

EMS PLAN UPDATE 2006-2007



Prepared for:
State EMS Authority

By:
Virginia Hastings, Executive Director
Inland Counties Emergency Medical Agency
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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		
Planning Activities:					
1.05	System Plan	X			
1.06	Annual Plan Update	X			
1.07	Trauma Planning*		X		
1.08	ALS Planning*	X			
1.09	Inventory of Resources	X			
1.10	Special Populations	X			X
1.11	System Participants		X		
Regulatory Activities:					
1.12	Review & Monitoring	X			
1.13	Coordination	X			
1.14	Policy & Procedures Manual	X			
1.15	Compliance w/Policies	X			
System Finances:					
1.16	Funding Mechanism	X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training	X				
First Responders (non-transporting):						
2.05	First Responder Training			X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training			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		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X	X		
3.04	Dispatch Center		X			
3.05	Hospitals			X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
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				X
5.12	Public Input	X				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			
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X		X	
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

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			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs	X				
8.13	Disaster Medical Training	X				X
8.14	Hospital Plans			X		
8.15	Inter-hospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity			X		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.06	Annual Plan Update	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Updated August 2007	
1.07	Trauma Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma Designation given to ARMC and LLUMC in 10/04	
1.1	Special Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Integrate EMSC procedures system wide
1.22	Reporting of Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.24	ALS Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets recommended guidelines. EOAs established throughout	
1.26	Trauma System Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Reviewed annually
2.04	Dispatch Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ICEMA is currently overseeing an Emergency Medical Priority Dispatch program with San Bernardino City FD and AMR. Additionally, EMD is being used by all dispatch centers and procedures are currently being	
2.09	CPR Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets recommended guidelines	
3.05	Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospitals communicate via ReddiNet	
4.04	Rescheduled Responses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets recommended guidelines	
4.05	Response Time Standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets recommended guidelines. Response times are monitored and have 90% compliance systemwide	
4.11	Specialty Vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets recommended guidelines. Vehicle such as ATV, mules, and boats are inspected and approved by ICEMA	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.14	Incident Command Syste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCI protocol in use as well as ICS utilization and training.	
4.16	ALS Staffing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets recommended guidelines	
4.18	Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.22	Evaluaton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EOAs evaluated every 4 years	
5.04	Specialty Care Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.04	Medical Dispatch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.06	System Design Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.07	Provider Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.1	Trauma System Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.11	Trauma Center Data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Collector Software enables data collection for evaluation and review	
8.07	Disaster Communications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.13	Disaster Medical Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.15	Inter-hospital Communications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reddinet	
8.19	Waiving Exclusivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

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

Reporting Year: **2006-2007**

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%.)

	<u>San Bernardino</u>	<u>Inyo</u>	<u>Mono</u>
A. Basic Life Support (BLS)	10%	70%	30%
B. Limited Advanced Life Support (LALS)			
C. Advanced Life Support (ALS)	90%	30%	70%

2. Type of agency
 a - Public Health Department
 b - County Health Services Agency
 c - Other (non-health) County Department
d - Joint Powers Agency
 e - Private Non-Profit Entity
 f - Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
 a - Public Health Officer
 b - Health Services Agency Director/Administrator
c - Board of Directors
 d - Other: _____

4. Indicate the non-required functions which are performed by the agency:
- | | |
|---|----------|
| Implementation of exclusive operating areas (ambulance franchising) | X |
| Designations of trauma centers/trauma care system planning | X |
| Designation/approval of pediatric facilities | |
| Designation of other critical care centers | X |
| Development of transfer agreements | |
| Enforcement of local ambulance ordinance | X |
| Enforcement of ambulance service contracts | X |
| Operation of ambulance service | |

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

5. EMS agency budget for **FY 06-07**

A. EXPENSES

Salaries and benefits (All but contract personnel)	\$1,123,394
Contract Services	\$29,294
Operations (e.g. copying, postage, facilities)	\$1,034,811
Travel	\$21,750
Fixed assets	\$503,183
Indirect expenses (overhead)	\$16,748
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	0
Training program operations	\$5,075
Other: _____	0
Other: _____	0
Other: _____	0
TOTAL EXPENSES	\$2,734,255

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
RDHMS and DMAT Grants	\$123,742
Office of Traffic Safety (OTS)	0
State general fund	\$282,753
County general fund	\$204,846
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	\$66,320
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	0
Other critical care center designation fees	0
Type: _____	0
Ambulance service/vehicle fees	\$98,575
Contributions	0
EMS Fund (SB 12/612)	_____
Other grants: Homeland Security – including rollover	\$487,300
Other fees: PBC Administrative Fee	\$391,953
PBC Liquidated Damages – Trust Fund including rollover	\$231,650
Other (specify): _____	_____
TOTAL REVENUE	\$2,858,940

TOTAL REVENUE DOES NOT EQUAL TOTAL EXPENSES DUE TO HOMELAND SECURITY GRANT ROLLOVER AND PBC TRUST FUND ACCOUNT (\$124,685)

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 06-07

First responder certification	\$30
EMS dispatcher certification	\$30
EMT-I certification	\$30
EMT-I recertification	\$30
EMT-defibrillation certification	\$30
EMT-defibrillation recertification	\$30
EMT-II certification	N/A
EMT-II recertification	\$30
EMT-P accreditation	\$75
Mobile Intensive Care Nurse (MICN)	\$85
MICN/ARN recertification	\$85
EMT-I training program approval	\$575
EMT-II training program approval	N/A
EMT-P training program approval	\$1,000
MICN/ARN training program approval	\$300
Base hospital application	\$500
Base hospital designation	N/A
Trauma center application	N/A
Trauma center designation	N/A
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	
Ambulance vehicle permits	\$1,425
Other: Inspections	\$200 per unit
Protocol Manual	\$25
Equipment Maintenance Fee	\$10/per item
Administrative Manual Fee	\$50
Retest Fee	\$50
Bi-monthly Newsletter Subscription	\$20/2 years
CE Provider Fee	\$200

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 06-07

Table 2 - System Organization & Management (cont.)

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

Reporting Year: **2006-2007**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1	\$51.97	16.03%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Asst. Admin	1	\$28.79	40.76%	
ALS Coord./Field Coord./ Training Coordinator	EMS Nurse	1	\$29.42	43.43%	
Program Coordinator/ Field Liaison (Non-clinical)	Program Coordinator	1	\$36.78	40.76%	
Trauma Coordinator	EMS Nurse	1	\$29.42	43.43%	
Medical Director		.5	\$85.00	0	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Medical Emergency Planning Specialist	1	\$29.50	41.63%	

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	Staff Analyst	2	\$30.98	\$41.63%	
QA/QI Coordinator	EMS Nurse	1	\$29.42	43.43%	
Public Info. & Education Coordinator					
Secretary	Secretary I	1	\$17.24	48.53%	
Other Clerical	Office Assistant II	1	\$15.27	48.53%	
Data Entry Clerk	Office Assistant III	3	\$16.83	48.53%	
Other	Fiscal Assistant	1	\$16.83	48.53%	

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

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

Reporting Year: **2006-2007**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	2,734			191
Number newly certified this year	486			32
Number recertified this year	933			164
Total number of accredited personnel on July 1 of the reporting year			1,017	
Number of certification reviews resulting in:				
a) formal investigations			4	
b) probation	3			
c) suspensions	1			
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken				

1. Number of EMS dispatch agencies utilizing EMD Guidelines: **1**
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified **2,734**
 - b) Number of public safety (defib) certified (non-EMT-I) **Unknown**
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

- | | | |
|----|---|-----------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 18 |
| 2. | Number of secondary PSAPs | |
| 3. | Number of dispatch centers directly dispatching ambulances | 6 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 3 |
| 5. | Do you have an operational area disaster communication system? Yes | |
| | a. Radio primary frequency 800MHz | |
| | b. Other methods _____ | |
| | c. Can all medical response units communicate on the same disaster communications system? | |
| | Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? Multiple | |
| 7. | Who is your primary dispatch agency for a disaster? San Bernardino Communications Center | |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **Inyo**

Reporting Year: **2006-2007**

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

- | | | |
|----|---|------------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 2 |
| 2. | Number of secondary PSAPs | 0 |
| 3. | Number of dispatch centers directly dispatching ambulances | 2 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 1 |
| 5. | Do you have an operational area disaster communication system? | Yes |
| | a. Radio primary frequency 154.310 | |
| | b. Other methods Cell Phone backup | |
| | c. Can all medical response units communicate on the same disaster communications system? | |
| | Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? | |
| | Inyo County Sheriff and Bishop Police Department | |
| 7. | Who is your primary dispatch agency for a disaster? Inyo County Sheriff | |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **Mono**

Reporting Year: **2006-2007**

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

- | | | |
|----|---|----------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 0 |
| 3. | Number of dispatch centers directly dispatching ambulances | 1 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 1 |
| 5. | Do you have an operational area disaster communication system? Yes | |
| | a. Radio primary frequency 153.860 | |
| | b. Other methods 800 MHz | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system?
Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? Mono County Sheriff | |
| 7. | Who is your primary dispatch agency for a disaster? Mono County Sheriff | |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

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

Reporting Year: **2006-2007**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **16**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1.BLS and CPR capable first responder	Meets or exceeds 90%			
2.Early defibrillation responder	Meets or exceeds 90%			
3.Advanced life support responder	Meets or exceeds 90%			
4.Transport Ambulance	Meets or exceeds 90%			

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

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

Reporting Year: **2006-2007**

NOTE: Table 6 is to be reported by agency.

Trauma (Please note, data is incomplete. LLUMC behind in data entry)

Trauma patients:

a) Number of patients meeting trauma triage criteria	4,963
b) Number of major trauma victims transported directly to a trauma center by ambulance	2,676
c) Number of major trauma patients transferred to a trauma center	513
d) Number of patients meeting triage criteria who weren't treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	21
a) Number of referral emergency services	0
b) Number of standby emergency services	4
c) Number of basic emergency services	17
d) Number of comprehensive emergency services	0

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

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

County: **San Bernardino**

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

SYSTEM RESOURCES

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

OPERATIONS

- | | | |
|----|--|------------|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 34 |

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

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

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

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

County: **Inyo**

Reporting Year: **2006-2007**

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

SYSTEM RESOURCES

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

OPERATIONS

- | | | |
|----|--|------------|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 2 |

3. Have you tested your MCI Plan this year in a:
- a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties with which you have a written medical mutual aid agreement.
Mono, San Bernardino, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**
7. Are you part of a multi-county EMS system for disaster response? **Yes**
8. Are you a separate department or agency? **Yes**
9. If not, to whom do you report? _____
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

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

County: **Mono**

Reporting Year: **2006-2007**

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

SYSTEM RESOURCES

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

OPERATIONS

- | | | |
|----|--|------------|
| 1. | Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Yes |
| 2. | What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 1 |

3. Have you tested your MCI Plan this year in a:
- a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties with which you have a written medical mutual aid agreement.
Inyo, San Bernardino, Kern, Riverside, Imperial, San Diego, Los Angeles, Ventura, Santa Barbara, Orange and San Luis Obispo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes**
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes**
7. Are you part of a multi-county EMS system for disaster response? **Yes**
8. Are you a separate department or agency? **Yes**
9. If not, to whom do you report? _____
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes**

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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

Reporting Year: **2006-2007**

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

Training Institution Name	<u>Baldy View ROP</u>	Contact Person	Telephone no.
Address	<u>1301 S. BonView Ontario 91764</u>	Chuck Fedak, Program Director	<u>909-947-3400 X 514</u>

Student Eligibility: * 18 y/o for EMT, refresher and CE students must be EMT's	Cost of Program Basic \$650.00 Refresher \$125.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 61 Refresher: 136 Cont. Education 51 Expiration Date: 1/31/2009 Number of courses: Initial training: 2 Refresher: 4 Cont. Education: 13
---	--	--

Training Institution Name	<u>Barstow Community College</u>	Contact Person telephone	<u>760-447-1876 Desert Amb.</u>
Address	<u>2700 Barstow Rd Barstow 92311</u>	Art Rodriguez	<u>760-252-2411 College</u>

Student Eligibility: * 18 yrs	Cost of Program Basic \$160 Refresher \$56	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 7 Refresher: 10 Cont. Education 5 Expiration Date: 1/31/2009 Number of courses: Initial training: 1 Refresher: 3 Cont. Education: 1
--	---	--

- 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino**

Reporting Year: **2006-2007**

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

Training Institution Name	Copper Mountain College	Contact Person	Telephone no.
Address	PO 1398 Joshua Tree 92252	Carol Giannini	760-367-4150 366-3791

Student Eligibility: * Open to public meeting Prerequisite	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: 200 Refresher: 40 Cont. Education 0 Expiration Date: 1/31/2010 Number of courses: Initial training: 12 Refresher: 2 Cont. Education: 0
	Basic Approx. \$450.00 Refresher Approx. \$90.00	

Training Institution Name	Crafton Hills College	Contact Person	Telephone no.
Address	11711 San Canyon Rd., Yucaipa 92399	Gary Reeves	909-389-3255

Student Eligibility: * Must be 18 yrs old and provide proof of clear criminal background check.	Cost of Program	**Program Level: EMT Basic Number of students completing training per year: Initial training: 180 Refresher: 30 Cont. Education 196 Expiration Date: 2/28/2008 Number of courses: Initial training: 10 Refresher: 2 Cont. Education: 26
	Basic \$620.00 Refresher \$25.00	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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

Reporting Year: **2006-2007**

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

Training Institution Name	Crafton Hills College	Contact Person	telephone no.
Address	11711 Sand Canyon Rd. Yucaipa 92399	Dan Word	909-389-3570

Student Eligibility: *	Cost of Program	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: <u>35</u> Refresher: _____ Cont. Education: _____ Expiration Date: _____ Number of courses: _____ Initial training: <u>2</u> Refresher: _____ Cont. Education: _____
	Basic \$45.00 Refresher 0	

Training Institution Name	Crafton Hills College	Contact Person	telephone no.
Address	11711 Sand Canyon Rd. Yucaipa 92399	Kathy Crow	909389-3220

Student Eligibility: * Current EMT-B certified Various vaccinations Physical Examination within the last 10 years	Cost of Program	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>53</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration Date: <u>2/28/2008</u> Number of courses: _____ Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>
	Basic \$3,000.00 Approx. Refresher N/A	

- 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: **Inland Counties Emergency Medical Agency (ICEMA)** County: **San Bernardino** Reporting Year: **2006-2007**

Training Institution Name	Crest Forest Fire Dept	Contact Person	Telephone no.
Address	Po Box 3220 Crestline 92385	Capt. Jerry Ringhofer	909-337-8326

Student Eligibility: * District Employees Only	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training 0 Refresher: 0 Cont. Education 208 Expiration Date: 3/31/2008 Number of courses: Initial training 0 Refresher: 0 Cont. Education: 28
	Basic 0 Refresher 0	

Training Institution Name	Ontario Fire Department	Contact Person	telephone no.
Address	425 East B Street, Ontario, CA 91764	Pam Martinez	(909) 395-2529

Student Eligibility: *	Cost of Program	**Program Level: EMT-P Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education 0 Expiration Date: 3/31/2008 Number of courses: Initial training: 0 Refresher: 0 Cont. Education:
	Basic 0 Refresher 0	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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

Reporting Year: **2006-2007**

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

Training Institution Name	Ontario Fire Department	Contact Person.	telephone no
Address	425 East B Street, Ontario, CA 91764	Pam Martinez	(909) 395-2529

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education <u>414</u> Expiration Date: <u>3/31/2008</u> Number of courses: __ Initial training: 0 Refresher: 0 Cont. Education 20
	Basic 0 Refresher 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.

Training Institution Name	Redlands Fire Dept	Contact Person	telephone no.
Address	35 Cajon Blvd. Redlands, 92373	Keith Newlin	909-798-7690

Student Eligibility: * Redlands Fire personnel only	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education 191 Expiration Date: <u>1/31/2010</u> Number of courses: Initial training: Refresher: 6 Cont. Education: 77
	Basic 0 Refresher 0	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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

Reporting Year: **2006-2007**

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

Training Institution Name	Redlands Fire Dept	Contact Person	Telephone no.
Address	35 Cajon Blvd. Redlands, 92373	Mitch McKee	909-798-7600

Student Eligibility: * Redlands Fire Only	Cost of Program	**Program Level: EMT-P Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education 12 Expiration Date: 1/31/2010 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 12
	Basic 0 Refresher 0	

Training Institution Name	Running Springs Fire Department	Contact Person telephone no.
Address	P.O. Box 2206 Running Springs CA. 92382	Tony Grabow (909) 867-2630

Student Eligibility: * OPEN to public 18 yrs No charge to employees	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education 248 Expiration Date: 12/31/2007 Number of courses: Initial training: 1 Refresher: 1 Cont. Education: 22
	Basic \$325.00 Refresher 0	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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

Reporting Year: **2006-2007**

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

Training Institution Name	Rancho Cucamonga Fire	Contact Person	Telephone no.
Address	PO Box 807 Rancho Cucamonga 91701	Stephanie Rasmussen	909-477-2770

Student Eligibility: *	Cost of Program	**Program Level: EMT-I
RCFPD Employees Only	Basic 0 Refresher 0	Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education 599 Expiration Date: 3/31/2008 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 55

Training Institution Name	San Bernardino City Fire Dept	Contact Person	Telephone no.
Address	200 E. Third St. San Bernardino 92410	Bernard Horak	909-384-5286

Student Eligibility: *	Cost of Program	**Program Level: EMT-I
	Basic 0 Refresher 0	Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education 0 Expiration Date: 12/31/2008 Number of courses: Initial training: Refresher: Cont. Education:

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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

Reporting Year: **2006-2007**

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

Training Institution Name	San Bernardino Co. Fire Dept	Contact Person	telephone no.
Address	2824 East "W" St. # 302 San Bernardino, Ca. 92408	John Commander, EMS Training Officer	(909) 382-5559
Student Eligibility: Open to the public*	Cost of Program Basic _____ Refresher \$46.00	**Program Level: EMT-Basic Number of students completing training per year: Initial training: <u>varies</u> Refresher: <u>20</u> Cont. Education <u>3,984</u> Expiration Date: <u>6/30/2011</u> Number of courses: _____ Initial training: <u>N/A</u> Refresher: <u>3</u> Cont. Education: <u>99</u>	
Training Institution Name	San Bernardino Co. Fire Dept	Contact Person	Telephone no.
Address	2824 East "W" St. # 302 San Bernardino, Ca. 92408	John Commander, EMS Training Officer	(909) 382-5559
Student Eligibility: Open to Public	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-Paramedic Number of students completing training per year: Initial training: N/A Refresher: varies Cont. Education 200 Expiration Date: 6/30/2011 Number of courses: Initial training: N/A Refresher: N/A Cont. Education: 60	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

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

Reporting Year: **2006-2007**

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

Training Institution Name	Victor Valley College	Contact Person.	telephone no
Address	18422 Bear Valley Road Victorville Ca. 92395-5850	Brian Hendrickson	760-245-4271 Ext 2738
Student Eligibility: *	Cost of Program Basic \$160.00 Refresher \$20.00	**Program Level: EMT-I Basic Number of students completing training per year: Initial training: 200 Refresher: 40 Cont. Education 123 Expiration Date: 2/28/2008 Number of courses: Initial training: 8 Refresher: 2 Cont. Education: 11	
Training Institution Name	Victor Valley College	Contact Person	Telephone no.
Address	18422 Bear Valley Road Victorville Ca. 92395-5850	Scott Jones	760-245-4271 Ext 2738
Student Eligibility: *	Cost of Program Basic \$740.00 Refresher N/A	**Program Level: Paramedic Number of students completing training per year: Initial training: 41 Refresher: Cont. Education Expiration Date: 2/28/2008 Number of courses: Initial training: 2 Refresher: Cont. Education:	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2006-2007**

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

Training Institution Name	Cerro Coso College	Contact Person	Telephone no.
Address	100 College Park Way Mammoth Lakes 93546	Mike Metcalf	760-934-2875

Student Eligibility: *	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: 71 Refresher: 34 Cont. Education 5 Expiration Date: 1/31/2009 Number of courses: Initial training: 6 Refresher: 3 Cont. Education: 4
	Basic \$120.00 Refresher \$40.00	

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year: **2006-2007**

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

Training Institution Name	Mono County Public Health	Contact Person	Telephone no.
Address	294 Tumbleweed Rd. Bishop 93514	Ray McGrale	760-872-5500

Student Eligibility: * Open to general public	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: 9 Refresher: 0 Cont. Education 134 Expiration Date: 11/30/2007 Number of courses: Initial training: 1 Refresher: 0 Cont. Education: 26
	Basic \$500.00 Refresher \$185.00	

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Inyo** Reporting Year: **2006-2007**

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

Name, address & telephone: Northern Inyo Hospital			Primary Contact: Martha Reynolds, RN, PLN	
150 Pioneer Lane, Bishop, CA. 93514				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Southern Inyo Hospital			Primary Contact: Sandy Manning, RN, Nurse Manager	
501 E. Locust, Lone Pine, CA. 93546				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: **Inland Counties Emergency Medical Agency (ICEMA)** County: **Mono** Reporting Year: **2006-2007**

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

Name, address & telephone: Mammoth Hospital		Primary Contact: Rosemary Sachs, RN, PLN		
P.O. Box 660, Mammoth Lakes, CA. 93546				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: Hi-Desert Medical Center		Primary Contact: Sandy Teets, RN, Nurse Manager		
6601 White Feather Rd, Joshua Tree, CA. 92252				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Loma Linda University Medical Center		Primary Contact: Orrine Singer, RN, PLN		
P.O. Box 2000 Room A125, Loma Linda, CA. 92354				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** <u>Level I Adult</u> <u>Level I Pediatric</u>

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: Redlands Community Hospital 350 Terracina, Redlands, CA. 92373			Primary Contact: Bob Tyson, RN, PLN	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: San Antonio Community Hospital 999 San Bernardino Road, Upland, CA. 91786			Primary Contact: Virginia Smith, RN, PLN	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: Barstow Community Hospital			Primary Contact: Sandra Stinger, RN, Nurse Manager	
555 South Seventh Street, Barstow, CA. 92311				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Bear Valley Community Hospital			Primary Contact: Ann Haggard, RN, Nurse Manager	
P.O. Box 1649, Big Bear Lake, CA. 92315				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: Colorado River Medical Center			Primary Contact: Rose Smith, Nurse Manager	
1401 Bailey Avenue, Needles, CA. 92363				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Community Hospital of San Bernardino			Primary Contact: Cindy Fike, RN, Nurse Manager	
1805 Medical Center Drive, San Bernardino, CA. 92411				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: Desert Valley Hospital			Primary Contact: Wanda Ruben, RN, Ex. Nurse Manager	
16850 Bear Valley Road, Victorville, CA. 92392				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

Name, address & telephone: Kaiser Foundation Hospital			Primary Contact: Janet Kilgore, RN, Nurse Manager	
9961 Sierra Avenue, Fontana, CA. 92335				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: Montclair Hospital Medical Center			Primary Contact: _____, Nurse Manager	
5000 San Bernardino Road, Montclair, CA. 91763				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Mountains Community Hospital			Primary Contact: Kate McFerran, RN, Nurse Manager	
P.O. Box 70, Lake Arrowhead, CA. 92352				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: St. Bernardine Medical Center			Primary Contact: Pierre Assaf, RN, Nurse Manager	
2101 N. Waterman Ave, San Bernardino, CA. 92406				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: St. Mary Medical Center			Primary Contact: Rick Smith, RN, Nurse Manager	
18300 Hwy 18, Apple Valley, CA. 92307				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

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

County: **San Bernardino**

Reporting Year: **2006-2007**

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

Name, address & telephone: VA Medical Center – Loma Linda 11201 Benton Street, Loma Linda, CA. 92357		Primary Contact: _____, RN, Nurse Manager		
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Victor Valley Community Hospital 15248 Eleventh Street, Victorville, CA. 92392		Primary Contact: Stephanie DeClouff, RN, Nurse Manager		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: San Bernardino

Reporting Year: 2006-07

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

Name, address & telephone:			Primary Contact:		
American Medical Response 7925 Center St. Rancho Cucamonga 91729 800-474-1777			Chris Valintine		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: XXXX EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone:			Primary Contact:		
Barstow Communications 831 Main St. Barstow 92311 760-256-2165			Art Rodriguez		
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: San Bernardino

Reporting Year: 2006-07

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

Name, address & telephone:			Primary Contact:
California Department of Forestry 3800 Sierra Way, San Bernardino 92405			909-881-6916
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:			Primary Contact:
Desert Communications 14343 Civic Dr. Victorville 92392			760-245-6280 Gloria Street
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: San Bernardino

Reporting Year: 2006-07

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

Name, address & telephone:			Primary Contact:
Morongo Basin Ambulance 6335 Park Blvd Joshua Tree 92252-0460			Ramon Hernandez
760-366-3474			
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:			Primary Contact:
Ontario Communications 425 "B" St. Ontario 91764			
909-391-0689			
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: San Bernardino

Reporting Year: 2006-07

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

<p align="center">Name, address & telephone: San Bernardino County Communications 1743 Miro Way Rialto 92376 909-956-3805</p>			<p align="center">Primary Contact: Rick Britt</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: JPA</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

<p align="center">Name, address & telephone: San Bernardino City Communications 710 N. "D" St San Bernardino 909-884-7248</p>			<p align="center">Primary Contact: Mona Boyce</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: XXXX EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>		<p>If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: San Bernardino

Reporting Year: 2006-07

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

Name, address & telephone: USFS Communications 1824 S. Commerce Center Circle San Bernardino 92408 909-383-5654			Primary Contact:		
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: Inyo

Reporting Year: 2006-07

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

Name, address & telephone: Inyo County Sheriff Communications 550 Clay St. Independence 760-878-0383		Primary Contact:	
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Bishop Police Department 207 W. Line St. Bishop 760-873-5866		Primary Contact:	
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 checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Inland Counties Emergency Medical Agency

County: Mono

Reporting Year: 2006-07

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

Name, address & telephone: Mono County Sheriff Communications 100 Bryan St. Bridgeport 760-932-7549 X 7		Primary Contact: Lt. Dave O'Hara	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: X Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire X Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; X county ; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</p> <ul style="list-style-type: none"> A. American Medical Response (ALS) B. Schaeffer Ambulance Service (BLS) <p>These providers have operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85. It was determined by the Health Officer and recommended by the Emergency Medical Care Committee, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area.</p>
<p>Area or sub area (Zone) Geographic Description: West part of San Bernardino County to include Mt. Baldy Village, San Antonio Heights, Rancho Cucamonga and Upland.</p> <p>(See attached description and/or map of EOA #1)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - AMR meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input checked="" type="checkbox"/> Non-exclusive - Schaeffer Ambulance Service does not meet grand fathering clause due to suspension of permit by County Health Officer in 1982 for a six-month period.</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <ul style="list-style-type: none"> A. AMR responds to advanced life support, basic life support emergency and inter-facility transport calls. B. Schaefer Ambulance Services responds to basic life support emergency and BLS inter-facility calls.
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. It was determined by the Health Officer and recommended by the EMCC, 3/25/04, that AMR qualified under the grandfathering clause for an exclusive operating area.</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. A. American Medical Response (ALS) B. Schaeffer Ambulance Service (BLS) These providers or their predecessors have operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: Western portion of San Bernardino County including the cities of Montclair and Chino and a portion of Chino Hills area (See attached description and/or map of EOA #2)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - AMR meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input checked="" type="checkbox"/> Non-exclusive - Schaeffer Ambulance Service does not meet grand fathering clause due to suspension of permit by County Health Officer in 1982 for a six-month period.</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>A. AMR responds to advanced life support and basic life support emergency and inter-facility transport calls.</p> <p>B. Schaeffer Ambulance Services responds to basic life support emergency and BLS Inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #3</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response</p> <p>AMR, or its predecessors, have provided uninterrupted services with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p>
<p>Area or sub area (Zone) Geographic Description: West area of San Bernardino County including the cities of Ontario and Chino Hills.</p> <p>(See attached description and/or map of EOA #3)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- AMR meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>BLS and ALS Emergency Ambulance – all calls requiring emergency ambulance service including inter-facility transfers.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>AMR, or its predecessors, have provided uninterrupted services with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: Includes Lytle Creek , City of Fontana and surrounding areas (See attached description and/or map of EOA #4)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- AMR meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). AMR responds to advanced life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #5</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</p> <p>A. City of Rialto through its Fire Department qualifies under 1797.201 as an ALS Transport provider.</p> <p>B. American Medical Response or its predecessor, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: Rialto City limits and unincorporated areas (See attached description and/or map of EOA #5)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Both providers meet grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>A. City of Rialto Fire Department responds to advanced life support and basic life support emergency calls within the city limits of Rialto.</p> <p>B. AMR responds to all inter-facility transfer calls. AMR also responds to ALS & BLS emergency calls in the unincorporated areas of EOA 5 and mutual aid into Rialto.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>A. City of Rialto Fire Department have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p>B. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #6</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85 .</p>
<p>Area or sub area (Zone) Geographic Description: West of the City of Rialto, portion of the Cajon Pass and portions of the City of San Bernardino. (See attached description and/or map of EOA #6)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - AMR meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). AMR responds to advanced life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #7</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: A portion of the cities of Grand Terrace, San Bernardino and Highland (See attached description and/or map of EOA #7)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). AMR responds to advanced life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981</p> <p><i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.
Area or sub area (Zone) Geographic Description: Cities of Redlands, Mentone, Yucaipa Forest Falls, Oak Glen and Angelus Oaks and surrounding areas (See attached description and/or map of EOA #8)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). AMR responds to advanced life support and basic life support emergency and inter-facility transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.
Area or sub area (Zone) Geographic Description: City of Loma Linda and surrounding area (See attached description and/or map of EOA #9)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). AMR responds to advanced life support and basic life support emergency and inter-facility transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. AMR or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #10</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Crest Forest Fire Protection District has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: Cities of Crest Forest, Crestline, Lake Gregory and surrounding areas (See attached description and/or map of EOA #10)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Crest Forest Fire Protection District responds to advanced life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>This provider or its predecessor has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #11</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. A. American Medical Response (ALS) B. Crest Forest Fire Protection District (BLS)</p> <p>These providers or its predecessors, have operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: Areas south of Crest Forest including Hwy. 18 and surrounding areas (See attached description and/or map of EOA #11)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>A. AMR responds to advance life support and basic life support emergency and inter-facility transport calls.</p> <p>B. Crest Forest Fire Protection District responds to basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>These providers or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #12</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. American Medical Response or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85 .</p>
<p>Area or sub area (Zone) Geographic Description: City of Victorville and surrounding area except Lucerne Valley area where County Fire provides ALS transport services. (See attached description and/or map of EOA #12)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). AMR responds to advance life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>This provider or its predecessor has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. This area was changed due to annexation by County Fire (Lucerne Valley.)</p> <p><i>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or subarea Name or Title: Exclusive Operating Area #13</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Desert Ambulance Service, or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or subarea (Zone) Geographic Description: Barstow and large rural/wilderness area (See attached description and/or map of EOA #13)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Desert ambulance Service responds to advance life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>This provider or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #14</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</p> <p>Morongo Basin Ambulance Association or its predecessors, has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: Cities of Twenty-nine Palms, Joshua Tree and surrounding areas in Morongo Basin.</p> <p>(See attached description and/or map of EOA #14)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Morongo Basin Ambulance Association responds to advance life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #15</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Morongo Basin Ambulance Association has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: Johnson Valley, Flamingo Heights and Landers areas (See attached description and/or map of EOA #15)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Morongo Basin Ambulance Association responds to advance life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #16</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Wrightwood has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of Wrightwood, Phelan and surrounding areas.</p> <p>(See attached map of EOA #16)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). San Bernardino County Fire Department - Wrightwood responds to advance life support and basic life support emergency and Inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>San Bernardino County Fire Department - Wrightwood, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. It was determined by the Health Officer and recommended by the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #17</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. The City of Hesperia has 1797.201 rights to provide ALS transport in this area. The City of Hesperia currently contracts with San Bernardino County Fire Dept. to provide ALS transport within the city limits.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of the City of Hesperia. (See attached map of EOA #17)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). San Bernardino County Fire Department, under contract with the City of Hesperia, responds to advance life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>The City of Hesperia, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #18
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Lake Arrowhead has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.
Area or sub area (Zone) Geographic Description: This area is comprised of Lake Arrowhead, Rimforest, Skyforest, Blue Jay and surrounding areas. (See attached map of EOA #18)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). San Bernardino County Fire Department – Lake Arrowhead responds to advance life support and basic life support emergency and inter-facility transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. San Bernardino County Fire Department – Lake Arrowhead has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. It was determined by the Health Officer and recommended by the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Operating Area #19
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Running Springs Fire Department has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.
Area or sub area (Zone) Geographic Description: This area is comprised of Running Springs, Green Valley Lake, Arrowbear and Fedalba. (See attached map of EOA #19)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Running Springs Fire Department responds to advance life support and basic life support emergency and Inter-facility transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #20</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bear Valley Paramedic Service began providing service in FY 1985.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of Big Bear and surrounding communities. (See attached map of EOA #20)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Selected as EOA Provider through RFP process in 1985.</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Bear Valley Paramedic Service responds to advance life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified for an EOA based on the RFP process conducted in 1985.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #21</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Yucca Valley has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of Yucca Valley and Aberdeen.</p> <p>(See attached map of EOA #21)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). San Bernardino County Fire Department – Yucca Valley responds to advance life support and basic life support emergency and Inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>San Bernardino County Fire Department – Yucca Valley, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #22</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Needles Ambulance Service has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of east of the Colorado River and includes Needles and surrounding areas. (See attached map of EOA #22)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Needles Ambulance Service responds to advance life support and basic life support emergency and Inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>Needles Ambulance Service, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981 It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County
Area or sub area Name or Title: Exclusive Operating Area #23
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Baker Emergency Service has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.
Area or sub area (Zone) Geographic Description: This area is comprised of Baker and surrounding communities. (See map of EOA #23)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226 <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Baker Emergency Service responds to advance life support and basic life support emergency and Inter-facility transport calls.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. Baker Ambulance Service, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981 It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Operating Area #24</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Bernardino County Fire Department – Searles Valley has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85. Liberty Ambulance provides ALS mutual aid.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of Trona and the surrounding Searles Valley. (See attached map of EOA #24)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input checked="" type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). San Bernardino County Fire Department – Searles Valley responds to basic life support emergency. Liberty provides ALS mutual aid</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>This provider, or its predecessors, has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency San Bernardino County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #25</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Lucerne Valley Fire Department (San Bernardino County Fire Department) has operated in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of Lucerne Valley and surrounding areas.</p> <p>(See attached map of EOA #25)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -- Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Lucerne Valley Fire Department (San Bernardino County Fire Department) responds to advance life support and basic life support emergency and inter-facility transport calls.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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>Lucerne Valley Fire Department (San Bernardino County Fire Department) or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981 It was determined by the Health Officer and the Emergency Medical Care Committee, 3/25/04, that this provider qualified under the grandfathering clause for an exclusive operating area. The area was expanded to include annexed area.</p> <p><i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i></p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County</p>
<p>Area or sub area Name or Title: Operating Area #26</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</p> <p>Liberty Ambulance Service has provided ALS and BLS service (mutual Aid) in the area pursuant to the EMS Transportation Plan adopted 6/18/85.</p>
<p>Area or sub area (Zone) Geographic Description: This area is comprised of Highway 395 from the Mono County line to Fremont Peak. (See attached map of EOA #26)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input checked="" type="checkbox"/> Non-exclusive</p> <p>This area recently underwent RFP process. No responses were received and area remains non-exclusive.</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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 <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>This area recently underwent RFP process. No responses were received so area remains mutual aid.</p>

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency - San Bernardino County
Area or sub area Name or Title: Operating Area #27
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. No approved provider. ALS and BLS (mutual aid) from Arizona, Riverside county and EOAs 14 and 22
Area or sub area (Zone) Geographic Description: This area is comprised of Havasu Lake and surrounding areas. Borders Arizona, EOA 14 and EOA 22. (See attached map of EOA # 27)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive - Meets grandfathering requirement of 1797.224 & 1797.226 <input checked="" type="checkbox"/> Non-exclusive This area recently underwent RFP process. No responses were received and area remains non-exclusive.
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. <i>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</i>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County</p>
<p>Area or sub area Name or Title: Operating Area #1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Symons Emergency Specialties, Inc. This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.</p>
<p>Area or sub area (Zone) Geographic Description: Bishop North- County Line, Hwy 395 South- Keough's Rd. Hwy 395 East- Mono County Line, Hwy 6 West- Roads End</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive -</p> <p><input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>ALS- 9-1-1 and Interfacility transfers</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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 <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in January 2006. Awarded November 2006. Contract approved for 8 years (July 2014)</p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Big Pine Rescue This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.</p>
<p>Area or sub area (Zone) Geographic Description: Big Pine North- Keough's Rd., Hwy 395 South- Aberdeen Rd., Hwy 395 East- Roads end West- Roads end</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - Big Pine Rescue meets grandfathering requirement of 1797.224</p> <p><input type="checkbox"/> Non-exclusive -</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>BLS 9-1-1 and Interfacility- Volunteer</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>Big Pine Rescue has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #3</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Independence Volunteer Fire Department This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.</p>
<p>Area or sub area (Zone) Geographic Description: Independence North- Aberdeen Rd., Hwy 395 South- Aqueduct crossing at George's creek, Hwy 395 East- Roads end West- Roads end</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - Independence Rescue meets grandfathering requirement of 1797.224</p> <p><input type="checkbox"/> Non-exclusive –</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS 9-1-1 - Volunteer</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>Independence Rescue has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County</p>
<p>Area or sub area Name or Title: Operating Area #4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Lone Pine Volunteer Fire Department This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.</p>
<p>Area or sub area (Zone) Geographic Description: Lone Pine North- Aqueduct crossing at George's creek, Hwy 395 South- Cottonwood Creek, Hwy 395 East- Towne's Pass, Hwy 190 West- Roads End</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - <input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS and ALS (1 paramedic) Volunteer</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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 <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in January 2006. Awarded November 2006. Contract approved for 8 years (July 2014)</p>

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AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County</p>
<p>Area or sub area Name or Title: Operating Area #5</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Olancha-Cartago Fire Department This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.</p>
<p>Area or sub area (Zone) Geographic Description: Olancha North- Cottonwood Creek, Hwy 395 South- South entrance of Little Lake, Hwy 395 (inclusive of Little Lake) East- Hwy 136/190 crossing, to China Lake NWC boundaries West- Roads End</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - <input type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS Volunteer</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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 <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in January 2006. Awarded November 2006. Contract approved for 8 years (July 2014)</p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County</p>
<p>Area or sub area Name or Title: Operating Area #6</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Liberty Ambulance This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.</p>
<p>Area or sub area (Zone) Geographic Description: Little Lake North- South entrance of Little Lake, Hwy 395 (excluding Little Lake) South- Kern County Line, Hwy 395 East- China Lake NWC boundaries West- Roads End</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input type="checkbox"/> Exclusive</p> <p><input checked="" type="checkbox"/> Non-exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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 <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. RFPs initiated in January 2006. No contract awarded at this time. Liberty providing ALS mutual aid.</p>

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

<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #7</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Trona Ambulance This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.</p>
<p>Area or sub area (Zone) Geographic Description: Panamint Valley North- Death Valley National Park South- Kern County Line East- Death Valley National Park Boundary West- China Lake Boundary</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive - <input type="checkbox"/> Non-exclusive -</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>BLS Ambulance – all calls requiring emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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. Trona Ambulance has delivered uninterrupted BLS Ambulance service with no changes to scope and manner of service to the operating area since prior to January 1, 1981.</p> <p>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Death Valley National Monument Ambulance This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Death Valley National Park North- Death Valley National Park Boundary South- Death Valley National Park Boundary East- Nevada State Line West- Death Valley National Park Boundary, Saline Valley Road
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - Death Valley National Monument Ambulance meets grandfathering requirement of 1797.224 <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Death Valley National Monument Ambulance has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN

AMBULANCE OPERATING AREA SUMMARY FORM

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

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Inyo County
Area or sub area Name or Title: Exclusive Operating Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Southern Inyo Fire Protection District This provider has operated in the area pursuant to the EMS Transportation Plan adopted 3/11/86.
Area or sub area (Zone) Geographic Description: Tecopa/Shoshone North- Park Service Boundary South- San Bernardino County Line East- Nevada State Line West- Park Service Boundary
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive - Southern Inyo Fire Protection District meets grandfathering requirement of 1797.224 <input type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). BLS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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. Southern Inyo Fire Protection District has delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</p> <p>Mono County Paramedic Program (ALS/BLS Ambulance Service)</p>
<p>Area or sub area (Zone) Geographic Description: All areas of Mono County (including both unincorporated and the incorporated Town of Mammoth Lakes), except that southeastern portion of the County including and surrounding the Benton, Chalfant and Hammil Valleys (the Tri-Valley area).</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive –</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="padding-left: 40px;">This area is exclusive to BLS, ALS, and interfacility transport ambulance services.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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 style="padding-left: 40px;">The Mono County Paramedic program or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. This provider began providing paramedic service in 1975.</p> <p>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mammoth Lakes Fire Protection District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service)</p>
<p>Area or sub area (Zone) Geographic Description: Those areas including and surrounding the community of Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><input checked="" type="checkbox"/> Exclusive meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input type="checkbox"/> Non-exclusive –</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>The Mammoth Lakes Fire Protection District responds to BLS emergency calls within EOA #2. (EOA #2 is a subset of and overlaps EOA #1 and , therefore, the Mono County Paramedic Program which is the exclusive provider for EOA 3! Also responds to ALS, BLS and interfacility transport within EOA #2.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u>, 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>The Mammoth Lakes Fire Protection District and the Mono County Paramedic Program or their predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. Mono County Paramedic Program began providing para medic service in 1975. The Mammoth Lakes Fire Protection District began providing BLS ambulance service in 1978.</p> <p>If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County
Area or sub area Name or Title: Exclusive Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. White Mountain Fire Protection District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service)
Area or sub area (Zone) Geographic Description:
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive meets grandfathering requirement of 1797.224 & 1797.226 <input checked="" type="checkbox"/> Non-exclusive –
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). This area has not been determined to be exclusive as of 10/4/04. White Mountain Fire Protection District has provided BLS ambulance service in this area since 1982. The Mono County Paramedic Program began providing ALS ambulance service in 1975.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , 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 <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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<p>Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County</p>
<p>Area or sub area Name or Title: Exclusive Operating Area #4</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</small> Chalfant Valley Community Services/Fire District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service)</p>
<p>Area or sub area (Zone) Geographic Description:</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p><input type="checkbox"/> Exclusive meets grandfathering requirement of 1797.224 & 1797.226</p> <p><input checked="" type="checkbox"/> Non-exclusive –</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <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> <p>This area has not been determined to be exclusive as of 10/4/04. Chalfant Valley Community Services/Fire District has operated a BLS ambulance service in this area since 1985. The Mono County Paramedic Program has provided ALS ambulance service in this area since 1975.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>grand fathered</u>, 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 <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



May 7, 2008

Virginia Hastings, Executive Director
ICEMA
515 N. Arrowhead
San Bernardino, CA 92415-0080

Dear Ms. Hastings:

We have completed our review of *Inland County's 2006/2007 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* with the exception of Inland County's Transportation Plan, which is not approved. A letter (enclosed) dated, April 21, 2008, was sent to you explaining the EMS Authority's transportation policies and the review of your ambulance operating zones.

Standards 1.22, 6.06, 6.07 and 8.07 - Current update states these standards have been met, but progress was not reported on how they were met. In your next annual update please provide a progress report on Inland County's activities related to meeting these standards.

Standards 1.27 & 5.10 - Pediatric Emergency Medical and Critical Care System and Design - In your 1999 EMS plan your objective was to implement a comprehensive pediatric emergency medical critical care system plan. While these are enhanced level standards, please continue working towards the implementation of a comprehensive pediatric emergency medical and critical care system plan for ICEMA.

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley".

Daniel R. Smiley
Chief Deputy Director

DRS:ss