EMERGENCY MEDICAL SERVICES AUTHORITY 1930 9th STREET SACRAMENTO, CA 95811-7043 (916) 322-4336 FAX (916) 324-2875



August 26, 2009

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

Dear Mr. Carroll:

We have completed our review of Ventura County's 2008 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 your EMS plan update:

Standard 1.27 & 5.10 - Pediatric Emergency Medical and Critical Care System -In your 2004 EMS plan update your update states that "components have been identified, but not finalized" and that Ventura County needed a data collection and analysis system for pediatric care. While this is an enhanced level standard I encourage you to continue your efforts in meeting this long-range goal.

Your annual update will be due on August 26, 2010. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

R. Steven Tharratt, MD, MPVM Director

RST:ss

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

Summary of Changes - a narrative describing any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 2-9.

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. <u>Please include a separate form for each exclusive and/or nonexclusive ambulance zone.</u>

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	
Administration of critical incident stress debriefing team (CISD)	<u>X</u>
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other:	
Other:	
Other:	
5. EMS agency budget for FY <u>08-09</u>	
EXPENSES	
Salaries and benefits	\$ <u>394,900</u>
(All but contract personnel)	
Contract Services	276,800
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	168,000
Travel	9,500
Fixed assets	0
Indirect expenses (overhead)	77,200
Ambulance subsidy	49,500
EMS Fund payments to physicians/hospital	1,500,000
Dispatch center operations (non-staff)	0
Training program operations	4,200
Other:	0
Other:	0
Other:	0

TOTAL EXPENSES

\$<u>2,480,100</u>

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	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	<u> 600,000 </u>
Certification fees	12,000
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	
Туре:	
Other critical care center designation fees	
Туре:	
Ambulance service/vehicle fees	<u>323,900</u>
Contributions	<u> </u>
EMS Fund (SB 12/612)	1,544,200
Other grants:	<u> </u>
Other fees:	
Other (specify):	
TOTAL REVENUE	\$ <u>2,480,100</u>

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

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/08.

Table 2 - System Organization & Management (cont.)

EMS System: <u>Ventura County</u> Re			Reporting year	2008	
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	55.74 /hr	33.3%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Assistant II	1.0	28.89 /hr	33.3%	
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	Program Administrator III	1.0	38.48 /hr	33.3%	
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	0.5	94.41 /hr	0	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
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.

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	CQI Coordinator	0.5	40.25 /hr	0	Independent Contractor
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Administrative Assistant II	1.0	28.89 /hr	33.3%	
Data Entry Clerk					
Other	Office Assistant III	1.0	19.00 /hr	33.3%	

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

EMS System:	Ventura	
Reporting Year:	2008	

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	885			54
Number newly certified this year	135			9
Number recertified this year	271			39
Total number of accredited personnel on July 1 of the reporting year	1291		230	102
Number of certification reviews resulting	g in:			
a) formal investigations	13			
b) probation	9			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	4			

1. Number of EMS dispatch agencies utilizing EMD Guidelines:

<u>2</u>

2. Early defibrillation:

a) Number of EMT=I (defib) certified

19 new, 82 total

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

3. Do you have a first responder training program \Box yes X no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System:	Ventura
County:	Ventura
Reporting Year:	2008

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

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 designated dispatch centers for EMS Aircraft	<u>1</u>
5.	Do you have an operational area disaster communication system? Yes X a. Radio primary frequency154.010	
	2) Between the operational area and the region and/or state? Yes \underline{X} No	
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?	

Ventura County Sheriff's Department and Ventura County Fire Protection District

TABLE 5: SYSTEM RESOURCES AND OPERATIONS Response/Transportation

EMS System: Ventura

Reporting Year: 2008

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

EMS System:	Ventura	
Reporting Year:	2008	

NOTE: Table 6 is to be reported by agency.

Trauma Ventura County does not have a formal Trauma System

Trauma patients:

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

Emergency Departments

Total number of emergency departments8a) Number of referral emergency services0b) Number of standby emergency services1c) Number of basic emergency services7d) Number of comprehensive emergency services0

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

EMS System:		Ventura			
County		Ventura			
Reporting Year: 2008					
NOTE	E: Table 7 is to b	be answered for each county.			
SYST	EM RESOURC	ES			
1.	Casualty Collec	ctions Points (CCP)			
	a. Where are y	our CCPs located? Hospital Parking Lots			_
	b. How are the	y staffed? <u>Hospital personnel and PH nurses</u>			_
	c. Do you have	e a supply system for supporting them for 72 hours?	yes _	<u>X</u>	no
2.	CISD Do you have a	CISD provider with 24 hour capability?	yes _	<u>X</u>	no
3.	Medical Respon	nse Team			
	•	e any team medical response capability? m, are they incorporated into your local	yes _	<u>X</u>	no
	response pla	n?	yes	<u>X</u>	no
	c. Are they ava	ilable for statewide response?	yes_		no <u>X</u>
	d. Are they par	t of a formal out-of-state response system?	yes _		no <u>X</u>
4.	Hazardous Mat	erials			
	a. Do you have	e any HazMat trained medical response teams?	yes_		no <u>X</u>
	b. At what Haz	Mat level are they trained?	_		
	c. Do you have	the ability to do decontamination in an			
	emergency r		yes	<u>X</u>	no
	d. Do you have	e the ability to do decontamination in the field?	yes _	<u>X</u>	no
OPER 1.	• •	a Standardized Emergency Management System (SEMS) as a form of Incident Command System (ICS) structure?	Vac	Y	no
	mai meorporate	is a form of merdent command System (105) structure:	yes _	<u></u>	110
2.	What is the max interact with in	ximum number of local jurisdiction EOCs you will need to a disaster?		12	

3.	Have you tested your MCI Plan this year in a:		
	a. real event?	yes <u>X</u>	no
	b. exercise?	yes <u>X</u>	no
4.	List all counties with which you have a written medical mutual aid agreen	nent.	
	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 <u>X</u>	no
6.	Do you have a formal agreement with community clinics in your operatio areas to participate in disaster planning and response?	nal yes <u>X</u>	no
7.	Are you part of a multi-county EMS system for disaster response?	yes	no <u>X</u>
8.	Are you a separate department or agency?	yes	no <u>X</u>
9.	If not, to whom do you report? <u>Health Care Agency, Public Health I</u>	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: RESOURCES DIRECTORY -- Approved Training Programs

EMS System:	Ventura	County: Ventura	Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Conejo Valley Adult School	Contact Person telephone no.	Kevin Fildes
Address	1025 Old Farm Road	—	805-497-2781
	Thousand Oaks, CA 91360		
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>	
		Number of students completing the	raining per year:
	Basic	Initial training: <u>38</u>	
		Refresher: <u>0</u>	
	Refresher	Cont. Education <u>0</u>	
		Expiration Date: <u>02-</u>	28-11
		Number of courses: <u>2</u>	
		Initial training: <u>2</u>	
		Refresher: <u>0</u>	
		Cont. Education: 0	
Training Institution Name	EMS Training Institute, Inc.	Contact Person telephone no.	Mark Komins
Address	P.O. Box 940514		877-368-8724
	Simi Valley, CA 93094		
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>	
	Dasia	Number of students completing the	raining per year:
	Basic	Initial training: <u>0</u> Refresher: <u>218</u>	
	Defrecher	Refresher: <u>218</u> Cont. Education 0	<u>></u>
	Refresher		28.10
			28-10
		Number of courses: <u>12</u>	
		Initial training: <u>0</u> Refresher: <u>12</u>	
		Refresher: <u>12</u>	
		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.

County: Ventura **Reporting Year:** 2008 EMS System: Ventura NOTE: Table 8 is to be completed by county. Make copies to add pages as needed. **Training Institution** Moorpark College **Contact Person telephone** Carol Higashida Name no. 7075 Campus Road 805-378-1433 Address Moorpark CA 93021

10100	Ipark, CA 93021	
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	_	Number of students completing training per year:
	Basic	Initial training: <u>83</u>
		Refresher: 0
	Refresher	Cont. Education 0
		Expiration Date: 01-31-11
		Number of courses: 2
		Initial training: $\frac{1}{2}$
		Refresher: 0
		Cont. Education: 0
Training Institution Name	Oxnard College	Contact Person telephone no. Gary Morgan
Address	4000 S. Rose Avenue Oxnard, CA 93033	805-488-0911
Student Eligibility: *	Cost of Program	**Program Level: EMT
		Number of students completing training per year:
	Basic	Initial training: <u>92</u>
		Refresher: 34
	Refresher	Cont. Education $\overline{0}$
		Expiration Date: 01-31-12
		Number of courses: 11
		Initial training: 7
		Refresher: 4
		Cont. Education: 0

• 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County: Ventura **Reporting Year: 2008** NOTE: Table 8 is to be completed by county. Make copies to add pages as needed. **Training Institution** Simi Valley Adult School Contact Person telephone Sterling Johnson Name no. 3150 School Road 805-653-9111 Address Simi Valley, CA 93062 **Student Eligibility: * Cost of Program** **Program Level: EMT Number of students completing training per year: 82 Basic Initial training: Refresher: 13 Refresher Cont. Education 11-30-11 Expiration Date: Number of courses: 8 Initial training: 6 Refresher: Cont. Education: 0 Ventura City Fire Department Contact Person telephone Nancy Merman **Training Institution** Name no. Address 1425 Dowell Drive 805-339-4461 Ventura, CA 93003 **Student Eligibility: * Cost of Program** **Program Level: EMT Number of students completing training per year: Initial training: Basic 0 Refresher: 0 Refresher Cont. Education 0 06-30-10 **Expiration Date:** Number of courses: Initial training: 0 Refresher: 0 0 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura		County: Ventura	Reporting Year: <u>2008</u>
NOTE : Table 8 is to be co	mpleted by county. Make copies to add	pages as needed.	
Training Institution Nan	ne Ventura College	Contact Person telephone no	. Meredith Mundell
Address	4667 Telegraph Road Ventura, CA 93003		805-654-6342
Student Eligibility: *	Cost of Program Basic Refresher		g training per year: 92)
		Expiration Date:	<u>11-30-11</u> 4 4)
Training Institution Name	Ventura County Fire Department	Contact Person telephone N no.	Mark Komins
	165 Durley Avenue Camarillo, CA 93010		805-389-9776
Student Eligibility: *	Cost of Program Basic	**Program Level: <u>EMT</u> Number of students completing Initial training: <u>(</u> Refresher: ()	g training per year:))
	Refresher	Cont. Education (Expiration Date:)) <u>)2-28-11</u>)
		Initial training: (Refresher:)))

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

• 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.

EMS System: Ventura		County: Ventura	Reporting Year: <u>2008</u>
NOTE : Table 8 is to be	completed by county. Make copies to add pag	ges as needed.	
Training Institution Name	Ventura County Sheriff SAR Air Unit	Contact Person telephone no.	Dana Sullivan
Address	375-A Durley Avenue Camarillo, CA 93010	_	805-388-4218
Student Eligibility: *	Cost of Program	**Program Level: EMT	
		Number of students complet	ting training per year:
	Basic	Initial training:	0
		Refresher:	0
	Refresher	Cont. Education	$\overline{0}$
		Expiration Date:	11-30-11
		Number of courses:	0
		Initial training:	$\overline{0}$
		Refresher:	$\overline{0}$
		Cont. Education:	0

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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 -- Dispatch Agency

EMS System: Ventura

County: Ventura

Reporting Year: 2008

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

-	telephone: Ventu Camarillo, CA 9301	ra County Fire Dept. 0	Primary Contact: Steve McClellen
Written Contract:	Medical Director:	X Day-to-day	Number of Personnel providing services:
□ yes	□ yes	Disaster	<u>27</u> EMD Training EMT-D ALS
X no	X no		BLS LALS Other
Ownership:		If public:	If public: \Box city; \Box county; \Box state; X fire district; \Box Federal
X Public		X Fire	
□ Private		□ Law	
		□ Other	
		explain:	

Name, address & 251 S. C St., Oxna (805) 385-7722	-	I Police/Fire Commun	ications Primary Contact: Annette Allen
Written Contract:	Medical Director:	X Day-to-day	Number of Personnel providing services:
🗆 yes	□ yes	Disaster	<u>22</u> EMD Training EMT-D ALS
X no	X no		BLSLALSOther
Ownership: X Public		If public: X Fire	If public: X city; \Box county; \Box state; \Box fire district; \Box Federal
□ Private		🗆 Law	
		□ Other	
		explain:	

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	n specified area or subarea.
Area or subarea (Zone) Geographic Descu Combination of Metropolitan/Urban including the City of Ojai.	r <mark>iption:</mark> n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or not Exclusive Include intent of local EMS agency and Board action.	n-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambulan Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, or calls only, all emergencies, all calls requiring emergency ambulance	Is only r combination) and operational definition of exclusivity (i.e., 911
Method to achieve Exclusivity, if applicab Grandfathered	le (HS 1797.224):
ASA 1 since 1935. Paramedic servi Current owner, Steve Frank, purch owner, Jerry Clauson. Ojai Ambula	osidiary of Ojai Ambulance Inc. and has served ice was added to the service area in 1986. ased the company in 1994 from previous ance changed it's name to LifeLine Medical ange in scope or manner of service has
If grandfathered, pertinent facts concerning changes in scope and including brief statement of uninterrupted service with no changes chronology of all services entering or leaving zone, name or owner modifications, or other changes to arrangements for service.	to scope and manner of service to zone. Include
If competitively-determined, method of competition, intervals, and s competitive process used to select provider or providers.	selection process. Attach copy/draft of last

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 Desc Combination of Metropolitan/Urba including the Cities of Fillmore an	n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	on-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambula Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, c calls only, all emergencies, all calls requiring emergency ambulan	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.).
Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, c	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.).
Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, of calls only, all emergencies, all calls requiring emergency ambulan Method to achieve Exclusivity, if applical Grandfathered American Medical Response current service was added to the service a	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.). ole (HS 1797.224): ently provides service to ASA 2. Paramedic area in 1992. There have been numerous years due to ambulance industry consolidations;
Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, c calls only, all emergencies, all calls requiring emergency ambulan Method to achieve Exclusivity, if applical Grandfathered American Medical Response curre service was added to the service a ownership changes in the past 15	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.). Die (HS 1797.224): ently provides service to ASA 2. Paramedic area in 1992. There have been numerous years due to ambulance industry consolidations; anner of service has occurred.
Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, calls only, all emergencies, all calls requiring emergency ambulan Method to achieve Exclusivity, if applical Grandfathered American Medical Response curres service was added to the service a ownership changes in the past 15 however no change in scope or m Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999	Ils only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.). Die (HS 1797.224): ently provides service to ASA 2. Paramedic area in 1992. There have been numerous years due to ambulance industry consolidations; anner of service has occurred. -present manner of service. Description of current provider to scope and manner of service to zone. Include

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 Desc Combination of Metropolitan/Urba including the City of Simi Valley.	ription: n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	on-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambula Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, c calls only, all emergencies, all calls requiring emergency ambulan	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.).
Method to achieve Exclusivity, if applicat Grandfathered	Die (HS 1797.224):
service was added to the service a	ently provides service to ASA 3. Paramedic area in 1983. There have been numerous years due to ambulance industry consolidations; anner of service has occurred.
Previous Owners: Brady Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999	-present
If grandfathered, pertinent facts concerning changes in scope and including brief statement of uninterrupted service with no changes chronology of all services entering or leaving zone, name or owne modifications, or other changes to arrangements for service.	to scope and manner of service to zone. Include
If competitively-determined, method of competition, intervals, and competitive process used to select provider or providers.	selection process. Attach copy/draft of last

	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 Desc Combination of Metropolitan/Urba including the Cities of Moorpark a	n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	n-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambula	nce", "AI S", or "I AI S" (HS 1797,85):
Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, o calls only, all emergencies, all calls requiring emergency ambulance	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.).
Emergency Ambulance for 911 cal	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.).
Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, o calls only, all emergencies, all calls requiring emergency ambuland Method to achieve Exclusivity, if applicat Grandfathered American Medical Response curre service was added to the service a	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.). Die (HS 1797.224): ently provides service to ASA 4. Paramedic area in 1983. There have been numerous years due to ambulance industry consolidations;
Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, o calls only, all emergencies, all calls requiring emergency ambuland Method to achieve Exclusivity, if applicat Grandfathered American Medical Response curre service was added to the service a ownership changes in the past 15	IIs only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.). Die (HS 1797.224): ently provides service to ASA 4. Paramedic area in 1983. There have been numerous years due to ambulance industry consolidations; anner of service has occurred.
Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, o calls only, all emergencies, all calls requiring emergency ambuland Method to achieve Exclusivity, if applicate Grandfathered American Medical Response currer service was added to the service a ownership changes in the past 15 however no change in scope or m Previous Owners: Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999	Ils only or combination) and operational definition of exclusivity (i.e., 911 ce service, etc.). ole (HS 1797.224): ently provides service to ASA 4. Paramedic area in 1983. There have been numerous years due to ambulance industry consolidations; anner of service has occurred. -present manner of service. Description of current provider to scope and manner of service to zone. Include

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 Desc Combination of Metropolitan/Urba including the City of Camarillo.	r <mark>iption:</mark> n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	n-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambula Emergency Ambulance for 911 ca Include type of exclusivity (Emergency Ambulance, ALS, LALS, c calls only, all emergencies, all calls requiring emergency ambulance	IIs only or combination) and operational definition of exclusivity (i.e., 911
Method to achieve Exclusivity, if applicat Grandfathered	ole (HS 1797.224):
service was added to the service a ownership changes in the past 15	ently provides service to ASA 5. Paramedic area in 1985. There have been numerous years due to ambulance industry ge in scope or manner of service has occurred.
Previous Owners: Camarillo Ambulance 1962-1978 Pruner Health Services 1978-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999	
If grandfathered, pertinent facts concerning changes in scope and including brief statement of uninterrupted service with no changes chronology of all services entering or leaving zone, name or owne modifications, or other changes to arrangements for service.	to scope and manner of service to zone. Include
If competitively-determined, method of competition, intervals, and competitive process used to select provider or providers.	selection process. Attach copy/draft of last

Local EMS Ag	gency or County Name:	Ventura County EMS
Area or subar	ea (Zone) Name or Title:	ASA 6
Name of Curr	ent Provider(s):	Gold Coast Ambulance Serving since 1949
Include company nam	ne(s) and length of operation (uninterrupted) in specified area or subarea.
C	rea (Zone) Geographic Desc Combination of Metropolitan/Urbancluding the Cities of Oxnard an	an, Suburban/Rural and Wilderness areas
Statement of	Exclusivity, Exclusive or n	on-Exclusive (HS 1797.6):
	EXClusive EMS agency and Board action.	
Include intent of local Type of Exclu E Include type of exclus calls only, all emerger Method to ach	EMS agency and Board action. Sivity, "Emergency Ambula Emergency Ambulance for 911 ca sivity (Emergency Ambulance, ALS, LALS, ncies, all calls requiring emergency ambulance nieve Exclusivity, if applica	or combination) and operational definition of exclusivity (i.e., 911 nce service, etc.).
Include intent of local Type of Exclu Include type of exclus calls only, all emerger Method to acl f	EMS agency and Board action. Sivity, "Emergency Ambulance for 911 ca sivity (Emergency Ambulance, ALS, LALS, ncies, all calls requiring emergency ambulance nieve Exclusivity, if applica Gold Coast Ambulance is a subsi- tias served ASA 6 since 1949. Pair 984. Current owner, Ken Cook, powner, Bob Brown. Oxnard Ambu	alls only or combination) and operational definition of exclusivity (i.e., 911 nce service, etc.).
Include intent of local Type of Exclu Include type of exclus calls only, all emerger Method to acl Method to acl If grandfathered, perti including brief statemed chronology of all servi	EMS agency and Board action. Sivity, "Emergency Ambulance for 911 ca sivity (Emergency Ambulance, ALS, LALS, ncies, all calls requiring emergency ambulance nieve Exclusivity, if applical Gold Coast Ambulance is a subsi- pass served ASA 6 since 1949. Par 984. Current owner, Ken Cook, par 984. Current owner, Ken Cook, par pass and fathered Sold Coast Ambulance is a subsi- past. Current owner, Ken Cook, par past. Current owner, Ken Cook, part past.	alls only or combination) and operational definition of exclusivity (i.e., 911 nce service, etc.). ble (HS 1797.224): idiary of VIP Professional Services Inc. and ramedic service was added to the service area in ourchased the company in 1980 from previous Jance Service changed it's name to Gold Coast

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 Desc Combination of Metropolitan/Urba including the City of Ventura.	ription: n, Suburban/Rural and Wilderness areas
Statement of Exclusivity, Exclusive or no Exclusive Include intent of local EMS agency and Board action.	n-Exclusive (HS 1797.6):
Type of Exclusivity, "Emergency Ambula Emergency Ambulance for 911 cal Include type of exclusivity (Emergency Ambulance, ALS, LALS, o calls only, all emergencies, all calls requiring emergency ambuland	I Is only r combination) and operational definition of exclusivity (i.e., 911 ce service, etc.).
Method to achieve Exclusivity, if applicat Grandfathered	ле (по 1797.224).
service was added to the service a ownership changes in the past 15	ently provides service to ASA 7. Paramedic area in 1986. There have been numerous years due to ambulance industry ge in scope or manner of service has occurred.
Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999	
American Medical Response 1999 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 chronology of all services entering or leaving zone, name or owner modifications, or other changes to arrangements for service.	to scope and manner of service to zone. Include rship changes, service level changes, zone area

LEMSA:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)		Objective
1.1	Special Populations	V			In collaboration with Public Health EPO and various county Trauma System currently in	
1.07	Trauma Planning		V		Trauma System currently in development Trauma System currently in	Quarter 2010
1.26	Trauma System Plan		V		Trauma System currently in <u>development</u> Trauma System currently in	Quarter 2010
5.08	Trauma System Design		>		Trauma System currently in development Trauma System currently in	Quarter 2010
5.09	Public Input		~		Trauma System currently in	Quarter 2010
6.1	Trauma System Evaluation		>		Trauma System currently in dovelopment Trauma System currently in	Quarter 2010
6.11	Trauma Center Data				Trauma System currently in	Quarter 2010
3.01	Communications	v			participate in a countywide	
6.06	System Design and Evaluation				made through our CQI Program	2010

Standard	EMSA Requirement	Meets Minimum Req.	Long Range (more than one year)	Progress	Objective