

EMERGENCY MEDICAL SERVICES AUTHORITY

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



March 20, 2013

Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd., Suite 130
Oxnard, CA 93036-0619

Dear Mr. Carroll:

We have completed our review of *Ventura County's 2012 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on the EMS plan update:

Standard 1.27 & 5.10 - Pediatric System Design - In your 2011 EMS plan update, your objective was to develop a pediatric specialty care system. In your current update there was nothing reported on Ventura County's pediatric care system. In your next EMS plan update, please provide the status on developing a pediatric specialty care system.

Transportation Plan: Based on the documentation you provided, please see the attachment on EMS Authority's determination of the exclusivity of Ventura County's ambulance zones.

Your annual update will be due on March 20, 2014. Please submit Ventura County EMS Agency's 2013 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in black ink that reads 'Howard Backer'.

Howard Backer, MD, MPH, FACEP
Director

HB:ss

Attachment

Levels of Exclusivity for Scope of Operations of “Emergency Ambulance Services”

Ground

I. All Emergency Ambulance Services

Allows for the limitation to the number of emergency ambulance providers for 9-1-1, 7-digit, IFT, CCT, Non-Emergency, Standby Transportation only within a specified area or sub-area.

II. Limited Ambulance Services

A. Emergency Response

- **9-1-1 Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 Emergency Ambulance Responses only within a specified area or sub-area.

- **“7-Digit” Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for telephone “7digit” Ambulance Responses only within a specified area or sub-area.

B. Transport Services

- **ALS Ambulance**

Allows for the limitation to the number of emergency ambulance providers for ALS transportation, within a specified area or sub-area.

- **All ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 and “7-digit” emergency ambulance responses and Inter-Facility Transfers only within a specified area or sub-area.

- **All CCT/ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulance services providing Critical Care Transport and all ALS Ambulance Services only within a specified area or sub-area.

- **BLS Non-Emergency Service**

Allows for the limitation to the number of emergency ambulance providers for non-emergency ambulance services, to include routine transportation within a specified area or sub-area (e.g. hospital to home, home to physician, etc.).

- **Critical Care Transport**

Allows for the limitation to the number of emergency ambulance providers for Critical Care Transportation (CCT) within a specified area or sub-area. Both the starting and ending destinations must be licensed facilities (e.g., hospital to skilled nursing facility, hospital to hospital, etc.).

- **Standby Service with Transportation Authorization**

Allows for the limitation to the number of emergency ambulance providers for standby ambulance services authorized to provide transportation, if needed, within a specified area or sub-area.

Air

Emergency Air Ambulance

Allows for the limitation to the number of air ambulance services for 9-1-1 Emergency Responses only within a specified area or sub-area.

All Air Ambulance

Allows for the limitation to the number of air ambulance services within a specified area or sub-area. This level is inclusive of both emergency and non-emergency responses and inter-facility transports.

Ambulance Service Scope of Operations
Definitions

9-1-1 Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request via the 9-1-1 telephone system.

Telephone “7-digit” Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request to a “7-digit” telephone number.

ALS Ambulance Service

A ground ambulance staffed by at least one licensed and accredited paramedic working for an approved Paramedic Service provider, and has equipment and supplies necessary to perform advanced life support.

ALS Ambulance with Critical Care Transport Service

A ground ambulance staffed by at least one licensed RN or MD working, or a licensed and accredited paramedic with CCTP authorization, and has equipment and supplies necessary to perform advanced life support at the critical care transport level.

Emergency

Anytime the destination or potential is an acute care hospital or patient is going in an unscheduled(able) manner.

Inter-Facility Transport Response

A ground ambulance service response to transport a patient from one facility to another facility or return to home. May be either emergency or non-emergency responses and may be staffed at the ALS, LALS, or BLS level.

Non-Emergency Ambulance

A ground ambulance that provides non-emergency/non-urgent transportation or standby ambulance services at special events.

Air Ambulance Service

An air ambulance staffed by at least two ALS personnel that responds to emergency or non-emergency responses or inter-facility transports. This does not include aircraft classified as Air Rescue.



A Division of the Ventura County Health Care Agency

BARRY R. FISHER, MPPA
Director

EMERGENCY MEDICAL SERVICES

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STEVEN L. CARROLL, EMT-P
EMS Administrator
ANGELO SALVUCCI, M.D., F.A.C.E.P
Medical Director

February 22, 2013

Sandy Salaber
EMS Systems Analyst
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Sandy,

The 2012 EMS Plan Update for Ventura County EMS Agency is submitted for your review.

Standard changes are shown in the Excel document and Tables 1 through 11, Ambulance Zone Summary Forms and the 2012 Trauma System Status Report are included as requested.

Significant changes in the 2012 reporting period include the completion of the merger of our Public Health Emergency Preparedness Office into the Ventura County EMS Agency structure. This included the PHEP, Pan Flu and HPP grants and the addition of 5 EPO staff into the EMS Agency. In February 2012, we fully implemented our new Imagetrend Inc. ePCR system, incorporating all prehospital providers onto the same data reporting system. With the new ePCR system in place, we successfully connected with CEMSIS in September 2012 and are now transmitting prehospital data on a quarterly basis. In October 2012, our joint Santa Barbara/Ventura County Trauma Audit Committee welcomed the addition of San Luis Obispo County to the process improvement committee with the designation of Sierra Vista Medical Center as a Level III trauma center. Lastly, on December 1, 2012, Ventura County EMS implemented our Stroke System with 7 of our 8 hospitals being designated as Acute Stroke Centers. Prehospital assessment, treatment and destination policies are in place for patients meeting stroke criteria.

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

Sincerely,

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

Steve Carroll
EMS Administrator

Instructions for Completing the Annual Update:

The annual update will consist of the following:

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 new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Executive Summary - a narrative describing a brief overview of the plan. It should identify the major needs which have been found and proposed program solutions. Also, any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 1-11.

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.

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X		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	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

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

E. FACILITIES/CRITICAL CARE

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X			
8.06	Needs Assessment		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 RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2011-2012

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

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

County: Ventura

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

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

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

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

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

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. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>854,439</u>
Contract Services (e.g. medical director)	<u>305,425</u>
Operations (e.g. copying, postage, facilities)	<u>187,764</u>
Travel	<u>17,794</u>
Fixed assets	<u>360,787</u>
Indirect expenses (overhead)	<u> </u>
Ambulance subsidy	<u>52,575</u>
EMS Fund payments to physicians/hospital	<u>1,662,631</u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u>5,938</u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	\$ <u>3,447,353</u>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		<u>621,376</u>
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		<u>507,694</u>
Certification fees		<u>42,916</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>151,792</u>
Contributions		_____
EMS Fund (SB 12/612)		<u>1,800,575</u>
Other grants: _____		_____
Other fees: _____		_____
Other (specify): <u>Fire Dept. Contribution – EPCR System</u>		<u>323,000</u>
TOTAL REVENUE	\$	<u>3,447,353</u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>125.00</u>
EMT-I recertification	<u>85.00</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>
EMT-P accreditation	<u>69.00</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>418.00</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>598.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>15,000.00</u>
Trauma center designation	<u>75,000.00</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	\$ <u>N/A</u>
Ambulance vehicle permits	<u>N/A</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	55.75 / hr	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior Program Admin.	1.0	43.37 / hr	36%	Deputy EMS Administrator
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Supervising PHN	1.0	42.88 / hr	36%	EPO Manager
Trauma Coordinator	Senior Program Admin.	1.0	43.37 / hr	36%	Trauma System Manager
Medical Director	EMS Medical Director	0.5	94.41 / hr	0	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Program Assistant	1.0	33.22 / hr	36%	EPO Planning Coordinator

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	PHN Resource Specialist	1.0	36.85 / hr	36%	CQI Coord / EPO RN
Public Info. & Education Coordinator	Program Administrator III	1.0	38.49 / hr	36%	PIO
Executive Secretary	Admin. Assistant III	1.0	32.26 / hr	36%	
Other Clerical	Administrative Assistant II	1.0	29.33 / hr	36%	EPO Admin. Asst.
Other Clerical	Office Assistant III	1.0	19.32 / hr	36%	
Other	Program Administrator III	1.0	38.49 / hr	36%	EPO Epidemiologist
Other	Warehouse Coordinator	1.0	22.23 / hr	36%	EPO Logistics Coordinator

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

Reporting Year: 2011-2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	815			63
Number newly certified this year	515			11
Number recertified this year	315			52
Total number of accredited personnel on July 1 of the reporting year	1509		256	122
Number of certification reviews resulting in:				
a) formal investigations	16			0
b) probation	6			0
c) suspensions	0			0
d) revocations	0			0
e) denials	0			0
f) denials of renewal	0			0
g) no action taken	1			0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Ventura

Reporting Year: 2011-2012

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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2011-2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

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

Reporting Year: 2011-2012

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>2177</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>1594</u>
3. Number of major trauma patients transferred to a trauma center	<u>74</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>583</u>

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>4</u>
2. Number of base hospitals with written agreements	<u>4</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2011-2012

County: Ventura

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

SYSTEM RESOURCES

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

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

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No

 - b. For each team, are they incorporated into your local response plan? Yes No

 - c. Are they available for statewide response? Yes No

 - d. Are they part of a formal out-of-state response system? Yes No

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 12
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
Medical Mutual Aid with all Region 1 and Region 6 counties
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? Health Care Agency, Public Health Department
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 616 Fitch Ave **Number of Ambulance Vehicles in Fleet:** 28
Moorpark, CA 93021

Phone Number: 805-517-2000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

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

Transporting Agencies

34673 Total number of responses
32630 Number of emergency responses
2144 Number of non-emergency responses

27146 Total number of transports
25103 Number of emergency transports
2043 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

Phone Number: 805-485-3040 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

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

Transporting Agencies

20953 Total number of responses
12662 Number of emergency responses
8291 Number of non-emergency responses

18782 Total number of transports
10558 Number of emergency transports
8224 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 632 E. Thompson Ave. **Number of Ambulance Vehicles in Fleet:** 8
Ventura, CA 93001

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

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

Transporting Agencies

7686 Total number of responses
1888 Number of emergency responses
5798 Number of non-emergency responses

7128 Total number of transports
1330 Number of emergency transports
5798 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 1425 Dowell Dr. **Number of Ambulance Vehicles in Fleet:** 0
Ventura, CA 93003

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 214 S. 10th St. **Number of Ambulance Vehicles in Fleet:** 0
Santa Paula, CA 93060

Phone Number: 805-525-4478 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 165 Durley Ave. **Number of Ambulance Vehicles in Fleet:** 0
Camarillo, CA 93010

Phone Number: 805-389-9710 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 375A Durley Ave. **Number of Ambulance Vehicles in Fleet:** 0
Camarillo, CA 93010

Phone Number: 805-388-4212 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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 9: Resources Directory

Facilities

County: Ventura

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

Facility: Ventura County Medical Center Telephone Number: 805-652-6000
Address: 3291 Loma Vista Road
Ventura, CA 93003

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU²¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2012

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

Training Institution:	<u>Conejo Valley Adult School</u>		Telephone Number:	<u>805-497-2761</u>
Address:	<u>1025 Old Farm Road</u>			
	<u>Thousand Oaks, CA 91360</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>899.99</u>	Number of students completing training per year:	
	Refresher:	<u> </u>	Initial training:	<u>16</u>
			Refresher:	<u>8</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>02/28/15</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>EMS Training Institute</u>		Telephone Number:	<u>805-581-2124</u>
Address:	<u>P.O. Box 940514</u>			
	<u>Simi Valley, CA 93064</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>995.00</u>	Number of students completing training per year:	
	Refresher:	<u>125.00</u>	Initial training:	<u>63</u>
			Refresher:	<u>784</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>2/28/14</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>11</u>
			Continuing Education:	<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2012

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

Training Institution:	<u>Oxnard Fire Department</u>		Telephone Number:	<u>805-385-8361</u>
Address:	<u>360 West Second Street</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>0</u>	Number of students completing training per year:	
	Refresher:	<u>0</u>	Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/16</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>Simi Valley Adult School</u>		Telephone Number:	<u>805-579-6200</u>
Address:	<u>3150 School Road</u>			
	<u>Simi Valley, CA 93062</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>750.00</u>	Number of students completing training per year:	
	Refresher:	<u>225.00</u>	Initial training:	<u>74</u>
			Refresher:	<u>13</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/15</u>
			Number of courses:	
			Initial training:	<u>5</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2012

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

Training Institution:	<u>Ventura City Fire Department</u>		Telephone Number:	<u>805-339-4461</u>
Address:	<u>1400 Dowell Dr.</u>			
	<u>Ventura, CA 93003</u>			
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>0</u>	Number of students completing training per year:	
	Refresher:	<u>0</u>	Initial training:	<u>0</u>
			Refresher:	<u>24</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>6/30/14</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>Ventura College</u>		Telephone Number:	<u>805-654-6400 ext 1354</u>
Address:	<u>4667 Telegraph Road</u>			
	<u>Ventura, CA 93003</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>208.00</u>	Number of students completing training per year:	
	Refresher:	<u></u>	Initial training:	<u>129</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/15</u>
			Number of courses:	
			Initial training:	<u>4</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2012

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

Training Institution:	<u>Ventura College – Paramedic Program</u>	Telephone Number:	<u>805-654-6400 ext 1354</u>
Address:	<u>4667 Telegraph Road</u> <u>Ventura, CA 93003</u>		
Student Eligibility*:	<u>General</u>	**Program Level	<u>Paramedic</u>
	Cost of Program:		
	Basic: <u>962.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>14</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>4/30/16</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	_____
		Continuing Education:	_____

Training Institution:	<u>Ventura County Fire Protection District</u>	Telephone Number:	<u>805-389-9776</u>
Address:	<u>165 Durley Dr.</u> <u>Camarillo, CA 93010</u>		
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>0</u>	Number of students completing training per year:	
	Refresher: <u>0</u>	Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>2/28/15</u>
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2012

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

Training Institution:	<u>St. John's Regional Medical Center</u>		Telephone Number:	<u>805-988-2772</u>
Address:	<u>1600 N. Rose Ave.</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>Private</u>	**Program Level	<u>MICN</u>	
	Cost of Program:			
	Basic:	<u>300</u>	Number of students completing training per year:	
	Refresher:	<u> </u>	Initial training:	<u>18</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/15</u>
		Number of courses:		
		Initial training:		<u>0</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

Training Institution:	_____		Telephone Number:	_____
Address:	_____			

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

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

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Ventura

Reporting Year: 2011-2012

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

Name:	Ventura County Fire Protection District		Primary Contact: Steve McClellen	
Address:	<u>165 Durley Ave. Camarillo, CA 93010</u>			
Telephone Number:	<u>805-389-9710</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:	
			<u>27</u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
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		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	Explain: _____			

Name:	Oxnard Police/Fire Communications		Primary Contact: Danah Palmer	
Address:	<u>251 S. C St., Oxnard, CA 93030</u>			
Telephone Number:	<u>805-385-7722</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:	
			<u>22</u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
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		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	Explain: _____			

**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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
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
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="text-align: center;">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.</p>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
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
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">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="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>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
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
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">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 style="color: red;">Previous Owners: Brady Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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>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>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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
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
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
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>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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
<p>Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Prior to May 2010, Ken Cook, owned the company after purchasing it in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.</p>	
<p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
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
<p><small>Include intent of local EMS agency and Board action.</small></p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	<p>Grandfathered American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p> <p>Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.</p> <p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>

Column1

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

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EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



May 6, 2013

Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 E. Gonzalez Rd., #130
Oxnard, CA 93036

Dear Mr. Carroll:

The EMS Authority (EMSA) has approved the Ventura County's 2012 Trauma System Status Report. Thank you for providing the report in compliance with EMSA's Annual Trauma System Status Report Guidelines. All Ventura County's trauma system information provided in the report is in compliance with California Code of Regulations, Title 22 Trauma Care Systems.

In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." In order to provide you with an appropriate schedule, Ventura County Trauma System Status Report shall be included with its EMS Plan Update. According to our files, Ventura County's next EMS Plan Update is due 03/20/2014.

Upon review of the report, the EMS Authority has the following required actions/recommendations/comments:

Trauma System Summary

Accepted as Written Required Action Recommendation Comment

Changes in Trauma System

Accepted as Written Required Action Recommendation Comment

The tri-County process improvement showing intercounty cooperation is to be commended.

Recommendation: As Ventura County Medical Center has opened a PICU, consider working with them towards Level II Pediatric Trauma Center designation.

Number and Designation Level of Trauma Centers

Accepted as Written Required Action Recommendation Comment

Trauma System Goals and Objectives

Accepted as Written Required Action Recommendation Comment

Recommendation: Many of the goals and objectives have been met; the remaining objectives need to be more measurable (attachment showing SMART format).

When providing an update on Goal 2, provide a report on the resource analysis and needs assessment for prehospital care providers. The sharing of this type of project can be valuable to other LEMSAs.

Your success in transferring the trauma data to a web-based program is to be commended.

Recommendation: For goal 7, consider adding an objective addressing trauma surge plans at Trauma Centers in the event of an MCI and/or regional disaster.

In general, provide more detail in the "Update" section for each objective. This information provides EMSA with information on how your system is progressing. New objectives should be added as determined by your system needs.

Changes to Implementation Schedule

Accepted as Written Required Action Recommendation Comment

System Performance Improvement

Accepted as Written Required Action Recommendation Comment

In reviewing the Trauma Audit Committee information, provide more information on the audit filters currently in use.

Progress on Addressing EMS Authority Trauma System Plan/Status Report Action Items

Accepted as Written Required Action Recommendation Comment

Thank you again for submitting a report on Ventura County Trauma System. Your next Trauma System Status Report will be due March 2014 as part of your Annual EMS Plan Update (see attached format). Please provide us with an electronic copy as well as two paper copies. If you have any questions, please contact Tom McGinnis at (916) 322-4336 or tom.mcginnis@emsa.ca.gov.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Attachments



Emergency Medical Services Authority

Trauma System Plan Revision & Annual Trauma System Status Report Guidelines

Jerry Brown
Governor
State of California

Dianna S. Dooley
Secretary
Health and Human Services Agency

Dr. Howard Backer
Director
Emergency Medical Services Authority

Updated, June 2012



This document is intended to provide Emergency Medical Services (EMS) Agencies with instructions and minimum guidelines for preparing Trauma System Plan Revisions and Annual Trauma System Status Reports.

TRAUMA SYSTEM PLAN

California statute, Health and Safety Code Section 1798.162, allows local emergency medical services (EMS) agencies to implement a trauma system if the system meets the minimum standards set forth in the regulations. For preparation of the Trauma System Plan, refer to EMSA #151 - Trauma Plan Development Guidelines, January 2000. The guideline is available on the EMS Authority website: www.emsa.ca.gov/emsddivision/trauma_plan_cover.asp.

TRAUMA SYSTEM PLAN - SIGNIFICANT CHANGES

If significant changes to the trauma system occur after the Trauma System Plan has been approved, the Trauma System Plan must be revised and submitted to the EMS Authority for review and approval prior to the implementation of the changes. The California Code of Regulations outlines the requirements for significant changes to a Trauma System Plan.

- ✦ **Section 100253 (i):** After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.

Significant changes would include designation or de-designation of trauma care facilities, changes in use of outside trauma care systems, change of trauma care system design, or major policy changes. Two copies of the revised Trauma System Plan should be submitted to the EMS Authority with a cover letter that clearly outlines the major changes.

Generally, significant changes will require the entire Trauma System Plan to be revised. However, specific section changes will be accepted only if they clearly fit within the old plan (i.e., page numbering remains the same, new sections are complete). A letter clearly outlining the changes must accompany two copies of

the section changes. Please contact the EMS Authority Trauma Coordinator to determine if section changes would be appropriate at (916) 322-4336.

The EMS Authority should be notified immediately upon any changes to the number of trauma centers. If a trauma center is added, a letter should be sent to the EMS Authority that includes the name of the trauma center, the street address, whether the trauma center is a public or private facility, the phone number for the hospital and the trauma office, the trauma center designation level, and the date it was designated.

The local EMS Agency should immediately contact the EMS Authority to alert them as to any possible de-designation or reduction in designation level of a trauma center and update the Authority as additional information becomes available. If the trauma center is ultimately de-designated or the designation level is reduced, a letter should be sent to the EMS Authority indicating the name, address and the level of the trauma center, and the date of de-designation or designation level reduction. The trauma plan should also be updated to indicate the addition or deletion of the trauma center and show how trauma patients will be cared for.

ANNUAL TRAUMA SYSTEM STATUS REPORT

Local EMS Agencies are required to include a trauma system status report as part of the annual EMS Plan update according to the California Code of Regulations.

- ✦ **Section 100253 (j):** The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.

The report is to be a separate chapter of the EMS Plan and is due one year from the approval of the most current EMS Plan. The report should include a summary of the trauma system, a description of any changes to the trauma system, the number and designation level of the trauma centers, an update of the status of the Trauma System Plan's goals and objectives and any modifications, progress toward or changes to the implementation schedule, and progress toward addressing any comments made in the EMS Authority's review of the Trauma System Plan. Any changes and/or additions to the Trauma System Plan should also be enclosed with the status report and clearly marked for incorporation into the trauma plan. A general format for the trauma system status report follows.

EMS Plan: TRAUMA SYSTEM STATUS REPORT

Trauma System Summary – Brief summary of trauma care system.

Changes in Trauma System – Describe any changes in the trauma care system and/or progress toward implementation.

Number and Designation Level of Trauma Centers – List the designated trauma centers and indicate any potential problems or possible changes in designation.

Trauma System Goals and Objectives – Provide update on progress toward meeting goals and objectives listed in the Trauma System Plan. Modify goals and objectives as appropriate.

Changes to Implementation Schedule – Indicate completion of activities and modify schedule as appropriate.

System Performance Improvement – Provide a description of trauma system review processes accomplished during the reporting year.

Progress on Addressing EMS Authority Trauma System Plan Comments – Trauma System Plan approval letters may include issues to be addressed or commented upon by the local EMS Agency. The status report should include an update of progress toward completion of these items along with any required changes accomplished as required in the approval letter. Changes should be accompanied by a cover letter which clearly indicates where the changes should be added to the Trauma System Plan.

Other Issues – Local EMS Agencies may include any other relevant issues as deemed appropriate.