STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

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

October 7, 2015

Steve Carroll, EMS Administrator
Ventura County Emergency Medical Services Agency
2220 E. Gonzales Road, Suite 200
Oxnard, CA 93036

Dear Mr. Carroll:

This letter is in response to the 2014 Ventura County EMS Plan Update, submitted to the EMS Authority on August 7, 2015.

I. Introduction and Summary:

The EMS Authority has concluded its review of Ventura County's 2014 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

The California Health and Safety (H&S) Code § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

Historically, we have received EMS Plan documentation from Ventura County in 1999, 2004, 2005, 2007, 2008, 2009, 2011, 2012, 2013 and most current, its 2014 plan update submission. Ventura County received its last EMS Plan approval on November 14, 2014 for its 2013 submission.

III. Analysis of EMS System Components:

Following are comments related to Ventura County's 2014 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Tables

   - Table 5 (System Standard Response Times)

     - Standard 4.05, in part, directs each LEMSA to develop response time standards for medical responses as part of the minimum requirement. Recommended guidelines provide specific response goals for each classification of response based on area. Table 5 indicates only standard response times for 'Transport Ambulance' with remainder reported as 'Not Defined'. In next submission, please provide indication if plan exists to implement response time standards for all responders.

2. Ambulance Zones

   - Please see the attachment on the EMS Authority's determination of the exclusivity of Ventura County's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

1. System Assessment Forms
   - Standard 5.10 (Pediatric System Design)
     - Currently indicated as not meeting minimum requirements with long-range plan. In next submission, please provide update on progress.
   - Standard 5.11 (Pediatric Emergency Departments)
     - Currently indicated as meeting minimum requirements with long-range plan to meet recommended guidelines. In next submission, please provide update on progress.

F. ☒ ☐ Data Collection/System Evaluation

1. System Assessment Forms
   - Standard 6.08 (Reporting)
     - Currently indicated as not meeting minimum requirements with short-range plan. In next submission, please provide update on progress.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

1. System Assessment Forms
   - Standard 8.09 (DMAT Teams)
     - Currently indicated as meeting minimum requirements only. In next submission please indicate if plans exist to meet recommended guidelines.

IV. Conclusion:

Based on the information identified, Ventura County may implement areas of the 2014 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

Ventura County's annual EMS Plan Update will be due on October 7, 2016.

If you have any questions regarding the plan review please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Attachment

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
ASA 1 - City of Ojai		X	Non-Competitive	X				X									
ASA 2 - Cities of Fillmore & Santa Paula		X	Non-Competitive	X				X									
ASA 3 - City of Simi Valley		X	Non-Competitive	X				X									
ASA 4 - Cities of Moorpark & Thousand Oaks		X	Non-Competitive	X				X									
ASA 5 - City of Caramillo		X	Non-Competitive	X				X									
ASA 6 - Cities of Oxnard & Port Hueneme		X	Non-Competitive	X				X									
ASA 7 - City of Ventura		X	Non-Competitive	X				X									

Ventura County Public Health
A Division of the Ventura County Health Care Agency

RIGOBERTO VARGAS, MPH
Director

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

August 7, 2015

Jeff Schultz
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Jeff,

I am pleased to submit the 2014 Ventura County EMS Plan Update for your review including updated Tables 1 through 11 and new system assessment forms for Standards 1.10, 5.10, 5.11, 6.08 and 8.09. Additionally, the Ambulance Zone Summary Forms are being resubmitted, however, there have been no changes to these documents since the last submission.

As identified in our last EMS Plan approval dated November 14, 2014, we have corrected the inconsistencies or omissions in Tables 3, 6 and 9 and have made the following updates or corrections:

1.07 is now listed as meeting the recommended guideline in Table 1.
5.10 and 5.11 have been updated to long-range plans due to other system priorities.
6.08 is now listed in Table 1 as a short-range plan, however, the timeline has been updated to end of FY15-16.
6.09 is now listed as meeting the recommended guideline in Table 1.
6.11 is now listed as meeting the recommended guideline in Table 1 and the short-range plan is removed.
8.09 has been updated to show that we now meet the minimum requirement.

Significant changes in the 2014 reporting period include the full implementation of our new Cardiac Arrest Management Program for all Ventura County based EMS responders and the development of two pilot Community Paramedicine programs, one involving coordinated care for hospice patients and the other involving TB patients that require daily medication administration. We also completed the overhaul of our County AED program to include updated training and deployment of new Physio-Control defibrillators. Other notable accomplishments in 2014 include the relocation of the EMS Agency office to our new, larger and upgraded facility, the coordinated system wide response to the Ebola threat, the implementation of the county wide Sidewalk CPR program through some of our local high schools and the continued roll-out of the Elderly Secondary Fall Prevention program in coordination with the Area Agency on Aging and our local hospitals and EMS providers.

Ventura County EMS plans to review our system design and operations in the current fiscal year and will report on our progress in the next update. Additionally, we remain interested in exploring options to increase pediatric care, however, geographic concerns and minimal patient volumes continue to limit our options at establishing a pediatric specialty care system at this time.

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

Sincerely,

Steve Carroll

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X	X		
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X			
Public Access:					
3.07 9-1-1 Planning/ Coordination		X	X		
3.08 9-1-1 Public Education		X			
Resource Management:					
3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X			
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X			
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design	X				X
5.11 Emergency Departments		X			X
5.12 Public Input		X			
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		X			
5.14 Public Input		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management System*		X	X		
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting	X			X	
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X	X		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X	X		
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*		X	X		
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X	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	X		
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2014

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

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

County: Ventura

A.	Basic Life Support (BLS)	____ %
B.	Limited Advanced Life Support (LALS)	____ %
C.	Advanced Life Support (ALS)	100 %

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	x
Designation of trauma centers/trauma care system planning	x
Designation/approval of pediatric facilities	x
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	x
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	x

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	x
Other:	
Other:	
Other:	

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 987,221
Contract Services (e.g. medical director)	239,493
Operations (e.g. copying, postage, facilities)	354,263
Travel	34,862
Fixed assets	
Indirect expenses (overhead)	
Ambulance subsidy	57,575
EMS Fund payments to physicians/hospital	1,659,395
Dispatch center operations (non-staff)	
Training program operations	
Other:	
Other:	
Other:	
TOTAL EXPENSES	$ 3,332,809

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	
County general fund	885,235
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	412,833
Certification fees	41,292
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	
Trauma center designation fees	150,000
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	175,287
Contributions	
EMS Fund (SB 12/612)	1,659,395
Other grants:	
Other fees: Health Fees	8,767
Other (specify):	
TOTAL REVENUE	$ 3,332,809

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. **Fee structure**

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$ N/A
EMS dispatcher certification	N/A
EMT-I certification	127.00
EMT-I recertification	87.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	71.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	452.00
AEMT training program approval	N/A
EMT-P training program approval	645.00
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	15,000.00
Trauma center designation	75,000.00
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	N/A
Ambulance vehicle permits	N/A
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	59.22 / hr	40%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior Program Admin.	1.0	47.99 / hr	44%	Deputy EMS Administrator
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	Supervising PHN	1.0	47.25 / hr	42%	EPO Manager
Trauma Coordinator	Senior Program Admin.	1.0	47.60 / hr	45%	Trauma System Manager
Medical Director	EMS Medical Director	0.5	94.41 / hr	0	Independent Contractor
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner	Program Assistant	1.0	37.17 / hr	45%	EPO Planning Coordinator
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Senior Registered Nurse	1.0	36.65 / hr	45%	Specialty Systems Coordinator
Public Info. & Education Coordinator					
Executive Secretary	Admin. Assistant II	1.0	30.78 / hr	42%	EPO Admin. Asst.
Other Clerical	Administrative Assistant I	1.0	25.66 / hr	44%	

Other Clerical	Office Assistant III	1.0	16.94 / hr	45%	
Other	Program Administrator III	1.0	42.77 / hr	45%	EPO Epidemiologist
Other	Community Services Coordinator	1.0	19.11 / hr	45%	EPO Logistics Coordinator
Other	Program Administrator I	1.0	30.70 / hr	40%	EMS Project Manager
Other	Program Administrator I	1.0	33.75 / hr	40%	EMS Project Manager

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.

Ventura County EMS Agency
Organizational Chart
July 1, 2015

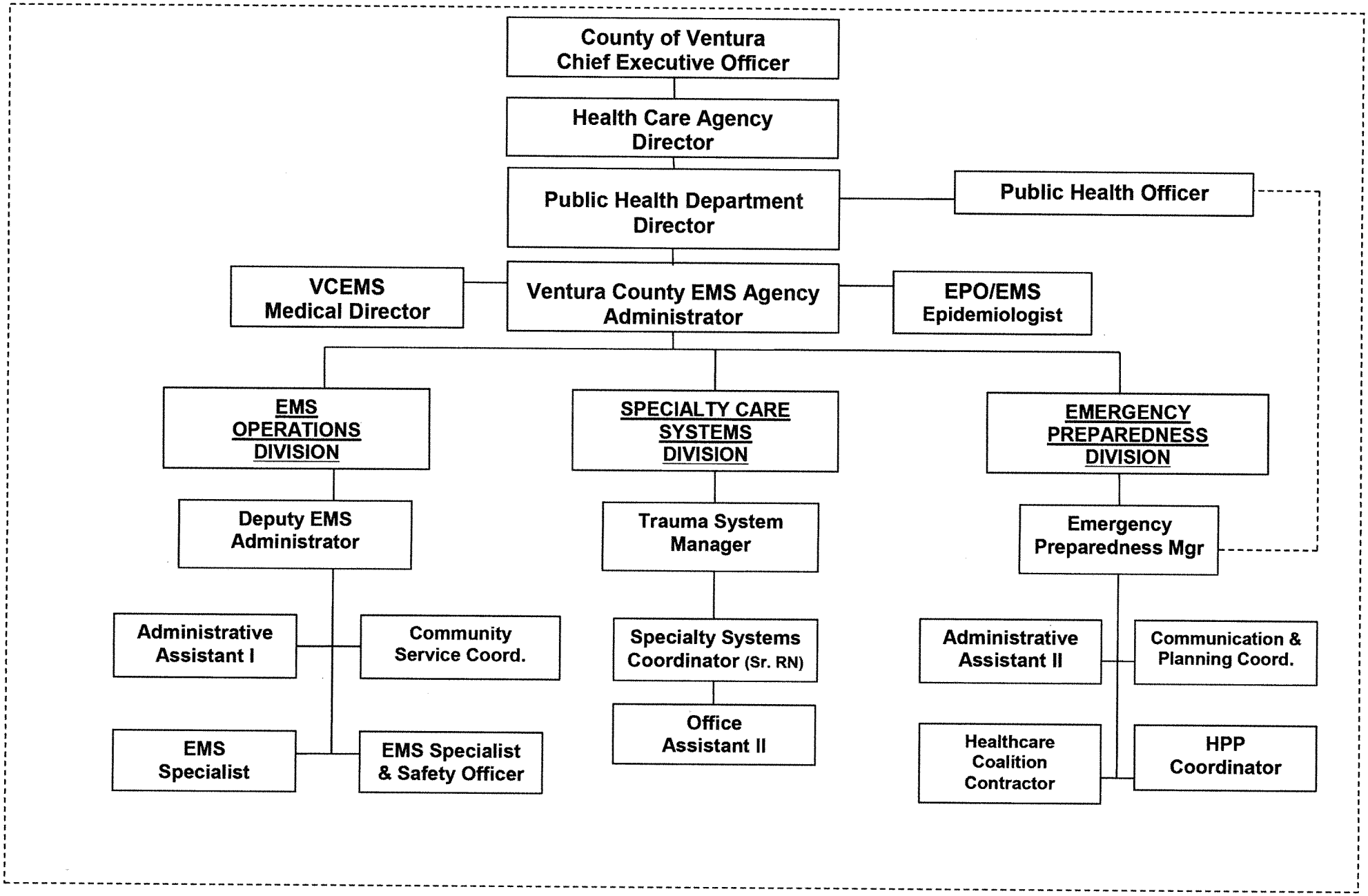

TABLE 3: STAFFING/TRAINING

Reporting Year: 2014

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	650	0		88
Number newly certified this year	296	0		15
Number recertified this year	354	0		73
Total number of accredited personnel on July 1 of the reporting year	1703	0	240	145
Number of certification reviews resulting in:				
a) formal investigations	11	0		0
b) probation	6	0	0	0
c) suspensions	1	0	0	0
d) revocations	4	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	0	0

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs — UNKNOWN
   b) Number of public safety (defib) certified (non-EMT-I) — UNKNOWN

2. Do you have an EMR training program — ☐ yes **X** no

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2014

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 EMS dispatch agencies utilizing EMD guidelines — 2
5. Number of designated dispatch centers for EMS Aircraft — 1
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 Dept. and Ventura County Fire Protection District
8. Do you have an operational area disaster communication system? — **X** Yes ☐ No
   a. Radio primary frequency 154.055
   b. Other methods _____
   c. Can all medical response units communicate on the same disaster communications system? — **X** Yes ☐ No
   d. Do you participate in the Operational Area Satellite Information System (OASIS)? — **X** Yes ☐ No
   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? — **X** Yes ☐ No
      1) Within the operational area? — **X** Yes ☐ No
      2) Between operation area and the region and/or state? — **X** Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2014

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2014

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	3313
2. Number of major trauma victims transported directly to a trauma center by ambulance	1010
3. Number of major trauma patients transferred to a trauma center	35
4. Number of patients meeting triage criteria who were not treated at a trauma center	1329

Emergency Departments

Total number of emergency departments	8
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	7
4. 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	2

TABLE 7: DISASTER MEDICAL

Reporting Year: 2014

County: Ventura

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

SYSTEM RESOURCES

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

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

3. Medical Response Team
   a. Do you have any team medical response capability? **X** Yes ☐ No
   b. For each team, are they incorporated into your local response plan? **X** Yes ☐ No
   c. Are they available for statewide response? ☐ Yes **X** No
   d. Are they part of a formal out-of-state response system? ☐ Yes **X** No

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **X** 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? **X** Yes ☐ No
   b. exercise? **X** Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement.
   Medical Mutual Aid with all Region 1 and Region 6 counties

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X** Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **X** Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes **X** No

8. Are you a separate department or agency? ☐ Yes **X** No

9. If not, to whom do you report? Health Care Agency, Public Health Department

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 616 Fitch Ave
Moorpark, CA 93021

Phone Number: 805-517-2000

Number of Ambulance Vehicles in Fleet: 25

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 18

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	X Transport ☐ Non-Transport X ALS ☐ BLS X 9-1-1 X 7-Digit X CCT X IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public X Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ State ☐ Federal ☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

40017 Total number of responses
36950 Number of emergency responses
3067 Number of non-emergency responses

30390 Total number of transports
27633 Number of emergency transports
2757 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 200 Bernoulli Circle
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 19

Phone Number: 805-485-3040

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	X Transport ☐ Non-Transport X ALS ☐ BLS X 9-1-1 X 7-Digit X CCT X IFT X Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public X Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ State ☐ Federal ☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

23212 Total number of responses
14123 Number of emergency responses
9089 Number of non-emergency responses

18012 Total number of transports
11333 Number of emergency transports
6679 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 632 E. Thompson Ave.
Ventura, CA 93001

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 805-653-9111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ❐ No	X Yes ❐ No	X Yes ❐ No	X Transport ❑ Non-Transport X ALS ❑ BLS X 9-1-1 X 7-Digit X CCT X IFT X Ground ❑ Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❐ Public X Private	❐ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ State ❐ Federal ❐ County ❐ Fire District	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

9815 Total number of responses
1959 Number of emergency responses
7856 Number of non-emergency responses

9132 Total number of transports
1276 Number of emergency transports
7856 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 1425 Dowell Dr.
Ventura, CA 93003

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-339-4300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❒ Transport X Non-Transport X ALS ❒ BLS X 9-1-1 ❒ 7-Digit ❒ CCT ❒ IFT X Ground ❒ Air ❒ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ State ❒ Federal ❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 360 W. Second St.
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-385-7722

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❒ Yes X No	❒ Yes X No	X Yes ❒ No	❑ Transport X Non-Transport ❑ ALS X BLS X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ State ❒ Federal ❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 214 S. 10th St.
Santa Paula, CA 93060

Phone Number: 805-525-4478

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❒ Yes X No	❒ Yes X No	X Yes ❒ No	❑ Transport X Non-Transport; ❑ ALS X BLS; X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: PO Box 487
Fillmore, CA 93015

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-524-0586

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	☐ Transport X Non-Transport X ALS ☐ BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT X Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	X City ☐ State ☐ Federal ☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 165 Durley Ave.
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-389-9710

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ❐ No	X Yes ❐ No	X Yes ❐ No	❑ Transport X Non-Transport X ALS X BLS X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT X Ground ❑ Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❐ Private	X Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ State ❐ Federal ❐ County X Fire District	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 375A Durley Ave.
Camarillo, CA 93010

Phone Number: 805-388-4212

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ❐ No	X Yes ❐ No	X Yes ❐ No	X Transport ❑ Non-Transport X ALS X BLS X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ❑ Ground X Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❐ Private	❐ Fire X Law ❐ Other Explain: _____	❐ City ❐ State ❐ Federal X County ❐ Fire District	X Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance X ALS Rescue X BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

324 Total number of responses
324 Number of emergency responses
0 Number of non-emergency responses

Response numbers are for rescue aircraft only

142 Total number of transports
142 Number of emergency transports
0 Number of non-emergency transports

TABLE 9: FACILITIES

County: Ventura

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

Facility: Community Memorial Hospital
Address: Loma Vista and Brent
Ventura, CA 93003

Telephone Number: 805-652-5011

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes **X** No	❒ Referral Emergency **X** Basic Emergency ❒ Standby Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	❒ Yes **X** No ❒ Yes **X** No ❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
X Yes ❒ No	**X** Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Los Robles Regional Medical Center
Address: 215 W. Janss Road
Thousand Oaks, CA 91360

Telephone Number: 805-497-2727

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency X Basic Emergency ❒ Standby Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[4]	❒ Yes X No	X Yes ❒ No	❒ Level I X Level II ❒ Level III ❒ Level IV
EDAP[5]	X Yes ❒ No		
PICU[6]	❒ Yes X No		

STEMI Center:	Stroke Center:
X Yes ❒ No	X Yes ❒ No

[4] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[5] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[6] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Ojai Valley Community Hospital
Address: 1406 Maricopa Highway
Ojai, CA 93023

Telephone Number: 805-646-1401

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes **X** No	❒ Referral Emergency ❒ Basic Emergency **X** Standby Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[7] **EDAP**[8] **PICU**[9]	❒ Yes **X** No ❒ Yes **X** No ❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes **X** No	❒ Yes **X** No

[7] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[8] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[9] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: St. John's Pleasant Valley Hospital
Address: 2309 Antonio Ave.
Camarillo, CA 93010

Telephone Number: 805-389-5800

Written Contract:	Service:		Base Hospital:	Burn Center:
❒ Yes **X** No	❒ Referral Emergency **X** Basic Emergency	❒ Standby Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[10] **EDAP**[11] **PICU**[12]	❒ Yes **X** No ❒ Yes **X** No ❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level III	❒ Level II ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes **X** No	**X** Yes ❒ No

[10] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[11] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[12] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: St. John's Regional Medical Center
Address: 1600 N. Rose Ave
Oxnard, CA 93033

Telephone Number: 805-988-2500

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes **X** No	❒ Referral Emergency **X** Basic Emergency ❒ Standby Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[13] **EDAP**[14] **PICU**[15]	❒ Yes **X** No ❒ Yes **X** No ❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
X Yes ❒ No	**X** Yes ❒ No

[13] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[14] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[15] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Simi Valley Hospital
Address: 2975 N. Sycamore Dr.
Simi Valley, CA 93065

Telephone Number: 805-955-6000

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes **X** No	❒ Referral Emergency **X** Basic Emergency ❒ Standby Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[16] **EDAP**[17] **PICU**[18]	❒ Yes **X** No ❒ Yes **X** No ❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes **X** No	**X** Yes ❒ No

[16] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[17] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[18] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Ventura County Medical Center
Address: 3291 Loma Vista Road
Ventura, CA 93003

Telephone Number: 805-652-6000

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency X Basic Emergency ❒ Standby Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[19]	❒ Yes X No	X Yes ❒ No	❒ Level I X Level II ❒ Level III ❒ Level IV
EDAP[20]	❒ Yes X No		
PICU[21]	X Yes ❒ No		

STEMI Center:	Stroke Center:
❒ Yes X No	X Yes ❒ No

[19] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[20] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[21] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: VCMC Santa Paula Hospital
Address: 525 N. 10th Street
Santa Paula, CA 93060

Telephone Number: 805-933-8600

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes **X** No	❒ Referral Emergency **X** Basic Emergency ❒ Standby Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[22]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[23]	❒ Yes **X** No		
PICU[24]	❒ Yes **X** No		

STEMI Center:	Stroke Center:
❒ Yes **X** No	**X** Yes ❒ No

[22] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[23] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[24] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2014

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

Training Institution: Conejo Valley Adult School
Address: 1025 Old Farm Road
Thousand Oaks, CA 91360
Telephone Number: 805-497-2761

Student Eligibility*: General Public

Cost of Program:
Basic: 950.00
Refresher: 299.00

**Program Level EMT

Number of students completing training per year:
Initial training: 33
Refresher: 0
Continuing Education: 0
Expiration Date: 02/28/19

Number of courses:
Initial training: 2
Refresher: 0
Continuing Education: 0

Training Institution: EMS Training Institute
Address: P.O. Box 940514
Simi Valley, CA 93064
Telephone Number: 805-581-2124

Student Eligibility*: General

Cost of Program:
Basic: 995.00
Refresher: 200.00

**Program Level EMT

Number of students completing training per year:
Initial training: 246
Refresher: 514
Continuing Education: 0
Expiration Date: 1/30/18

Number of courses:
Initial training: 10
Refresher: 8
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2014

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

Training Institution: St. John's Regional Medical Center Telephone Number: 805-988-2500
Address: 1600 N. Rose Ave.
Oxnard, CA 93033

Student Eligibility*: Private

**Program Level MICN

Cost of Program:
Basic: 300.00
Refresher:

Number of students completing training per year:
Initial training: 17
Refresher: 0
Continuing Education: 0
Expiration Date: 11/30/15

Number of courses:
Initial training: 1
Refresher: 0
Continuing Education: 0

Training Institution: Oxnard College Telephone Number: 805-377-2250
Address: 4000 South Rose Avenue
Oxnard, CA 93033

Student Eligibility*: General

**Program Level EMT

Cost of Program:
Basic: 295.00
Refresher: 88.00

Number of students completing training per year:
Initial training: 156
Refresher: 34
Continuing Education: 0
Expiration Date: 1/31/16

Number of courses:
Initial training: 2
Refresher: 2
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2014

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

Training Institution: Oxnard Fire Department
Telephone Number: 805-385-8361
Address: 360 West Second Street
Oxnard, CA 93033

Student Eligibility*: Fire Personnel
**Program Level EMT

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 1/31/16

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

Training Institution: Simi Valley Adult School
Telephone Number: 805-579-6200
Address: 3150 School Road
Simi Valley, CA 93062

Student Eligibility*: General
**Program Level EMT

Cost of Program:
Basic: 850.00
Refresher: 325.00

Number of students completing training per year:
Initial training: 51
Refresher: 22
Continuing Education: 0
Expiration Date: 11/30/15

Number of courses:
Initial training: 4
Refresher: 2
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2014

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

Training Institution: Ventura City Fire Department
Telephone Number: 805-339-4461
Address: 1425 Dowell Dr.
Ventura, CA 93003

Student Eligibility*: Fire Personnel
Cost of Program:
Basic: 0
Refresher: 0

**Program Level EMT

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 6/30/18

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

Training Institution: Ventura College
Telephone Number: 805-654-6400 ext 1354
Address: 4667 Telegraph Road
Ventura, CA 93003

Student Eligibility*: General
Cost of Program:
Basic: 295.00
Refresher:

**Program Level EMT

Number of students completing training per year:
Initial training: 85
Refresher: 0
Continuing Education: 0
Expiration Date: 11/30/15

Number of courses:
Initial training: 3
Refresher: 0
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2014

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

Training Institution: Ventura College – Paramedic Program
Telephone Number: 805-654-6400 ext 1354
Address: 4667 Telegraph Road
Ventura, CA 93003

Student Eligibility*: General
**Program Level: Paramedic

Cost of Program:
Basic: 962.00
Refresher:

Number of students completing training per year:
Initial training: 8
Refresher: 0
Continuing Education: 0
Expiration Date: 4/30/16

Number of courses:
Initial training: 1
Refresher:
Continuing Education:

Training Institution: Ventura County Fire Protection District
Telephone Number: 805-389-9776
Address: 165 Durley Dr.
Camarillo, CA 93010

Student Eligibility*: Fire Personnel
**Program Level: EMT

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 2/28/19

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

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

TABLE 11: DISPATCH AGENCY

County: Ventura **Reporting Year:** 2014

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

Name: Ventura County Fire Protection District
Primary Contact: Steve McClellen
Address: 165 Durley Ave. Camarillo, CA 93010
Telephone Number: 805-389-9710

Written Contract: ☐ Yes X No
Medical Director: ☐ Yes X No
X Day-to-Day
☐ Disaster
Number of Personnel Providing Services:
27 EMD Training
_____ EMT-D
_____ ALS
_____ BLS
_____ LALS
_____ Other

Ownership: X Public ☐ Private
If Public: X Fire ☐ Law ☐ Other
Explain: _____
If Public: ☐ City ☐ County ☐ State X Fire District ☐ Federal

Name: Oxnard Police/Fire Communications
Primary Contact: Cmdr. Andrew Salinas
Address: 251 S. C St., Oxnard, CA 93030
Telephone Number: 805-385-7722

Written Contract: ☐ Yes X No
Medical Director: ☐ Yes X No
X Day-to-Day
☐ Disaster
Number of Personnel Providing Services:
25 EMD Training
_____ EMT-D
_____ ALS
_____ BLS
_____ LALS
_____ Other

Ownership: X Public ☐ Private
If Public: X Fire ☐ Law ☐ Other
Explain: _____
If Public: X City ☐ County ☐ State ☐ Fire District ☐ Federal

LEMSA: Ventura

FY: 2014-15

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	☑	☐	☐	VCEMS now meets the minimum and recommended guidelines for this section.	
1.1	Special Populations	☑	☐	☐	VCEMS now meets the minimum and recommended guidelines for this section.	
5.1	Pediatric System Design	☐	☐	☑	VCEMS does not currently meet the minimum standards. We are interested in reviewing options to increase pediatric care capabilities in Ventura County to meet the minimum guidelines, however, this has been moved to a long range plan due to other EMS System priorities.	
5.11	Pediatric Emergency Departments	☑	☐	☑	VCEMS is interested in reviewing options to increase pediatric care capabilities in Ventura County to meet the recommended guidelines, however, this has been moved to a long range plan due to other EMS System priorities.	
6.08	Reporting	☐	☑	☐	Ventura County EMS does not currently meet the minimum standard for this section. Future plan is to have the EMS Advisory Committee meet at least annually to evaluate the system with a subsequent annual report being submitted to the appropriate entities.	
6.09	ALS Audit	☑	☐	☐	VCEMS now meets the recommended guidelines for this section with the full implementation of our ImageTrend ePCR data collection system.	
6.11	Trauma Center Data	☑	☐	☐	VCEMS now meets the minimum and recommended guidelines	
8.09	DMAT Teams	☑ ☐	☐ ☐	☐ ☐	Ventura County does not have a local DMAT team, but meets the minimum standards for this section, as we have established working relationships with the nearest DMAT team located in Los Angeles County.	
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

SECTION II- ASSESSMENT OF SYSTEM 2014
A. System Organization and Management

Planning Activities

Minimum Standard	Recommended Guidelines
1.10 Each local EMS Agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).	Each local EMS Agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum and recommended standards for this section. We have engaged various County stakeholders to ensure our emergency plans include special populations such as those with access and functional needs. Additionally, VCEMS oversees the Hospital Preparedness Program and the newly established Ventura County Healthcare Coalition, which coordinates emergency preparedness efforts among hospitals, clinics and long term care facilities within our jurisdiction. VCEMS works continuously with the Sheriff's Office of Emergency Services to ensure special populations within our jurisdiction are included in our disaster planning efforts.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2014
E. Facilities and Critical Care

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

a) the number and role of system participants, particularly of emergency departments,
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specially care centers,
d) identification of providers who are qualified to transport such patients to a designated facility,
e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
f) the role of non-pediatric specially care hospitals including those which are outside of the primary triage area, and
g) a plan for monitoring and evaluation of the system.

Recommended Guidelines

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X

CURRENT STATUS:

Ventura County EMS does not currently meet the minimum standard for this section. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) located at Los Robles Hospital and Medical Center in Thousand Oaks and one Pediatric Intensive Care Unit (PICU) at Ventura County Medical Center in Ventura and as necessary, local hospitals work with pediatric specialty centers in neighboring counties to coordinate transfers when a higher level of care is needed. We are interested in reviewing options to increase pediatric care capabilities in Ventura County, however, this has been moved to a long range plan due to other EMS System priorities.

SECTION II - ASSESSMENT OF SYSTEM 2014
E. Facilities and Critical Care

5.10 (Cont'd.)

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Continue to work with local hospitals and prehospital providers to evaluate pediatric care capabilities in Ventura County.

OBJECTIVE:

Plan to revisit the pediatric capabilities in FY16-17.

SECTION II - ASSESSMENT OF SYSTEM 2014
E. Facilities and Critical Care

Minimum Standard

5.11 Local EMS agencies shall identify minimum standards or pediatric capability of emergency departments including:

a) staffing,
b) training,
c) equipment,
d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
e) quality assurance/quality improvement, and
f) data reporting to the local EMS Agency.

Recommended Guidelines

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. The Ventura County EMS Agency requires all area hospitals to provide basic emergency care for pediatrics. In addition, we have one hospital in the county that has a Pediatric Intensive Care Unit (PICU) and one facility that is a certified Emergency Department Approved for Pediatrics (EDAP). As necessary, hospitals work with pediatric specialty centers in neighboring counties when a higher level of care is needed. We are interested in reviewing options to increase pediatric care capabilities in Ventura County to meet the recommended guidelines, however, this has been moved to a long range plan due to other EMS System priorities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Continue to work with local hospitals and prehospital providers to evaluate pediatric care capabilities in Ventura County.

OBJECTIVE:

Plan to revisit the pediatric capabilities in FY16-17.

SECTION II - ASSESSMENT OF SYSTEM 2014
F. Data Collection and System Evaluation

Minimum Standard	Recommended Guidelines
6.08 The local EMS Agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).	

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	

CURRENT STATUS:

Ventura County EMS does not currently meet the minimum standard for this section. The EMS Plan addresses current system design and future improvements, however, annual reports are not consistent. The EMS Agency routinely solicits stakeholder input for the system design and operations and the EMS Advisory Committee is convened every two years, or more frequently, if needed. The EMS Advisory Committee met in early 2015 to review the ambulance contract compliance. Future plan is to have the EMS Advisory Committee meet at least annually to evaluate the system with a subsequent annual report being submitted to the appropriate entities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Schedule the EMS Advisory Committee to annually evaluate the EMS system and produce an annual report.

OBJECTIVE:

Plan to complete by end of FY 15-16.

SECTION II - ASSESSMENT OF SYSTEM 2014
H. Disaster Medical Response

Minimum Standard	Recommended Guidelines
8.09 The local EMS Agency shall establish and maintain relationships with DMAT teams in its area.	The local EMS Agency should support the development and maintenance of DMAT teams in its area.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County does not have a local DMAT team, but meets the minimum standards for this section, as we have established working relationships with the nearest DMAT team located in Los Angeles County. A number of our Medical Reserve Corps members are also currently associated with the Los Angeles DMAT team.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

N/A

OBJECTIVE:

N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 1**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**LifeLine Medical Transport** Serving the Ojai Valley since 1935

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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.

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 2**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** Serving since 1962

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 3**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** Serving since 1962

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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.

Previous Owners:
Brady Ambulance 1962-1975
Pruner Health Services 1975-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 4**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** Serving since 1962

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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.

Previous Owners:
Conejo Ambulance 1962-1975
Pruner Health Services 1975-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 5**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** Serving since 1962

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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.

Previous Owners:
Camarillo Ambulance 1962-1978
Pruner Health Services 1978-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 6**
Name of Current Provider(s):	**Gold Coast Ambulance** Serving since 1949
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description: **Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.**	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive** Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance for 911 calls only** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224): **Grandfathered** 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. If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 7**
Name of Current Provider(s):	**American Medical Response** Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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.

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.