Cont. Education <u>0</u> Expiration Date: <u>1-31-08</u> Number of courses: Initial training: <u>9</u> Refresher: <u>2</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Training Institution Name	Oxnard Fire Department	Contact Person telephone no.	Stephanie Huhn
Address	251 South C Street Oxnard, CA 93030		(805) 385-8361

Student Eligibility: * RESTRICTED	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: <u>65</u> Expiration Date: <u>1-31-08</u> Number of courses: Initial training: _____ Refresher: _____ Cont. Education: <u>11</u>
	Basic _____ Refresher _____	

Training Institution Name	Simi Valley Adult School	Contact Person telephone no.	Eleanor Kenney, MD
Address	3150 School Road Simi Valley, CA 93062		(805) 579-6200

Student Eligibility: * OPEN	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>11-30-07</u> Number of courses: Initial training: <u>16</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Training Institution Name	Ventura City Fire	Contact Person telephone no.	Nancy Merman
Address	1425 Dowell Ventura, CA 93003		(805) 339-4461

Student Eligibility: * RESTRICTED	Cost of Program	**Program Level: <u>EMT-I</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education <u>0</u> Expiration Date: <u>6-30-08</u>
		Number of courses: Initial training: <u>0</u> Refresher: <u>10</u> Cont. Education: <u>0</u>

Training Institution Name	Ventura College	Contact Person telephone no.	Meredith Mundell
Address	4667 Telegraph Road Ventura, CA 93003		(805) 654-6342

Student Eligibility: * OPEN	Cost of Program	**Program Level: <u>EMT-I and EMT-P</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>5</u> Refresher: _____ Cont. Education _____ Expiration Date: EMT-I: 11-30-07, EMT-P: 3-1-08
		Number of courses: Initial training: <u>118</u> Refresher: _____ Cont. Education: _____

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Training Institution Name	Ventura Co. Fire Protection District	Contact Person telephone no.	Mark Komins
Address	165 Durley Drive Camarillo, CA 93010		(805) 389-9776

Student Eligibility: * RESTRICTED	Cost of Program	**Program Level: <u>EMT-I</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>2-28-07</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

Training Institution Name	_____	Contact Person telephone no.	_____
Address	_____		

Student Eligibility: *	Cost of Program	**Program Level:
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: _____
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/95]

EMS System: Ventura **County:** Ventura **Reporting Year:** 2005

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

Name, address & telephone: Los Robles Regional Medical Center, 215 W. Janss Road, Thousand Oaks, CA 91360 (805) 370-4847				
Primary Contact: Lynn Tadlock, R.N.				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no LA County certified	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: St. John's Regional Medical Center, 1600 N. Rose Ave., Oxnard, CA 93030 (805) 988-2663				
Primary Contact: Susan Franks, R.N.				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/95]

EMS System: Ventura **County:** Ventura **Reporting Year:** 2005

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

Name, address & telephone: Simi Valley Hospital and Health Care Services, 2975 N. Sycamore Drive, Simi Valley, CA 93065 (805) 955-6100				
Primary Contact: Cindy Evans, R.N.				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Ventura County Medical Center, 3291 Loma vista Road, Ventura, CA 93003 (805) 652-6165				
Primary Contact: Cyndie Cole, R.N.				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/95]

EMS System: Ventura **County:** Ventura **Reporting Year:** 2005

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

Name, address & telephone: Community Memorial Hospital, Loma Vista & Brent, Ventura, CA 93003 (805)652-5011				
Primary Contact: Dede Utley, RN				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Ojai Valley Community Hospital, 1306 Maricopa Highway, Ojai, CA 93023 (805)646-1401				
Primary Contact: Stephanie Boynton, R.N.				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/95]

EMS System: Ventura **County:** Ventura **Reporting Year:** 2005

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

Name, address & telephone: St. Johns Pleasant Valley, 2309 Antonio Avenue, Camarillo, CA 93010 (805) 389-5800				
Primary Contact: Debbie Bumblis, R.N.				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: Ventura

County: Ventura

Reporting Year: 2005

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

Name, address & telephone: Ventura County Fire Dept. 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710		Primary Contact: Steve McClellen	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___24___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Oxnard Police/Fire Communications 251 S. C St., Oxnard, CA 93030 (805) 385-7722		Primary Contact: Annette Allen	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___16___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

APPENDIX 1: System Assessment Form

STANDARD:

CURRENT STATUS:

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:
Area or subarea (Zone) Name or Title:
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Area or subarea (Zone) Geographic Description:
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
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 ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 1
Name of Current Provider(s):	LifeLine Medical Transport Serving the Ojai Valley since 1935
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 2
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="text-align: center;">American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p style="text-align: center;">Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 3
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Brady Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 4
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="text-align: center;">American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p style="text-align: center;">Previous Owners: Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 5
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Camarillo Ambulance 1962-1978 Pruner Health Services 1978-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 6
Name of Current Provider(s):	Gold Coast Ambulance Serving since 1949
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
Gold Coast Ambulance is a subsidiary of VIP Professional Services Inc. and has served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Current owner, Ken Cook, purchased the company in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 7
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p style="color: red;">Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	