

LEMSA:

FY:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.27	Pediatric System Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Imperial County EMS continues to work with local hospitals to address the needs of the pediatric population.	A pediatric care needs assessment, including care and transfer will be completed in the next eighteen months.
5.1	Pediatric System Design	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Imperial County EMS continues to work with local hospitals to address the needs of the pediatric population.	A pediatric care needs assessment, including care and transfer will be completed in the next eighteen months.
2.1	Advanced Life Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency Department staff have attended ACLS courses.	A pediatric care needs assessment, including care and transfer will be completed in the next eighteen months.
3.08	9-1-1 Public Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Imperial County EMS has initiated a community outreach program. Community and social organizations are presented an overview of emergency communications, disaster preparedness, and medical volunteer recruitment	A pediatric care needs assessment, including care and transfer will be completed in the next eighteen months.
4.05	Response Time Standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All transport providers have response time standards, first responder agencies do meet internal guidelines for response and generally arrive prior to transport provider	A pediatric care needs assessment, including care and transfer will be completed in the next eighteen months.
8.08	Inventory of Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disaster resources are located at various staging points within the county.	A pediatric care needs assessment, including care and transfer will be completed in the next eighteen months.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**Table 2 - System Organization & Management (cont.)**

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

5. EMS agency budget for FY 2007

**EXPENSES**

Salaries and benefits (All but contract personnel)	\$ _____
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	_____
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**TOTAL EXPENSES**

\$ \_\_\_\_\_

**Table 2 - System Organization & Management (cont.)**

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>0</u>
Office of Traffic Safety (OTS)	<u>0</u>
State general fund	<u>0</u>
County general fund	<u>0</u>
Other local tax funds (e.g., EMS district)	<u>0</u>
County contracts (e.g. multi-county agencies)	<u>0</u>
Certification fees	<u>?</u>
Training program approval fees	<u>0</u>
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>
Base hospital application fees	<u>0</u>
Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>0</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>
Other critical care center application fees	<u>0</u>
Type: _____	
Other critical care center designation fees	<u>          </u>
Type: _____	
Ambulance service/vehicle fees	<u>0</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)	<u>0</u>
Other grants: <u>    </u> CDC Preparedness 2007-08 <u>    </u>	<u>219,484</u>
Other fees: <u>    </u> HPP <u>                          </u>	<u>50,000</u>
Other (specify): <u>    </u> Pandemic Influenza <u>                          </u>	<u>106,409</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>          </u></b>

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

**Table 2 - System Organization & Management (cont.)**

Fee structure for FY 2007

       We do not charge any fees

  x   Our fee structure is:

First responder certification	\$ <u>10</u>
EMS dispatcher certification	<u>10</u>
EMT-I certification	<u>10</u>
EMT-I recertification	<u>10</u>
<b>EMT-defibrillation certification</b>	<u>10</u>
EMT-defibrillation recertification	<u>10</u>
EMT-II certification	<u>20</u>
EMT-II recertification	<u>20</u>
EMT-P accreditation	<u>20</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>20</u>
MICN/ARN recertification	<u>20</u>
EMT-I training program approval	<u>20</u>
EMT-II training program approval	<u>0</u>
EMT-P training program approval	<u>0</u>
MICN/ARN training program approval	<u>0</u>
Base hospital application	<u>0</u>
Base hospital designation	<u>0</u>
Trauma center application	<u>0</u>
Trauma center designation	<u>0</u>
Pediatric facility approval	<u>      </u>
Pediatric facility designation	<u>      </u>
Other critical care center application	
Type: <u>      </u>	
Other critical care center designation	
Type: <u>      </u>	
Ambulance service license	\$ <u>0</u>
Ambulance vehicle permits	<u>0</u>
Other: <u>      </u>	<u>      </u>
Other: <u>      </u>	<u>      </u>
Other: <u>      </u>	<u>      </u>

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

**Table 2 - System Organization & Management (cont.)**

EMS System: Imperial County

Reporting year 2007

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Manager	1	31.59	30	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	EMS Injury Prevention Coordinator	1	26.32	30	
Trauma Coordinator					
Medical Director	EMS Medical Director	.15	71.00		
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Office Technician III	1	13.05	30	
Other Clerical					
Data Entry Clerk					
Other					

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

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Revision #4 (4/20/07)

EMS System: Imperial County

Reporting Year: 2007

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	229	3		18
Number newly certified this year	28	0	20	0
Number recertified this year	37	2	3	7
Total number of accredited personnel on July 1 of the reporting year		3	135	0
Number of certification reviews resulting in:				
a) formal investigations	0	0	0	0
b) probation	0	0		
c) suspensions	0	0		
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken				

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 0
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 19
  - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program  yes  no



**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: Imperial County

Reporting Year: 2007

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 13

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes

	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance	10	30	60	

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

EMS System: Imperial County

Reporting Year: 2007

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria 187
- b) Number of major trauma victims transported directly to a trauma center by ambulance 187
- c) Number of major trauma patients transferred to a trauma center 37
- d) Number of patients meeting triage criteria who weren't treated at a trauma center 0

**Emergency Departments**

- Total number of emergency departments 2
- a) Number of referral emergency services \_\_\_\_\_
- b) Number of standby emergency services \_\_\_\_\_
- c) Number of basic emergency services \_\_\_\_\_
- d) Number of comprehensive emergency services 2

**Receiving Hospitals**

- 1. Number of receiving hospitals with written agreements 2
- 2. Number of base hospitals with written agreements 1

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Imperial County \_\_\_\_\_

County: Imperial \_\_\_\_\_

Reporting Year: 2007 \_\_\_\_\_

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Local School Gymnasiums and Cafeterias \_\_\_\_\_

b. How are they staffed? Imperial County Medical Reserve Corps \_\_\_\_\_

c. Do you have a supply system for supporting them for 72 hours? yes  no \_\_\_\_\_

2. CISD

Do you have a CISD provider with 24 hour capability? yes  no \_\_\_\_\_

3. Medical Response Team

a. Do you have any team medical response capability? yes  no \_\_\_\_\_

b. For each team, are they incorporated into your local response plan? yes  no \_\_\_\_\_

c. Are they available for statewide response? yes \_\_\_\_\_ no

d. Are they part of a formal out-of-state response system? yes \_\_\_\_\_ no

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? yes  no \_\_\_\_\_

b. At what HazMat level are they trained? FRO-DECON \_\_\_\_\_

c. Do you have the ability to do decontamination in an emergency room? yes  no \_\_\_\_\_

d. Do you have the ability to do decontamination in the field? yes  no \_\_\_\_\_

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes  no \_\_\_\_\_

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? \_\_\_\_\_12\_\_\_\_\_

3. Have you tested your MCI Plan this year in a:
- a. real event? yes  no
- b. exercise? yes  no
4. List all counties with which you have a written medical mutual aid agreement.  
\_\_\_\_Riverside, San Diego, San Bernadino, Inyo, Mono, Orange, Ventura, Los Angeles, San Luis  
Obispo, Santa Barbara\_\_\_\_\_
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes  no
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes  no
7. Are you part of a multi-county EMS system for disaster response? yes  no
8. Are you a separate department or agency? yes  no
9. If not, to whom do you report? \_\_\_\_Imperial County Public Health Department  
\_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes  no

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Imperial County\_\_\_\_\_

County: Imperial\_\_\_\_\_

Reporting Year: 2007\_\_

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

**Training Institution Name** Imperial Valley College  
**Address: 380 E. Aten Rd.**  
**Imperial, CA 92251**

**Contact Person telephone no.** Jacklyn Cypher (760) 355-6275

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>Emergency Medical Technician</u></b>
	Basic <u>20.00 / unit</u>	Number of students completing training per year:
	Refresher <u>20.00 / unit</u>	Initial training: <u>100</u>
		Refresher: <u>22</u>
		Cont. Education <u>122</u>
		Expiration Date: _____
		Number of courses: <u>8</u>
		Initial training: <u>4</u>
		Refresher: <u>2</u>
		Cont. Education: <u>2</u>

**Training Institution Name** Imperial Valley College  
**Address** 380 E. Aten Rd. Imperial, CA 92251

**Contact Person telephone no.** Jacklyn Cypher (760) 355-6275

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>Paramedic</u></b>
	Basic <u>20.00</u>	Number of students completing training per year:
	Refresher _____	Initial training: <u>14</u>
		Refresher: _____
		Cont. Education <u>14</u>
		Expiration Date: _____
		Number of courses: _____
		Initial training: <u>1</u>
		Refresher: _____
		Cont. Education: _____

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

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Imperial County \_\_\_\_\_

County: Imperial \_\_\_\_\_

Reporting Year: 2007 \_\_

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

Name, address & telephone:		Primary Contact:	
Imperial County Sheriff's Office, 328 Applestill Rd., El Centro, Ca 92242		Anna King (760) 339-6301	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ____8____ EMD Training      _____ EMT-D      _____ ALS ____8____ BLS                      _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
El Centro Police Dispatch, 150 N. 11 <sup>th</sup> St., El Centro, CA 92243		Maria Birdsall (760) 337-4528	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ____6____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Imperial County\_\_\_\_\_

County: Imperial\_\_\_\_\_

Reporting Year: 2007\_\_

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

<p><b>Name, address &amp; telephone:</b> California Highway Patrol, 2331 Highway 86, Imperial, CA 92251</p>		<p><b>Primary Contact:</b> Capt. Ron Jones (760) 482-2500</p>	
<p>Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services:                  ___0___ EMD Training      ___ EMT-D      ___ ALS                  ___8___ 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 type="checkbox"/> Other                  explain:_____</p>	<p>If public: <input type="checkbox"/> city;    <input type="checkbox"/> county;    <input checked="" type="checkbox"/> state;    <input type="checkbox"/> fire district;    <input type="checkbox"/> Federal</p>

<p><b>Name, address &amp; telephone:</b> Brawley Police Dispatch, 351 Main St., Brawley, CA 92227</p>		<p><b>Primary Contact:</b> Regina Kim (760) 344-2111 ext. 7760</p>	
<p>Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services:                  ___6___ 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 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 9: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Imperial County\_\_\_\_\_

County: Imperial\_\_\_\_\_

Reporting Year: 2007\_\_

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

<b>Name, address &amp; telephone:</b> Calexico Police Department Dispatch, 420 E. 5 <sup>th</sup> St., Calexico, CA 92231		<b>Primary Contact:</b> Pete Mercado (760) 768-2155	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ____8____ EMD Training      _____ EMT-D      _____ ALS ____8____ BLS                      _____ LALS      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input 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

<b>Name, address &amp; telephone:</b> Gold Cross Ambulance, P.O. Box 1834, El Centro, CA., 92243		<b>Primary Contact:</b> John Goodall (760) 353-5380	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ____0____ 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:__private ambulance_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Imperial County EMS Agency

**Area or subarea (Zone) Name or Title:** Zone I Ambulance District

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Gold Cross Ambulance

**Area or subarea (Zone) Geographic Description:** Zone I Ambulance District

From the San Diego County line east along the Baja Mexico boarder to the point where a line drawn north meets Highway 98 at No Mirage, then east from No Mirage along an imaginary line drawn through Heber Ave, Heber and continues east to where the line meets with Interstate 8, then follows I-8 to Gordon's Well. North from Gordon's Well to the intersection of Highway 78, then northeast along Highway 78 to the border of the Chocolate Mountain Live Bombing Range, and following the eastern border of the Live Bombing Range to the Riverside County line. West along the Riverside County line to the Salton Sea, then south along the eastern and southern shoreline of the Salton Sea, to a point where a line drawn from Highway 78 meets the Salton Sea, then west along Highway 78 to the San Diego County line. South from Highway 78, along the San Diego County line to the border of Baja Mexico.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive Operations Area

**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.).

All calls requiring emergency ambulance service.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> Imperial County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Zone 2 Ambulance District</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Calexico Fire Department (36 years)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Zone 2 Ambulance District</p> <p>Starting point – on the Baja Mexico boarder at the point where a line drawn north meets Highway 98 at No Mirage, then east from No Mirage along an imaginary line drawn through Heber Ave, Heber and continues east to where the line meets with Interstate 8, then follows I-8 to Gordon’s Well. South from Gordon's Well to the border of Baja, Mexico, then west along the Baja Mexico border to the starting point. Service Area includes all areas south of the imaginary line drawn through Heber Ave (not including Heber Ave) and inclusive of all other boundaries.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive Operations Area</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> 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.). All calls requiring emergency ambulance service.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Zone 2 Ambulance District in Imperial County is an EOA awarded to Calexico Fire Department who has continued to provide service in the same manner and scope since 1972. If the City of Calexico decides to give up the ambulance service, the County EMS Agency is required to conduct a competitive bid process before awarding an EOA contract to another provider. The contract can be for any length of time (many counties award for a 4 or 5-year period), but no more than a 10-year period.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Imperial County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone 3 Ambulance District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. West Shores Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>  Zone 3 Ambulance District  Starting at the point where Imperial County, San Diego County and Riverside County meet, then east along the Riverside County line, then south along the western shoreline of the Salton Sea, to a point where a line drawn east from Highway 78 meets the Salton Sea, then west along Highway 78 to the San Diego County line and then north to the starting point. Service area includes all areas north of Highway 78 (including Highway 78) and all areas west of the Salton Sea to the county line.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive Operations Area
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.). All calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Imperial County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone 4 Ambulance District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Blythe Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>  Zone 4 Ambulance District  Starting at the point where Imperial County and Riverside County meet at the Arizona border, then south along the California/Arizona border line to a point where a line drawn west meets at the border of the Chocolate Mountain Live Bombing Range, then north following the eastern border of the Live Bombing Range to the Riverside County line, then east to the starting point. (See map)
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive Operations Area
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.). All calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Imperial County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone 5 Ambulance District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Rural Metro Fire and Rescue Services, Inc.
<b>Area or subarea (Zone) Geographic Description:</b>  Zone 5 Ambulance District  Starting at a point on the US/Mexico Border where a line drawn north passes through Gordon's Well to the intersection of Highway 78, then northeast along Highway 78 to the southern boundary of the Chocolate Mountain Live Bombing Range, and then east to the California/Arizona border; then south along the California/Arizona border to the US/Mexico border, then west along the border to the starting point.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive Operations Area
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.). All calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



September 29, 2008

Ryan Kelley  
EMS Administrator  
Imperial County EMS Agency  
935 Broadway  
El Centro, CA 92243

Dear Mr. Kelly:

We have completed our review of *Imperial County's 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*.

**Standards 1.27 and 5.10 - Pediatric Emergency Medical and Critical Care System -**

While these are enhanced standards please continue to work with local hospitals to develop pediatric emergency medical and critical care systems.

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, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM  
Director

RST:ss