

# **Ventura County EMS Plan Update - 2009**



## Sandy Salaber

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**From:** Steve Carroll [Steve.Carroll@ventura.org]  
**Sent:** Friday, October 01, 2010 5:31 PM  
**To:** Sandy Salaber  
**Subject:** 2010 Ventura County EMS Plan Update



2010 EMS Plan  
Update Ventura C...



2010 EMS Plan  
Reporting Ventur...



EMSA EMS Plan  
Approval Letter ...

Sandy,

Attached please find the 2010 EMS Plan Update for Ventura County.

In May 2010, our ASA 6 contractor, Gold Coast Ambulance, was purchased by Emergency Medical Services Corporation, the corporate owner of American Medical Response. Gold Coast Ambulance will continue to operate as a separate operation under the Gold Coast name and has maintained the same scope and manner as the previous operation.

In July of 2010, we implemented our trauma system with the designation of two Level II Trauma Centers. Los Robles Hospital and Medical Center began operation on July 1, 2010, covering the east portion of the county. Ventura County Medical Center began operation on July 12, 2010, covering the west portion of the county. Accordingly, we now meet the minimum standard for Sections 1.07, 1.26, 5.08, 5.09, 6.10 and 6.11 of the EMS Plan.

Recent key personnel changes include the hiring of Katy Hadduck, RN, as our Trauma System Manager and Chris Rosa, as our Deputy EMS Administrator. With the acquisition of Gold Coast, a single Director of Operations has been assigned to oversee both the Gold Coast and AMR Ventura divisions. Both divisions have their own Operations Managers and they continue to operate separate employee groups.

As identified in our 2009 EMS Plan approval letter, Section 1.27 and 5.10 remain as long term goals for our agency, however, no additional progress has been made to date.

Feel free to contact me at (805) 981-5305 should you have any questions.

Thanks, Steve

Steve Carroll, EMT-P  
EMS Administrator  
Ventura County EMS Agency  
2220 E. Gonzales Rd. #130  
Oxnard, CA 93036  
(805) 981-5305  
(805) 981-5300 FAX



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

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

5. EMS agency budget for FY 09-10  
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>402,915</u>
Contract Services (e.g. medical director)	<u>329,320</u>
Operations (e.g. copying, postage, facilities)	<u>165,511</u>
Travel	<u>6,460</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>86,791</u>
Ambulance subsidy	<u>48,075</u>
EMS Fund payments to physicians/hospital	<u>2,239,080</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>3,523</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
<b>TOTAL EXPENSES</b>	<b>\$<u>3,296,496</u></b>

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

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>605,279</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>14,412</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>365,601</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>2,296,383</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$ <u>3,296,496</u></b>

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

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

EMS System: Ventura County Reporting year 2009

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	55.74 /hr	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Assistant II	1.0	28.89 /hr	36%	
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	Program Administrator III	1.0	38.48 /hr	36%	
Trauma Coordinator	Senior Program Administrator	1.0	43.37 /hr	36%	
Medical Director	EMS Medical Director	0.5	94.41 /hr	0	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	N/A				

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

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	CQI Coordinator	0.6	40.25 /hr	0	
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Administrative Assistant II	1.0	28.89 /hr	36%	
Data Entry Clerk					
Other	Office Assistant III	1.0	19.00 /hr	36%	

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: Ventura

Reporting Year: 2009

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	907			50
Number newly certified this year	188			19
Number recertified this year	719			31
Total number of accredited personnel on July 1 of the reporting year	1368		224	109
Number of certification reviews resulting in:				
a) formal investigations	16			
b) probation	12			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	4			

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

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Ventura

County: Ventura

Reporting Year: 2009

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency 154.010
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No
  - d. Do you participate in OASIS? Yes  No
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No
  - 1) Within the operational area? Yes  No
  - 2) Between the operational area and the region and/or state? Yes  No
6. Who is your primary dispatch agency for day-to-day emergencies?  
Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster?  
Ventura County Sheriff's Department and Ventura County Fire Protection District

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

EMS System:           Ventura          

Reporting Year:           2009          

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers           8          

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

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







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

EMS System: Ventura

County: Ventura

Reporting Year: 2009

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

<b>Training Institution Name</b>	Conejo Valley Adult School	<b>Contact Person telephone no.</b>	John Everlove
<b>Address</b>	1025 Old Farm Road Thousand Oaks, CA 91360		805-497-2781

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b>
	Basic _____  Refresher _____	Number of students completing training per year: Initial training: <u>9</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-11</u>  Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>

<b>Training Institution Name</b>	EMS Training Institute, Inc.	<b>Contact Person telephone no.</b>	Mark Komins
<b>Address</b>	P.O. Box 940514 Simi Valley, CA 93094		877-368-8724

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b>
	Basic _____  Refresher _____	Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>341</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-14</u>  Number of courses: <u>12</u> Initial training: <u>0</u> Refresher: <u>12</u> Cont. Education: _____

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

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

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

EMS System: Ventura

County: Ventura

Reporting Year: 2009

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

**Training Institution Name** Moorpark College  
**Address** 7075 Campus Road  
Moorpark, CA 93021

**Contact Person telephone no.** Carol Higashida  
805-378-1433

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>92</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>01-31-11</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

**Training Institution Name** Oxnard College  
**Address** 4000 S. Rose Avenue  
Oxnard, CA 93033

**Contact Person telephone no.** Stephanie Huhn  
805-488-0911

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>159</u> Refresher: <u>63</u> Cont. Education: <u>0</u> Expiration Date: <u>01-31-12</u> Number of courses: <u>12</u> Initial training: <u>8</u> Refresher: <u>4</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

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

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

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

EMS System: Ventura

County: Ventura

Reporting Year: 2009

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

**Training Institution Name** Simi Valley Adult School  
**Address** 3150 School Road  
Simi Valley, CA 93062

**Contact Person telephone no.** Sterling Johnson  
805-653-9111

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>107</u> Refresher: <u>18</u> Cont. Education <u>        </u> Expiration Date: <u>11-30-11</u> Number of courses: <u>8</u> Initial training: <u>6</u> Refresher: <u>2</u> Cont. Education: <u>0</u>
	Basic <u>        </u> Refresher <u>        </u>	

**Training Institution Name** Ventura City Fire Department  
**Address** 1425 Dowell Drive  
Ventura, CA 93003

**Contact Person telephone no.** Nancy Merman  
805-339-4461

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>06-30-14</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic <u>        </u> Refresher <u>        </u>	

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

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

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

EMS System: Ventura

County: Ventura

Reporting Year: 2009

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

**Training Institution Name** Ventura College  
**Address** 4667 Telegraph Road  
Ventura, CA 93003

**Contact Person telephone no.** Meredith Mundell  
805-654-6342

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b>
	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: <u>64</u>
		Refresher: <u>0</u>
		Cont. Education <u>0</u>
		Expiration Date: <u>11-30-11</u>
		Number of courses: <u>3</u>
		Initial training: <u>3</u>
		Refresher: <u>0</u>
		Cont. Education: _____

**Training Institution Name** Ventura County Fire Department  
**Address** 165 Durley Avenue  
Camarillo, CA 93010

**Contact Person telephone no.** Mark Komins  
805-389-9776

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>EMT</u></b>
	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: <u>0</u>
		Refresher: <u>0</u>
		Cont. Education <u>0</u>
		Expiration Date: <u>02-28-11</u>
		Number of courses: <u>0</u>
		Initial training: <u>0</u>
		Refresher: <u>0</u>
		Cont. Education: <u>0</u>

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

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

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

EMS System: Ventura

County: Ventura

Reporting Year: 2009

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

<b>Training Institution Name</b>	Oxnard Fire Department	<b>Contact Person telephone no.</b>	Stephanie Huhn
<b>Address</b>	360 West Second St. Oxnard, CA 93030		805-385-8361

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>1-31-12</u>  Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
Basic _____  Refresher _____		

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

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

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

EMS System: Ventura

County: Ventura

Reporting Year: 2009

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

<b>Name, address &amp; telephone: Ventura County Fire Dept.</b>		<b>Primary Contact: Steve McClellen</b>							
<b>165 Durley Ave., Camarillo, CA 93010</b>									
<b>(805) 389-9710</b>									
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>27</u> EMD Training</td> <td><u>      </u> EMT-D</td> <td><u>      </u> ALS</td> </tr> <tr> <td><u>      </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>27</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS	<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>27</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS							
<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other							
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal						

<b>Name, address &amp; telephone: Oxnard Police/Fire Communications</b>		<b>Primary Contact: Danah DeVries</b>							
<b>251 S. C St., Oxnard, CA 93030</b>									
<b>(805) 385-7722</b>									
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>22</u> EMD Training</td> <td><u>      </u> EMT-D</td> <td><u>      </u> ALS</td> </tr> <tr> <td><u>      </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>22</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS	<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>22</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS							
<u>      </u> BLS	<u>      </u> LALS	<u>      </u> 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 checked="" 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.

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

**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>	Ventura County EMS
<b>Area or subarea (Zone) Name or Title:</b>	ASA 7
<b>Name of Current Provider(s):</b>	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	Exclusive
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<p><b>Grandfathered</b>            American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p><b>Previous Owners:</b>            Courtesy Ambulance 1962-1991            Pruner Health Services 1991-1993            Careline 1993-1996            Medtrans 1996-1999            American Medical Response 1999-present</p> <p>Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.</p>
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>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 3</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</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.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p><b>American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Brady Ambulance 1962-1975</b>  <b>Pruner Health Services 1975-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

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

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 5</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b> <b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.</b>	
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <b>Exclusive</b> Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <b>Emergency Ambulance for 911 calls only</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.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <b>Grandfathered</b>  <b>American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b>  <b>Previous Owners:</b> <b>Camarillo Ambulance 1962-1978</b> <b>Pruner Health Services 1978-1993</b> <b>Careline 1993-1996</b> <b>Medtrans 1996-1999</b> <b>American Medical Response 1999-present</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>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 6</b>
<b>Name of Current Provider(s):</b>	<b>Gold Coast Ambulance Serving since 1949</b>
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
<p><b>Area or subarea (Zone) Geographic Description:</b>  <b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.</b></p>	
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <b>Exclusive</b>  <small>Include intent of local EMS agency and Board action.</small></p>	
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <b>Emergency Ambulance for 911 calls only</b>  <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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <b>Grandfathered</b></p> <p style="text-align: center;"><b>Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Prior to May 2010, Ken Cook, owned the company after purchasing it in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.</b></p> <p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



December 8, 2010

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

Dear Mr. Carroll:

We have completed our review of *Ventura County's 2009 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update:

**Standard 1.27 & 5.10 - Pediatric Emergency Medical and Critical Care System -**

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

**Trauma System Status Report** – The EMS Authority approved Ventura County's Trauma Plan in March 2009 and requested your Trauma System Status Report be submitted with Ventura County's next EMS Plan Update. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." Ventura County's Trauma Plan is dated 2008. While in the past the Trauma System Status Reports have been requested separate from the EMS Plan Updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Please expedite the submission of Ventura County's Trauma System Status Report. As this will be your first such report I have attached the template which is also available on our website.

Your annual update will be due on December 8, 2011. 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  
Interim Director