

RFP B2011-11

RFP to Provide Ambulance and Patient Billing Services for the Torrance Fire Department

**SECTION III PROPOSAL SUBMITTAL**

FAILURE TO COMPLETE ALL ITEMS IN THIS SECTION MAY INVALIDATE PROPOSAL.

In accordance with your "Invitation to RFP", the following proposal is submitted to the City of Torrance.

**RFP Submitted By:**

**GERBER AMBULANCE SERVICE**

Name of Company

**19801 MARINER AVENUE**

Address

**TORRANCE, CA 90503**

City/State/Zip Code

**PH: (310) 542-6464 / FAX: (310) 542-1152**

Telephone Number/Fax Number

**MICHAEL D. WADE, CONTRACTS MANAGER**

Printed Name/Title



Signature

**3/29/11**

Date

**Contact for Additional Information:**

Please provide the name of the individual at your company to contact for any additional information

**MICHAEL D. WADE**

Name

**CONTRACTS MANAGER**

Title

**PH: (310) 466-8476 / FAX: (310) 542-1152**

Telephone Number/Fax Number

**Form of Business Organization:** Please indicate the following (check one);

Corporation  Partnership  Sole Proprietorship  Other: \_\_\_\_\_

**Business History:**

How long have you been in business under your current name and form of business organization?

Twenty Three (23) Years

If less than three (3) years and your company was in business under a different name, what was that name?

N/A

**Addenda Received:**

Please indicate addenda information you have received regarding this RFP:

Addendum No. <input checked="" type="checkbox"/>	Date Received: <u>3/22/2011</u>
Addendum No. <input checked="" type="checkbox"/>	Date Received: <u>3/25/2011</u>
Addendum No. <input type="checkbox"/>	Date Received: _____
Addendum No. <input type="checkbox"/>	Date Received: _____

No Addenda received regarding this RFP.

**Renewal Option:**

Please state, if requested by the City, if your company would agree to a renewal of this contract with price, terms and conditions unchanged.

Yes  we would agree to add one (1) additional 2-year term (after initial contract term)

Yes  we would agree to add two (2) additional 2-year terms (after initial contract term)

No  we would not be interested in renewing this contract.

**Delivery:**

What is the lead time for delivery/ start? Zero (0) days/weeks

Can you start the provision of ambulance and patient billing services for the City on July 16, 2011? Yes

If no, what is your proposed Start Date? \_\_\_\_\_

**Start Up Plan:**

1. Describe in detail how you propose to start operations in a timely manner. Include any time frames or delays due to equipment or vehicle acquisition. Discuss in detail the system design you propose.

**Gerber Ambulance Service, as the current provider, will be able to continue/start**

**Operations immediately as reflected in the RFP 2011-11.**

Please provide the following information:

2. Number of ambulances and qualified employees available for assignment to the City of Torrance.

**Twenty-three (23) Ambulances, and one hundred twenty-eight (128) Qualified and Certified EMTs will be deployed from our Headquarters located in Torrance.**

3. Average age of ambulances.

**Three (3) Years**

4. Number of ambulances and employees in direct ownership or employ of the Proposer.

**Twenty-seven (27) Ambulances**

**One hundred eighty-six (186) Employees**

5. Describe the experience and qualifications of Proposer's management, billing, and line personnel (drivers, attendants, and dispatchers), who will be assigned to and involved with Torrance contract. Please provide relevant supporting documents such as: resumes, licenses, and certificates.

Gerber Ambulance Service has successfully provided the City of Torrance Fire Department with exclusive Emergency Ambulance Transport for seventeen (17) years, and Patient Billing Services for twelve (12) years. Gerber Ambulance Service was the first company to develop and tailor a billing program for a city's fire department by a private ambulance company. Since then, Gerber's management team, billing department, and line personnel have become an extremely close and efficient team. Once awarded the contract, the same excellent team of dedicated personnel will be utilized.

**(See Attachment 14a. for Experience and Qualifications of Employees)**

6. Complete the following Personnel Information Sheet:

	Management	Billing	Line Personnel	Support
Total number of employees employed by Proposer	8	15	163	11
Average time in profession	16	10	2	14
Average time with Proposer	12	6	1.5	10
Number of employees (employed by Proposer) that will be assigned to Torrance	8	15	128	
Average time in profession	16	10	2	
Average time with Proposer	12	6	1.5	

## Experience and Qualifications of Employees

### **Robert H. Gerber, President/CEO**

Mr. Gerber became a certified Emergency Medical Technician (EMT) in 1982 and began working for a private ambulance company in that capacity that same year. In 1988, Mr. Gerber founded Gerber Ambulance Service and is still the president today. This accounts for twenty-nine (29) years in the Emergency Medical Services industry with 9-11 experience, twenty three (23) years of managerial experience in the industry, and twenty three (23) years with Gerber Ambulance Service.

### **Rebecca Gerber, RN, Vice President**

Rebecca Gerber began her EMS career as an ICU Nurse in Florida in 1993. She became a traveling nurse, which brought her to California where she continued to work as an ICU RN. She became Vice President/ACLS Coordinator of Gerber Ambulance Service in 1988. She pioneered one of the first critical care nurse programs in Los Angeles County in 1992. Mrs. Gerber has twenty-three (23) years of EMS patient care experience in the pre-hospital industry and twenty-three (23) years of EMS management, and twenty (23) years at Gerber Ambulance Service.

### **Matthew Steeneken, Operations Manager**

Mr. Steeneken's service with Gerber Ambulance Service goes back to 1997 as an EMT. He was promoted to Operations Supervisor in January 2001. He has twelve (12) years of EMS and 9-11 experience, all with Gerber Ambulance, and nine (9) years of EMS management experience.

### **Michael Wade, Contracts/Marketing/Public Relations Manager**

Mr. Wade became a member of the Gerber Ambulance team in 2006. He brought with him over twenty eight (28) years of managerial experience, of which twenty (22) years were spent in the healthcare industry. Mr. Wade, as a Director of the Los Angeles County Medical Association, assisted the County of Los Angeles develop its Disaster Preparedness Plan, along with a team of L.A. City, County, State, and Federal officials and local medical professionals after the Trade Center attacks on September 11<sup>th</sup> 2001. Mr. Wade joined Gerber Ambulance Service over four years ago and will be a great asset for insuring quality patient care and the growth of the company.

### **Dana Wiley, Billing/Customer Service Manager**

Ms. Wiley joined Gerber Ambulance Service in 1989 as a Medical Biller. She was promoted to Billing Manager in 1992 and soon after was put in charge of the Customer Service Department. Ms. Wiley created an innovative billing process which recoups maximum dollars without costing City Fire Departments or its residents any additional funds. Ms. Wiley has nineteen (19) years of EMS management experience, with twelve (12) years of 9-11 billing experience, and twenty two (22) years with Gerber Ambulance Service.

**Courtney Steeneken, Human Resources Manger**

Ms. Steeneken began her Emergency Medical career as an EMT with Gerber Ambulance Service in 1998. Her strong leadership ability, analytical skills, an attention to detail made a promotion inevitable. Ms. Steeneken was promoted to Human Resources Coordinator in 2001. Since that time she has successfully completed many courses including her Human resources Certification. Courtney has ten (10) years of management experience, twelve (12) years of EMS experience, and has been with Gerber Ambulance Service for twelve (12) years.

**Joanne Frazier, Recruitment/Human Resources Manager**

Ms. Frazier is most recent addition to Gerber Ambulance Service. Joanne joined out team in 2008. Ms. Frazier completed her Advanced Human Resources Certificate at California State University Dominguez Hills in 2009. She began her recruiting experience more than 20 years ago in the staffing and executive search fields in the industries of Nursing, Retail, Finance, Insurance and Engineering. Ms. Frazier also served 21 years in the Army National Guard retiring at the rank of Master Sergeant as a Public Affairs Supervisor. Currently, she recruits and hires emergency medical technicians, paramedics, dispatchers, and medical billing clerks. She has also been extremely valuable in our recruitment/retention program.

**Kent Shoji, MD, F.A.C.E.P., Medical Director**, Dr. Shoji regularly meets with Gerber Ambulance Service management and supervisory teams to review all policies and procedures pertinent to safe and effective patient care/transportation and billing operations. Topics to be discussed include: industry-wide current events, QA/QI, equipment, training, and proposals for new programs to meet the changing needs of hospitals, healthcare systems, and patients.

*(Resume's upon request)*

## **Gerber Ambulance Service has nineteen (19) Supervisory level staff.**

### **Coordinators:**

Sheila Alexander, Billing - 16 years

Nicole Norman (EMT, M.A. Ed), Training Coordinator - 9 years

Luis Manjarrez (EMT-P), Paramedic Coordinator - 8 years

Dan Tien (EMT, M.P.H.), Logistics/Operations - 7 years

### **Supervisors:**

James Ruff (EMD), Dispatch - 22 years

David Amaro (EMT), Operations/Dispatch - 11 Years

Kristina Djekic (EMT), Operations - 5 years

Matthew Proctor (EMT), Operations - 5 years

Carlos Burgos (EMT), Operations - 4 years

Sean Roberts (EMT), Operations - 6 years

Eric Olsen (EMT), Training/Operations - 6 years

Tyler Meick (EMT-P), Training/Operations - 5 years

Daniel McCuan (EMT-P), Training/Operations - 5 years

Juan Barrientos (EMT), Training/Operations - 5 years

Patricia Parmer (EMT), Training/Operations - 4 years

Sita Martyn (EMT), Training/Operations - 3 years

Fernando Gallegos (EMT-P), Training/Operations - 3 years

Jonathan Huang (EMT), Training/Operations - 3 years

Ryan Ficke (EMT), Training/Operations - 2 years

*(Resume's upon request)*

Gerber Ambulance Service has provided exclusive Emergency Ambulance Transport and Billing Services for emergency (911) city fire departments for an accumulative eighteen years; twelve (12) years with the City of Torrance Fire and Police Departments, and six (6) years with the City of Santa Monica Fire Department. Gerber Ambulance's staff of experienced and aggressive billing personnel has created an innovative billing process which maximizes billable dollars, and minimizes bad debt. In fact, Gerber Ambulance Service was the first company to develop and tailor a billing program for a city's fire department by a private ambulance company.

7. Describe Proposer's current programs utilized for training of new employees, including driver training, and for the ongoing continuing education of existing employees, including remediation. Include the location of training records. Training records (Driver, Substance abuse and EMT) may be requested for review.

All new employees (EMT's, Paramedics, Dispatchers, and Call-Takers) attend four 12-hour days of classroom training including topics such as Safe Patient Lifting and Moving, Patient Care Scenarios (EMT medication administration, ALS activation, trauma, IFT's, and more), Basic Life Support with AED, Assisting Advanced Life Support, Los Angeles County EMT-I Expanded Scope of Practice, Vehicle Operations (CEVO III), and EMS Professionalism. Contingent upon successful completion of the New Hire Orientation (Boot Camp), training then continues in the field for an additional 4 days. All records are located at Torrance office.

***(See Attachment 15a. for Further Training Provided.)***

8. Describe how Proposer will ensure that the EMTs in its employ obtain the competencies required for renewal, and how Proposer's EMT certification renewal process works.

Gerber Ambulance Service utilizes ePro systems and database for all scheduling of work schedules and tracking all employee certifications. With a built-in notice system to remind them that re-certification need to be scheduled and notices then sent to management for follow up. Furthermore, being part of our QA/QI education and training it is an integral part of our operations. The Training Department staff regularly schedules continuing education courses (California EMS CE Provider # 19-0218), field training, and field preceptor training. Our employees also attain their CEs by attending classes at Torrance Memorial Center and Little Company of Mary Hospital. Our training program prides itself on its "Commitment to Excellence through Education" All re-certifications for Los Angeles County also provides proof of completed California Skills Competency Verification Form--EMSA-SCV.

9. Do you agree to comply with the response requirement? Describe how this standard will be met? Contractor shall respond to all emergency calls received from the City's Public Safety Communications Center within eight (8:00) minutes ninety-two percent (92%) of the time. In any case where the estimated response time exceeds eight (8:00) minutes, Contractor shall give notification of such fact to the requesting individual(s) at the time the emergency call is received. (Response time is elapsed time from the time ambulance dispatch receives the information to the time first ambulance unit arrives on scene.)

Gerber Ambulance Service agrees to strictly comply with all response requirements within this RFP. Upon award of the contract, we will continue to provide the same great service to the City of Torrance and it's citizens. These high standards will be met by continuing to work with the Torrance Fire Department and moreover, remain an integral part of our Continuing and Ascension Training programs for all Gerber Ambulance Service EMTs and Dispatchers. We will, at all times, assure adequate staffing levels and strategic posting locations within the city for prompt accurate arrival times within the specified; "within eight (8:00) minutes 92% of the time, and communicate such to the CPSCC, as well as upgrade status if needed.

***(See Attachment 15b. for "Posting Locations" and Response Process)***

## **(Attachment 15a. - Employee Training )**

### **New-Hire Training:**

All new employees (EMT's, Paramedics, Dispatchers, and Call-Takers) attend four 12-hour days of classroom training including topics such as Safe Patient Lifting and Moving, Patient Care Scenarios (EMT medication administration, ALS activation, trauma, IFT's, and more), Basic Life Support with AED, Assisting Advanced Life Support, Los Angeles County EMT-I Expanded Scope of Practice, Vehicle Operations (CEVO III), and EMS Professionalism. Contingent upon successful completion of the New Hire Orientation, training is then continued in the field for an additional four days (minimum) where the new employees work with and under the direction of our well-trained, knowledgeable field preceptors on a variety of emergency and non-emergency responses.

### **Licenses and Approvals:**

Gerber Ambulance Service is licensed and approved by the Los Angeles County EMS Agency to provide emergency 911 ambulance service within the County of Los Angeles, for eleven (11) years under license # 425343.

### **Licenses and Certifications Required:**

All EMTs under our employ currently have Los Angeles County Certification.

We place a high degree of value in our employees and we believe in extensive, effective training to ensure that they provide top quality service to the people who are our number one priority: the patients.

### **Driver Training:**

After completing attendant training, employees may progress onto driver training. All of Gerber Ambulance Service's drivers have completed the National Safety Council endorsed Coaching the Emergency Vehicle Operator (III) course that covers various aspects of safe and defensive vehicle operation. This is done in addition to an extensive three phase driver training curriculum. The first phase of the driver training curriculum involves general vehicle operation; during this phase, trainees must demonstrate good decision making and general safe vehicle operation. Then the patient transportation aspect is introduced; at this phase, special attention is given to smoothness/comfort and timeliness. The last phase is when trainees learn to operate the vehicle with the use of lights and sirens. This usually consists of several weeks of behind the wheel training in real response situations requiring exceptional decision making skills, quick and concise navigation, and uncompromisingly safe vehicle handling.

**Ongoing Training:**

Needs assessments, field care audits, quality assurance and quality improvement, trends in EMS, and feedback from our customers and community help guide our program in the determination of topics for ongoing training. Ongoing training takes place in mandatory quarterly in-service sessions and optional continuing education offerings to promote professional development.

**Ascension Training:**

Only the most exceptional employees are invited to participate in the in the field preceptor training process. This training includes modules reviewing the skills and concepts from all other training phases and an introduction to adult education methodology. All field preceptors are thoroughly evaluated during a probationary phase where they must demonstrate teaching competency, skill, and breadth of knowledge in all areas they may be expected to teach.

**Gerber Ambulance Service & Fire Department Interface:**

At Gerber Ambulance Service, education and training is an integral part of operations. Our training department staff includes certificated and credentialed EMS, first-aid, and CPR instructors. The training curriculum consists of a New Hire Orientation, monthly BLS (American Heart Association) recertification and EMT-I Skills Examinations, regularly scheduled continuing education courses (California EMS CE Provider # 19-0218), field training, and field preceptor training. Our training program prides itself on its "***Commitment to Excellence through Education.***" For this reason, topics are frequently added or adjusted to meet the needs of our customers and communities, ensuring that all aspects are up to date with the latest protocols and policies.

Moreover, Gerber Ambulance Service utilizes an ePro systems and database for all scheduling of work schedules and tracking all employee certifications. With a built-in notice system to remind them that re-certification need to be scheduled and notices then sent to management for follow up. Furthermore, being part of the CQI system, ePro has practically made enforcement of recertification of EMTs thing of the past..

Gerber Ambulance Service currently utilizes the Torrance Fire Departments resources and protocols for CISD. This plan also covers and accounts for the TFDAO in case that person desires or needs to go off shift after a threshold emotional traumatic event. If desired, Gerber Ambulance Service will be willing to use the CISD plan for the TFD.

**(Following this page are samples Training Documents which are included, but certainly not limited to our whole Training Program)**



## Safe, Accountable, Professional Driver Pledge

I, \_\_\_\_\_ (EID \_\_\_\_\_) acknowledge that I have a responsibility to both Gerber Ambulance Service and the community to maintain safe driving habits and courtesy while operating any Gerber Ambulance vehicle. I pledge to uphold the standards that Gerber Ambulance has set forth as my conduct reflects not only myself, but the company as well. It is my responsibility to stay current with both Gerber's policies and those policies mandated by the Department of Health Services, the Los Angeles County EMS Agency, and the California Highway Patrol on behalf of the Department of Motor Vehicles. I further pledge to:

- \_\_\_\_\_ Ensure my assigned unit and all equipment are in safe operating condition and **REPORT AND DOCUMENT ANY DAMAGE, DEFICIENCIES, OR MALFUNCTIONS IMMEDIATELY**. This includes, but is not limited to: doors, seatbelts, latches, grab-handles, windows, vehicle fluids, operational behavior/noises, and tire pressure.
- \_\_\_\_\_ Protect myself and others by driving safely and with **DUE REGARD** at all times.
- \_\_\_\_\_ Ensure my passengers and my safety by verifying that **ALL RIDERS ARE BUCKLED UP IN ACCORDANCE WITH STATE LAW AT ALL TIMES WHILE VEHICLE IS IN MOTION, AND THAT ALL DOORS AND CABINETS ARE CLOSED, AND ALL SAFETY DEVICES ARE IN PLACE**.
- \_\_\_\_\_ Make certain that my patient is properly restrained to the gurney and that the gurney is locked into place such that the gurney does not move.
- \_\_\_\_\_ **ENSURE THAT ALL RESPONDERS (MYSELF, MY PARTNER, MY RIDE-A-LONG) ARE IN APPROPRIATE PPE (INCLUDING BRUSH COATS, SAFETY VESTS AND HELMETS) AS DICTATED BY THE EMERGENCY/CALL**. Ride-a-longs may not participate in extrication or lifting procedures, but must wear a safety vest anytime that the crew is required to wear theirs.
- \_\_\_\_\_ **ENSURE THERE WILL BE NO EATING OR DRINKING WHILE THE VEHICLE IS IN MOTION**. It is ultimately the driver's responsibility to protect the vehicle components from spills or unnecessary abuse. All drinks or liquids shall be covered and secured at all times.
- \_\_\_\_\_ Look up driving directions for every call and **I SHALL NOT RELY ON ELECTRONIC NAVIGATION DEVICES FOR DIRECTIONS**.
- \_\_\_\_\_ Obey the speed limit and traffic laws, never exceeding the posted speed limit under any circumstances, stopping at all red lights and stop signs, obeying traffic signs such as one way, no left turn and no u-turn.
- \_\_\_\_\_ Stop at all **UNPROTECTED** red lights and stop signs, and never exceed **10 MPH** over the posted speed limit **WHILE OPERATING CODE 3**.
- \_\_\_\_\_ **SAFELY AND SMOOTHLY** pace with the rescue (when applicable), **SPLITTING LANES** to increase visibility when possible.
- \_\_\_\_\_ To never exceed 15 mph while operating code 3 and opposing traffic.
- \_\_\_\_\_ Transport children in appropriate safety seats; no children under 12 years old are to ride in the front cab.
- \_\_\_\_\_ Avoid distractions while driving and ensure my passengers are also attentive. Cell phones, videogames, DVD players, books, etc, are not to be used while driving.
- \_\_\_\_\_ Keep the dashboard and rearview mirror free of debris, especially no feet or clipboards are to be on the dash at any time.
- \_\_\_\_\_ Use headlights while driving during both day and night.
- \_\_\_\_\_ Use turn signals for turns and traffic lane changes.
- \_\_\_\_\_ Not drive while impaired or under the influence of alcohol or drugs. This includes the use of prescription drugs or lack of sleep.
- \_\_\_\_\_ Drive with extra caution in adverse weather conditions and during hours of darkness and adjust speed accordingly.
- \_\_\_\_\_ Yield to oncoming traffic and pedestrians.
- \_\_\_\_\_ Maintain a safe following distance, at a minimum of three seconds from the car ahead in clear conditions, following distance should be increased as visibility or weather conditions worsen. A following distance of four or more seconds should be used in adverse conditions.
- \_\_\_\_\_ Park only in appropriate areas. Vehicles should not be parked in red zones, handicap spaces, small residential streets, in front of houses, unapproved business complexes, in areas impeding the flow of traffic, or on the ends of isles. Be considerate of others while parking.
- \_\_\_\_\_ Park ahead of fire apparatus (engine or truck), but behind the rescue whenever possible on fire calls.
- \_\_\_\_\_ Not keep the engine idling unless it is absolutely necessary.
- \_\_\_\_\_ Always set the emergency brake when the vehicle is in park.
- \_\_\_\_\_ Always use a spotter when the vehicle is in reverse or negotiating tight obstacles or parking situations. Hand signals must be agreed upon.
- \_\_\_\_\_ Not charge personal electronic equipment using inverter devices, company or personal.

I understand that I may be responsible for repairs and/or replacement of damaged property / equipment belonging to the company or otherwise.

EMP Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

## Gerber Ambulance Service Field Performance Evaluation

### Driver

Name \_\_\_\_\_ Emp# \_\_\_\_\_

EMT	CPR	Ambu Driver's	Medical Examiner	LADOT Permit	OC Permit	Daily Checkout	Uniform / Boots	Fanny Pack	Brush Coat

**\*If certs expire within the next three months, this is the Driver's warning to start the recert process\***

#### Checkout Compliance

#### Cleanliness

	Yes	No		Yes	No
Equipment ID # correct			Under Seats		
Exposure Report Forms (2)			Behind Seats		
Accident Forms (2)			Floor		
Incident Report Forms (1&2)			Dashboard		
Mapbook L.A. / Orange County			Instrument Panel		
TFD Zone Map			Bucket		

Notes: \_\_\_\_\_

### Attendant

Name \_\_\_\_\_ Emp# \_\_\_\_\_

EMT	CPR	Ambu Driver's	Medical Examiner	LADOT Permit	OC Permit	Daily Checkout	Uniform / Boots	Fanny Pack	Brush Coat

**\*If certs expire within the next three months, this is the Attendant's warning to start the recert process\***

#### Checkout Compliance

#### Cleanliness

	Yes	No		Yes	No
O2 Bag			Flooring		
Trauma Box			Bench Seats		
Trash / Sharps			Window Sills		
Restraints			Gurney		
Spare O2			Cabinets		
Backboards (2)			Action Area		

Notes: \_\_\_\_\_

### Supervisor

	No Problem	Attn Needed		No Problem	Attn Needed
Hose/Belt Wear			Horn		
Tire Pressure			Safety Bars		
Tire Tread			Lights		
Lockbar			AC/Heater		

Notes: \_\_\_\_\_

Auditor's Signature: \_\_\_\_\_

Emp #: \_\_\_\_\_



# Gerber Ambulance

## Field Performance Evaluation

Evaluation Date: \_\_\_/\_\_\_/\_\_\_

Evaluation of:

- Torrance FD** Field Emp(s)/Unit(s)
- Torrance FD** Dispatch

- Gerber Ambulance Employee(s)**
- Santa Monica FD** Field Emp(s)/Unit(s)
- Hospital/Facility/Other Staff Member(s)

Incident Date: \_\_\_/\_\_\_/\_\_\_

Incident Time: \_\_\_\_\_

Incident #: \_\_\_\_\_

Gerber Unit(s) Involved: \_\_\_\_\_  
*(if applicable)*

FD Unit(s) Involved: \_\_\_\_\_  
*(if applicable)*

Gerber Employee(s): \_\_\_\_\_ (\_\_\_\_)  
*Last, First (emp#)*

2<sup>nd</sup> Party Member(s): \_\_\_\_\_  
*Last, First (employer)*

Positive Action(s):  
*(check all that apply)*

- Public Relations
- Exceptional Performance
- Attitude
- Other

Problem(s):  
*(check all that apply)*

- Patient Care
- Equipment
- Personnel/Conduct
- Other

Narrative of the event:

See attached Incident Report Form(s)

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Suggested action:

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Completed by: \_\_\_\_\_ (\_\_\_\_)  
*Last, First (emp#)*

Date: \_\_\_/\_\_\_/\_\_\_



# Gerber Ambulance

Field Performance Evaluation Follow-up

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To:

From:

Re:

Date:

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Pertinent Departments:  **Training**       **Operations**       **Communications**       **HR**

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Company Statement /  
Pertinent Policies:

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Description of Incident:

Action(s) taken:

Suggested further action:

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Completed by:  
*Title, Last, First (emp#)*

Date:    /    /

I would like to express my professional opinion that as of (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_, (Employee Name) \_\_\_\_\_ has successfully completed the Gerber Ambulance Service Driver Training Program, including \_\_\_\_\_ supervised "code three" responses/transport, and \_\_\_\_\_ supervised "code two" responses/transport. This employee has demonstrated respect for the law and company mandated safety regulations and competence in all areas of emergency vehicle operations. It is without reservation that I hereby certify that this employee has successfully completed said requirements. If there are any questions or comments, please feel free to contact me.

FTO/Supervisor Name: \_\_\_\_\_

FTO/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources: Courtney Steeneken

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Operations Manager: Matthew Steeneken

Operations Manager Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TRAINER CHECKLIST
<input type="checkbox"/> Code 3 Completion Safe Driver Pledge
<input type="checkbox"/> Driver Observation Form(s)
<input type="checkbox"/> Code 2 Completion Safe Driver Pledge
<input type="checkbox"/> Response / Transport Evaluations
<input type="checkbox"/> Map Test (Score: _____)
<input type="checkbox"/> Field Preceptor Evaluations

HUMAN RESOURCES CHECKLIST
<input type="checkbox"/> Effective Date: ____/____/____
<input type="checkbox"/> Janitek
<input type="checkbox"/> ePro
<input type="checkbox"/> Schedule
<input type="checkbox"/> Payroll
<input type="checkbox"/> File



### VEHICLE OPERATIONS

#### OBJECTIVES:

- Identify considerations for Code 2 and Code 3 vehicle operation.
- Identify the policies pertaining to vehicle operations.

#### TRAINING POINTS:

Safe operation of the ambulance is the driver's responsibility. As the driver of an emergency vehicle, you have an obligation to the community to operate as is both legally and ethically sound. Your actions not only represent yourself, but the company, and the community for which you work. By no means are you exempt from either traffic or parking citations.

#### Safety Considerations:

- All occupants must be properly seat-belted while the vehicle is in motion.
- Always use a backer when the vehicle is in reverse.
- All children under the age of 12 must ride in the patient compartment in appropriate restraints.
- Headlights must be on at all times while driving.
- Nothing should ever be placed on the dashboard, especially while the vehicle is in motion.
- Drivers must commit both hands to the steering wheel with the exception of radio or MDT usage. This means no eating, using a map book, or talking on a cell phone while driving.
- Attendants must also be attentive while riding in the passenger's seat as a second pair of eyes. This means no reading (except assisting with navigation), no sleeping, and no talking on a cell phone.
- All vehicle doors should be locked when the vehicle is left unattended.
- Due to the vehicle's overall size it is best to yield to all oncoming traffic, don't try to "beat it."

#### Equipment:

- Always turn the module power off when the vehicle is not running.
- Only use the inverter while the vehicle is running; do not use it for charging personal electronic devices.
- The emergency/parking brake should be used every time that the vehicle is parked.
- Use of the "overdrive" button on the gear shifter:
  - The "OFF" light shall be visible during city driving under 45 MPH, this means pressing the button every time the vehicle is started.
  - The light should not be visible while driving on the freeway or when your speed is over 45 MPH for an extended period of time.
- If a vehicle must remain in traffic in the course of a call and the engine must be turned off the standard vehicle hazard flashers shall be used. If the vehicle were to remain in sight of the crew or has an anti-theft feature and can be left running, the emergency flashers should be used.

#### Code 3 Driving:

In order to drive Code 3, employees must have been cleared by a Supervisor. Under emergency circumstances, exceptions may be made by management and shall be documented in writing immediately following the event.

- All calls are dispatched "Code 2", unless otherwise stated by dispatch.
- On fire responses, the medics in charge of the patient determine the mode of patient transport.
- Operators are responsible for driving and operating emergency vehicles in a safe manner at all times.
- All drivers must hold valid certifications.
- All emergency lights and the siren must be operated continuously while operating the vehicle Code 3.
- Public address systems, also known as PA's, should only be used to help move traffic and at no other time while driving.
- Air horns and other emergency warning systems may be used when appropriate.

The mnemonic "SIPDE" can help you identify and avoid hazards while driving:

- Scan for hazards
- Identify hazards
- Predict the worst
- Decide a course of action
- Execute

### Speed:

The speed of emergency vehicles should be reasonable and prudent for the road structure and conditions. Speed shall not exceed 10 miles per hour over the posted speed limit. Speed is also dictated by road and traffic conditions. In rain, fog, or high volume of traffic, the safe speed may be less than the posted speed limit.

### Passing Other Vehicles:

State law requires private vehicles to slow down, pull to the right, and stop when they see an emergency response vehicle approaching them. Therefore, it may be unsafe and unwise to pass other vehicles on the right when operating code 3.

- Passing a vehicle on the right should be avoided whenever possible.
  - If a vehicle stops in the left lane, do not immediately proceed to the right. The driver should stop behind the vehicle as far to the left as possible, the horn may be sounded as needed. Most vehicles will move to the right if this is done.
- If it is necessary to pass on the right, the driver must slow to a speed which will allow for a safe stop.
- **Never pass a "moving" vehicle on the right.**
- When the driver must travel in the center or on-coming traffic lanes, the maximum permissible speed shall be 15 miles per hour.

### Intersections:

Controlled intersections include intersections with stop signs, yield signs, and intersections with traffic lights.

When approaching intersections, the following actions must be initiated prior to entering:

1. Foot off the accelerator. Let engine compression start to slow the vehicle.
2. Cover or start to apply the brake.
3. Change the setting of the siren from "Wail" to "Yelp" at least 100 feet prior to entering the intersection.
4. If necessary, sound the air horn.
5. When possible, make eye contact with drivers of all stopped vehicles.
6. Before entering the intersection, look **LEFT, FORWARD, RIGHT, and LEFT again**, before proceeding through the intersection at a speed of no more than 15 miles per hour.
  - a. A complete stop must be made at "red" lights and stop signs.
  - b. Be **prepared** to stop prior to entering any controlled intersection regardless of right of way.

### School Zones/Buses:

Upon approaching school zones under all circumstances, the driver must slow to the posted speed limit, and come to a complete stop if necessary. When approaching a school bus displaying flashing lights, loading or unloading children, the driver must:

1. Come to a complete stop.
2. Shut off siren but leave red lights ON and wait for the signal to proceed.

### Notes:

- Don't start driving unless you know where you are going.
- Drive in the left lane(s) or farthest towards the center of the road where you are most visible.
- Use your turn signals for turning, not lane changes.
- If an intersection is "broken" by another emergency vehicle (FD / PD) you must still stop unless the other vehicle remains in the intersection until you are ready to proceed.

GERBER AMBUALNCE ATTENDANT OBSERVATION			Day 1	Day 2	Day 3	Day 4	R 1	R 2
Employee Name _____  Employee # _____	Key		Date: / / SUP: / /					
	✓	Good						
	N/W	Needs Work						
	U	Unacceptable						
	↑	Improving						
	N/A	Not Applicable						
<i>The Corresponding Day Summaries Must Also Be Completed</i>								
<b>GENERAL</b>								
Uniform Wear								
Hygiene								
Attitude / Professionalism								
Productivity / Staying on Task								
Leadership Skills & Decision Making Skills								
Communication with Coworkers								
with Patients / Customers								
with Fire Departments								
with Hospital / Convalescent Home Staff								
<b>REPORTING FOR DUTY</b>								
Arrives / Clocks-in on Time Ready to Work								
Checks For and Reads New Memos								
Requests Unit Assignment in Timely Manner								
Attendant Checkout Accuracy								
Timeliness								
Reporting / Restocking								
<b>AMBULANCE OPERATIONS</b>								
Correct Use of Radio / Terminology								
Correct Use of MDT								
Map Reading / Navigation								
Equipment / Ambulance Decontamination								
Equipment / Ambulance Maintenance								
<b>PATIENT LIFTING &amp; MOVING</b>								
Patient Positioning								
Special Considerations for Pt Comfort / Condition								
Equipment Selection / Usage								
Safety / Lifting Technique								
<b>BASIC LIFE SUPPORT SKILLS</b>								
Patient Assessment								
Vital Signs (Pulse, BP, Resp, Pupils, LOC, etc.)								
BLS Airway and Oxygen Administration								
Trauma and Splinting								
BLS Expanded Scope (Med Admin, Monitor IV Sol, etc.)								
ALS Assist (Saline Lock, IV Priming, Monitor, Neb, etc.)								
<b>TRANSPORTS</b>								
Interfacility Transports								
ALS and Fire Department Assists								
CCT Nurse / Neonatal Transports								
<b>PT CARE COMMUNICATION / DOCUMENTATION</b>								
Relating Vital Signs / Patient Condition								
Giving / Receiving Patient Care Reports								
Documentation Form Selection								
Documentation Completeness / Accuracy								
Legibility								
Obtains All Signatures (4 Required in Blue Boxes)								
Obtains Necessary Copies of ID, Insurance Cards, SS Card								
HIPAA Compliance								
<b>REVIEW</b>								
Supervisor's Initials								

		<b>SUMMARY</b>		<b>DAILY TRAINING OBJECTIVES</b>				
<b>DAY ONE</b>	Date:			<b>DATE</b>	<b>TOPIC</b>	<b>EMP</b>	<b>SUP</b>	
	Shift:				Unit Checkout/Restock			
	Supervisor:				O2 Cylinder Rep/Main			
	Total Transports:				House O2 Rep			
	IFT's:				Pt Lifting & Moving			
	Fire (ALS):	(BLS):				Gurney Operation		
						BLS O2 (NR, NC, BVM)		
				<b>WORKBOOK PAGES / MODULES</b>				
				Daily Patient Care Evaluations / Mapping				
				Infection Control / PPE				
				Non-Emergency Transports				
<b>DAY TWO</b>	Date:			<b>DATE</b>	<b>TOPIC</b>	<b>EMP</b>	<b>SUP</b>	
	Shift:				Saline Lock			
	Supervisor:				IV Priming			
	Total Transports:				Heart Monitor			
	IFT's:				Nebulizer			
	Fire (ALS):	(BLS):				Spinal Immobilization		
					<b>WORKBOOK PAGES / MODULES</b>			
				Daily Patient Care Evaluations / Mapping				
				5150 Patient Restraint				
				Do Not Resuscitate Orders				
				Fire Extinguisher				
<b>DAY THREE</b>	Date:			<b>DATE</b>	<b>TOPIC</b>	<b>EMP</b>	<b>SUP</b>	
	Shift:				Pt Care Documentation			
	Supervisor:				Billing Documentation			
	Total Transports:				Transfer of Care Reports			
	IFT's:				Stair Chair			
	Fire (ALS):	(BLS):				Folding Flat		
						<b>SC:</b>		
				<b>WORKBOOK PAGES / MODULES</b>				
				Daily Patient Care Evaluations / Mapping				
				Patient Care Documentation Review				
				CCT Nurse Transports				
<b>DAY FOUR</b>	Date:			<b>DATE</b>	<b>TOPIC</b>	<b>EMP</b>	<b>SUP</b>	
	Shift:				Radio Usage			
	Supervisor:				MDT Usage			
	Total Transports:				Traction/Splint			
	IFT's:				PediMate			
	Fire (ALS):	(BLS):				<b>SC:</b>		
					<b>WORKBOOK PAGES / MODULES</b>			
				Daily Patient Care Evaluations / Mapping				
				Expanded Scope (Ref: 802)				
				Communications				
				Vehicle Operations				

**ATTENDANT TRAINING COMPLETION**

EMP SIG: \_\_\_\_\_ Date: / /      SUP SIG: \_\_\_\_\_ Date: / /

\*\*\*TRAINING COORDINATOR NOTES\*\*\*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



<b>C2</b>	Date:	
	SUP Name/#:	
	Number of C2's	

<b>CODE 2 CLEAR</b>	Sup Name:	Sup Sig:	Date:
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<b>CODE 2 SHIFTS</b>	1st:	2nd:	3rd:	4th:
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<b>C3 (Initial)</b>	Date:	
	SUP Name/#:	
	Number of C2's	Number of C3's

<b>C3 (2nd)</b>	Date:	
	SUP Name/#:	
	Number of C2's	Number of C3's

<b>C3 (3rd)</b>	Date:	
	SUP Name/#:	
	Number of C2's	Number of C3's

<b>C3 (4th)</b>	Date:	
	SUP Name/#:	
	Number of C2's	Number of C3's

<b>C3 (5th)</b>	Date:	
	SUP Name/#:	
	Number of C2's	Number of C3's

<b>C3 (6th)</b>	Date:	
	SUP Name/#:	
	Number of C2's	Number of C3's

<b>C3 (7th)</b>	Date:	
	SUP Name/#:	
	Number of C2's	

<b>CODE 3 SHIFTS</b>	Torrance Shift	Santa Monica Shift	Day Shift
	Date:	Date:	Date:

<b>MAP TEST</b>	Torrance:	Santa Monica:	Total:	Date Passed:
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Please remind your trainee to complete the Field Preceptor Evaluations for each shift.

EMP NAME:	EMP#	Score Notes: 5=Exceptional 4=Exceeds 3=Average 2=Marginal 1=Unsatisfactory Any <b>CRITICAL ERROR</b> , three <b>SCORES</b> of a 2 or less, or three sequential <b>TOTALS</b> of 13 or less will result in termination of code 3 training for the day.
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<input type="checkbox"/> Code 3 <input type="checkbox"/> Code 2	<input type="checkbox"/> RESP <input type="checkbox"/> TRAN	Time:	Date: / /	Resp/Trans From:	Resp/Trans To:
<b>SELF EVALUATION</b>			<b>PRECEPTOR EVALUATION</b>		
			SUPERVISOR:	EMP#	SIG:
			NEEDS IMPROVEMENT: <input type="checkbox"/> Dec. Making <input type="checkbox"/> Driving Ability <input type="checkbox"/> Speed <input type="checkbox"/> Parking <input type="checkbox"/> Passing <input type="checkbox"/> Intersections		
			CRITICAL ERRORS: <input type="checkbox"/> Unsafe <input type="checkbox"/> Vehicle Control <input type="checkbox"/> Ex. Speed <input type="checkbox"/> Collision/Curb <input type="checkbox"/> Inc. Stop <input type="checkbox"/> Tailgating		
			<b>KEY OBSERVATIONS:</b>	<b>GENERAL COMMENTS</b>	
			Leadership		
			Radio / Comm		
			Mapping / Nav		
			ETA		
			Vehicle Control		
Score: 5 4 3 2 1 Miles:			<b>TOTAL</b>		

<input type="checkbox"/> Code 3 <input type="checkbox"/> Code 2	<input type="checkbox"/> RESP <input type="checkbox"/> TRAN	Time:	Date: / /	Resp/Trans From:	Resp/Trans To:
<b>SELF EVALUATION</b>			<b>PRECEPTOR EVALUATION</b>		
			SUPERVISOR:	EMP#	SIG:
			NEEDS IMPROVEMENT: <input type="checkbox"/> Dec. Making <input type="checkbox"/> Driving Ability <input type="checkbox"/> Speed <input type="checkbox"/> Parking <input type="checkbox"/> Passing <input type="checkbox"/> Intersections		
			CRITICAL ERRORS: <input type="checkbox"/> Unsafe <input type="checkbox"/> Vehicle Control <input type="checkbox"/> Ex. Speed <input type="checkbox"/> Collision/Curb <input type="checkbox"/> Inc. Stop <input type="checkbox"/> Tailgating		
			<b>KEY OBSERVATIONS:</b>	<b>GENERAL COMMENTS</b>	
			Leadership		
			Radio / Comm		
			Mapping / Nav		
			ETA		
			Vehicle Control		
Score: 5 4 3 2 1 Miles:			<b>TOTAL</b>		

<input type="checkbox"/> Code 3 <input type="checkbox"/> Code 2	<input type="checkbox"/> RESP <input type="checkbox"/> TRAN	Time:	Date: / /	Resp/Trans From:	Resp/Trans To:
<b>SELF EVALUATION</b>			<b>PRECEPTOR EVALUATION</b>		
			SUPERVISOR:	EMP#	SIG:
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			<b>KEY OBSERVATIONS:</b>	<b>GENERAL COMMENTS</b>	
			Leadership		
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			ETA		
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<input type="checkbox"/> Code 3 <input type="checkbox"/> Code 2	<input type="checkbox"/> RESP <input type="checkbox"/> TRAN	Time:	Date: / /	Resp/Trans From:	Resp/Trans To:
<b>SELF EVALUATION</b>			<b>PRECEPTOR EVALUATION</b>		
			SUPERVISOR: EMP# SIG:		
			NEEDS IMPROVEMENT: <input type="checkbox"/> Dec. Making <input type="checkbox"/> Driving Ability <input type="checkbox"/> Speed <input type="checkbox"/> Parking <input type="checkbox"/> Passing <input type="checkbox"/> Intersections		
			CRITICAL ERRORS: <input type="checkbox"/> Unsafe <input type="checkbox"/> Vehicle Control <input type="checkbox"/> Ex. Speed <input type="checkbox"/> Collision/Curb <input type="checkbox"/> Inc. Stop <input type="checkbox"/> Tailgating		
			<b>KEY OSERVATIONS:</b>		
			<b>GENERAL COMMENTS</b>		
			Leadership		
			Radio / Comm		
			Mapping / Nav		
			ETA		
			Vehicle Control		
Score: 5 4 3 2 1 Miles:			<b>TOTAL</b>		

<input type="checkbox"/> Code 3 <input type="checkbox"/> Code 2	<input type="checkbox"/> RESP <input type="checkbox"/> TRAN	Time:	Date: / /	Resp/Trans From:	Resp/Trans To:
<b>SELF EVALUATION</b>			<b>PRECEPTOR EVALUATION</b>		
			SUPERVISOR: EMP# SIG:		
			NEEDS IMPROVEMENT: <input type="checkbox"/> Dec. Making <input type="checkbox"/> Driving Ability <input type="checkbox"/> Speed <input type="checkbox"/> Parking <input type="checkbox"/> Passing <input type="checkbox"/> Intersections		
			CRITICAL ERRORS: <input type="checkbox"/> Unsafe <input type="checkbox"/> Vehicle Control <input type="checkbox"/> Ex. Speed <input type="checkbox"/> Collision/Curb <input type="checkbox"/> Inc. Stop <input type="checkbox"/> Tailgating		
			<b>KEY OSERVATIONS:</b>		
			<b>GENERAL COMMENTS</b>		
			Leadership		
			Radio / Comm		
			Mapping / Nav		
			ETA		
			Vehicle Control		
Score: 5 4 3 2 1 Miles:			<b>TOTAL</b>		

<input type="checkbox"/> Code 3 <input type="checkbox"/> Code 2	<input type="checkbox"/> RESP <input type="checkbox"/> TRAN	Time:	Date: / /	Resp/Trans From:	Resp/Trans To:
<b>SELF EVALUATION</b>			<b>PRECEPTOR EVALUATION</b>		
			SUPERVISOR: EMP# SIG:		
			NEEDS IMPROVEMENT: <input type="checkbox"/> Dec. Making <input type="checkbox"/> Driving Ability <input type="checkbox"/> Speed <input type="checkbox"/> Parking <input type="checkbox"/> Passing <input type="checkbox"/> Intersections		
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			Mapping / Nav		
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			<b>KEY OSERVATIONS:</b>		
			<b>GENERAL COMMENTS</b>		
			Leadership		
			Radio / Comm		
			Mapping / Nav		
			ETA		
			Vehicle Control		
Score: 5 4 3 2 1 Miles:			<b>TOTAL</b>		



**Response Process:**

Gerber Ambulance Service Dispatch is located within the Torrance headquarters located at 19801 Mariner Ave. Response requests are received by a Dispatcher or Call Taker at Gerber Ambulance Dispatch Center in Torrance, via a direct "Ring Down" line on a dedicated phone for your fire department. Listening to the fire departments radio frequency (channel 3-Alpha) will enable the dispatch team to start preparing to receive the call. The dispatcher or call taker will transcribe the information to Run Cards which allows tracking of times and documentation of the response. When Gerber Ambulance Service receives the call for response on the dedicated TFD "Ring Down" line. Location is repeated and CPSCC is informed which Gerber unit will be responding. Calls are then dispatched to Ambulances via VHF Radio and simulcast via Teletrac MDT. Vehicles are tracked utilizing Teletrac Vehicle Locating System.

Emergency ambulances are dispatched according to the closest unit or the most accessible unit to the call with an appropriate ETA. Vehicles are on system status, stationed around the city, strategically placed to allow for ease of response and to minimize response times. Currently it is Gerber Ambulance Policy that ambulance crews must begin response within one minute of receiving emergency calls, day or night. This way, Gerber Ambulance Service is able to maintain timely and accurate Enroute and On Scene Intervals for either Code 2 or Code 3 responses.

Gerber Ambulance Service will continuously adhere to the standards set forth by the Torrance Fire Department and display statistical data utilizing a monthly or quarterly report to track and review all responses for quality assurance purposes. Constant evaluation of our systems enables us to make any necessary adjustments. This report will be submitted to Torrance Fire Department in addition to internal utilization in our QA/QI Program.

Punctual "Arrival Times" are vital and will be met with the high standards laid out on this RFP and Proposal. The key to success is our "Posting" strategy within the City of Torrance is mirroring that of the Torrance Fire Department. Once a call goes out and an ambulance responds, another ambulance will be rotated into that area to cover. During multiple calls, multiple shifts in resources will be performed, and at which time, back up ambulance will be notified to post or prepared to respond. Current posting locations listed on the following page.

## Posting Locations:

Note: **Bold** print denotes preferred locations.

TFD – 93

- 1) **McMaster Park**
- 2) Columbia Park

(Center of area)

**Delthorne Park (Torrance & Amie)**

TFD – 91

- 1) **Hawthorne & Sepulveda**
- 2) Wilson Park
- 3) **Torrance Park (if Wilson Park is crowded)**

TFD – 95

- 1) Torrance & Anza

TFD – 96

- 1) Victor Park

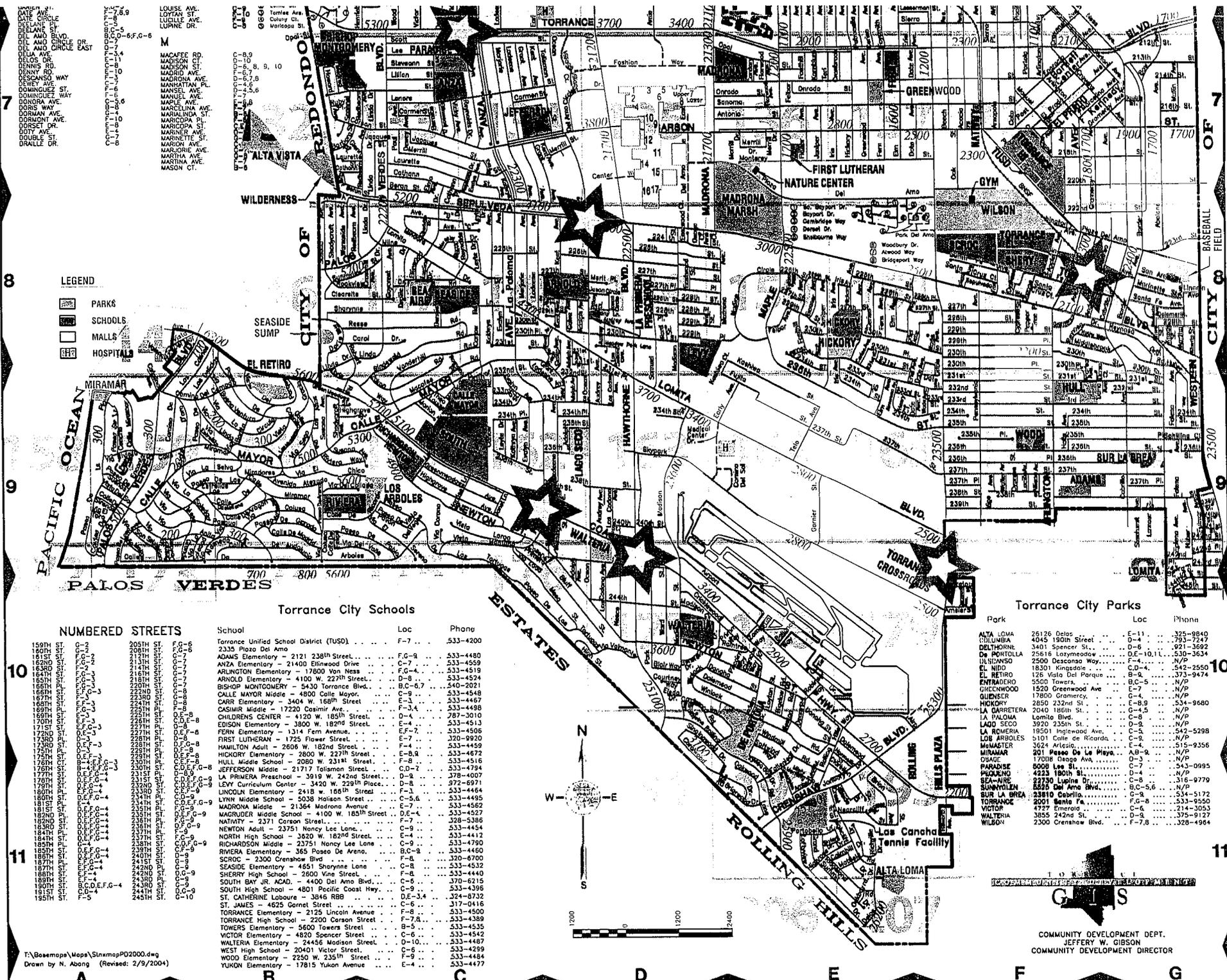
TFD – 94

- 1) Lomita & Crenshaw
- 2) **Sky Park & Madison**
- 3) PCH & ANZA

**Gerber Ambulance Service headquarters** is located in the center of Torrance and also serves as an excellent location for which to respond with back up ambulances, specialized transports, equipment, or personnel. Especially in the case of our Bariatric Ambulance #92 which includes a “lift assist” tailgate and a bariatric gurney.

Our Communications Center (Dispatch) is also backed up by one (1) full-phase diesel generator which is built into our Torrance Base, which has a 0-5 TransLink. Also, our headquarters has to its avail on premises a 5,000 gallon diesel tank, which will allow for an indefinite amount of continuous emergency power. This system also backed up with gasoline powered generators in case of a power outage.

The most important part of any communications center is the personnel assigned to work with the equipment. Gerber is proud that our dispatch center has an average employee retention rate of more than a seven (7) year average.



**LEGEND**

- PARKS
- SCHOOLS
- MALLS
- HOSPITALS

**NUMBERED STREETS**

150th	205th
160th	210th
170th	215th
180th	220th
190th	225th
200th	230th
210th	235th
220th	240th
230th	245th
240th	250th
250th	255th
260th	260th
270th	265th
280th	270th
290th	275th
300th	280th
310th	285th
320th	290th
330th	295th
340th	300th
350th	305th
360th	310th
370th	315th
380th	320th
390th	325th
400th	330th
410th	335th
420th	340th
430th	345th
440th	350th
450th	355th
460th	360th
470th	365th
480th	370th
490th	375th
500th	380th
510th	385th
520th	390th
530th	395th
540th	400th
550th	405th
560th	410th
570th	415th
580th	420th
590th	425th
600th	430th
610th	435th
620th	440th
630th	445th
640th	450th
650th	455th
660th	460th
670th	465th
680th	470th
690th	475th
700th	480th
710th	485th
720th	490th
730th	495th
740th	500th
750th	505th
760th	510th
770th	515th
780th	520th
790th	525th
800th	530th
810th	535th
820th	540th
830th	545th
840th	550th
850th	555th
860th	560th
870th	565th
880th	570th
890th	575th
900th	580th
910th	585th
920th	590th
930th	595th
940th	600th
950th	605th
960th	610th
970th	615th
980th	620th
990th	625th
1000th	630th

**Torrance City Schools**

School	Loc	Phone
Torrance Unified School District (TUSD)	F-7	533-4200
2335 Ploze Del Amo		
ADAMS Elementary - 2121 238th Street	F-G-9	533-4480
ANZA Elementary - 21400 Elinwood Drive	C-7	533-4559
ARLINGTON Elementary - 17800 Von Ness	F-G-4	533-4519
ARNOLD Elementary - 4100 W. 227th Street	D-8	533-4524
BISHOP MONTGOMERY - 5430 Torrance Blvd.	B-C-6,7	540-2021
CALLE MAYOR Middle - 4800 Calle Mayor	C-9	533-4548
CARR Elementary - 3404 W. 168th Street	E-1	533-4467
CASIMIR Middle - 17220 Casimir Ave.	F-3,4	533-4498
CHILDRENS CENTER - 1120 W. 185th Street	D-8	2187-2010
EDISON Elementary - 3800 W. 182nd Street	E-4	533-4513
FERN Elementary - 1314 Fern Avenue	E-F-7	533-4506
FIRST LUTHERAN - 1725 Flower Street	E-7	320-9920
HAMILTON Adult - 2808 W. 182nd Street	F-2	533-4456
HICKORY Elementary - 2800 W. 227th Street	E-8,9	533-4672
HULL Middle School - 2080 W. 231st Street	F-8	533-4516
JEFFERSON Middle - 21717 Tolman Street	C-D-2	533-4794
LEVY Curriculum Center - 3420 W. 229th Place	D-8	378-4007
LEVY Curriculum Center - 3420 W. 229th Place	D-8	972-6971
LINCOLN Elementary - 2418 W. 186th Street	F-1	533-4464
LYNN Middle School - 5038 Holman Street	C-E,5,6	533-4495
MADRONA Middle - 21354 Madrona Avenue	E-7	533-4652
MAGRUDER Middle School - 4100 W. 185th Street	D-E-4	533-4527
NATIVITY - 2371 Carson Street	F-7	328-5386
NEWTON Adult - 23751 Nancy Lee Lane	F-8	300-6700
NORTH High School - 3820 W. 182nd Street	E-4	533-4412
RICHARDSON Middle - 23751 Nancy Lee Lane	C-9	533-4790
RIVERA Elementary - 365 Posco De Arno	B-C-3	533-4460
SCRIP - 2300 Oranhow Blvd.	F-10	533-4700
SEASIDE Elementary - 4651 Sharynne Lane	C-8	533-4532
SHERY High School - 2600 Vne Street	F-8	533-4440
SOUTH BAY JR. ACAD. - 4400 Del Amo Blvd.	C-6	370-9215
SOUTH High School - 4801 Pacific Coast Hwy	E-3	533-4396
ST. CATHERINE Labour - 3846 RBB	D-E-3,4	324-8732
ST. JAMES - 4625 Gornet Street	C-6	317-0416
TORRANCE Elementary - 2125 Lincoln Avenue	F-8	533-4500
TORRANCE High School - 2200 Carson Street	F-7,8	533-4389
TOWERS Elementary - 5600 Towers Street	B-5	533-4535
VICTOR Elementary - 4820 Spencer Street	C-6	533-4542
WALTERA Elementary - 24456 Madison Street	D-10	533-4487
WEST High School - 20401 Victor Street	C-9	533-4299
WOOD Elementary - 2250 W. 235th Street	F-9	533-4484
YUKON Elementary - 17815 Yukon Avenue	E-4	533-4477

**Torrance City Parks**

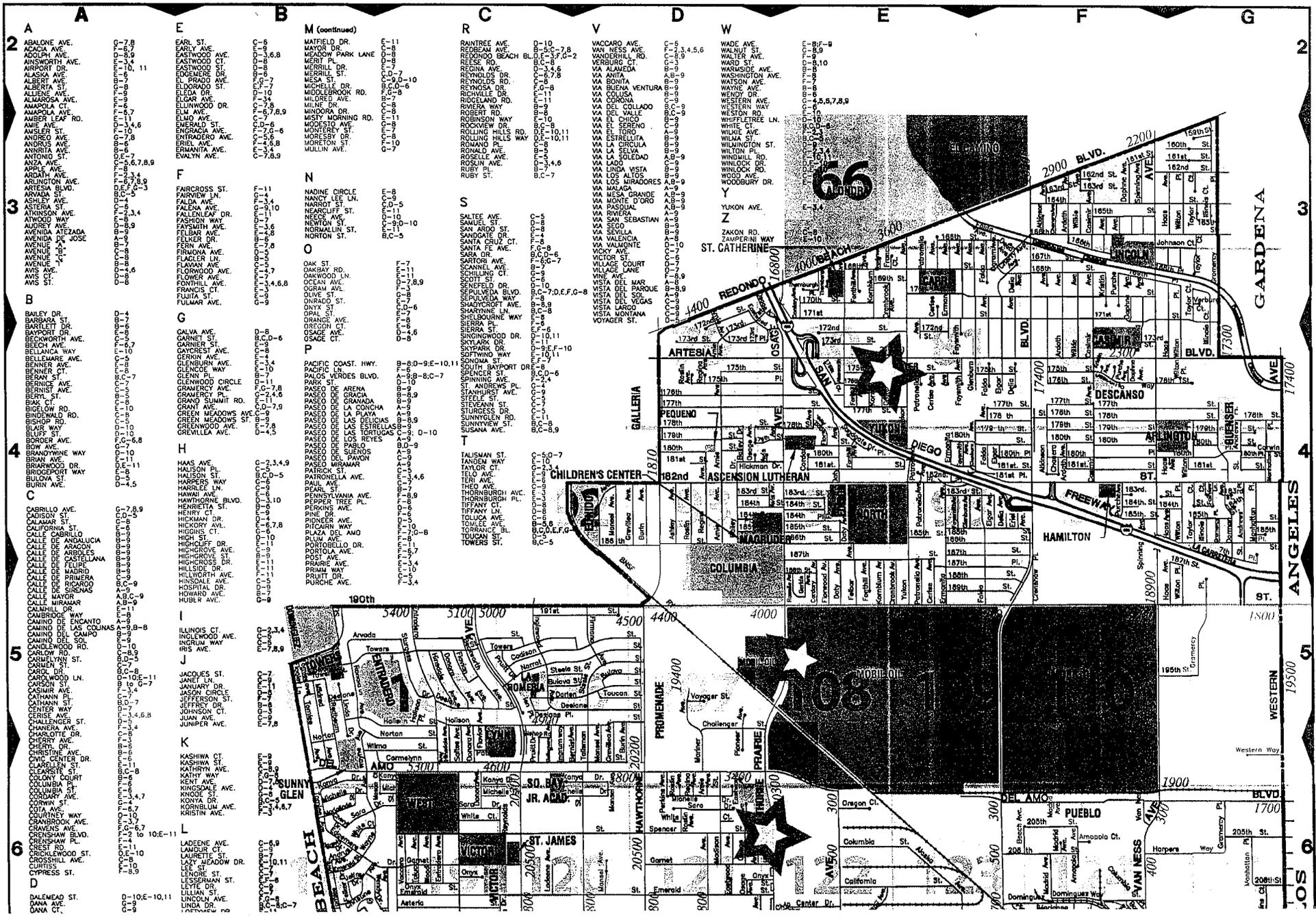
Park	Loc	Phone	
ALTA LOMA	26126 Delas	E-11	325-8940
COLUMBIA	4045 180th Street	D-4	793-7247
DELTHORNE	3401 Spencer St.	D-6	621-3692
DE PORTILLA	25816 Losyewood	D-E-10,11	530-3634
DESCANSA	2500 Descansa Way	F-4	N/P
EL NIDO	18301 Kingsdale	C-D-4	542-2550
EL RETIRO	128 Vista Del Parque	B-9	373-9474
ENTRADERO	5500 Towers	B-C-5	N/P
GREENWOOD	1520 Greenwood Ave	E-7	N/P
GUENISER	17800 Gramery	G-4	N/P
HICKORY	2850 232nd St	E-8,9	254-9680
LA GARRETERA	2040 180th St.	G-4,5	N/P
LA PALOMA	Lomita Blvd.	C-8	N/P
LADY SECO	3970 235th St.	N/P	N/P
LA ROMERIA	19501 Inglewood Ave.	C-5	542-5298
LOS ARBOLES	5101 Calle de Ricardo	C-8	N/P
MUNSTER	3624 Arleford	C-8	519-9356
MIRAMAR	201 Pesse De La Moya	A-B-9	N/P
OSAGE	1700B Otago St.	D-3	N/P
PACIFIC	6008 Loo St.	C-6	543-0995
PEQUENO	4223 180th St.	D-4	N/P
SEA-ARE	22730 Lupine Dr.	C-8	316-9779
SUNNYVALEN	8835 Del Amo Blvd.	B-C-5,6	N/P
BUR LA BRISA	23510 Caballero	G-8	534-5172
TORRANCE	2001 Santa Fe	F-G-8	533-9550
TORRANCE	4727 Emergo	C-6	533-3053
WALTERA	3855 242nd St.	D-9	379-9127
WILSON	2300 Cranshaw Blvd.	F-7,8	328-4964

T:\Base\mopa\mopa\stnmap\PD2000.dwg  
 Drawn by N. Abong (Revised: 2/9/2004)

COMMUNITY DEVELOPMENT DEPT.  
 JEFFERY W. GIBSON  
 COMMUNITY DEVELOPMENT DIRECTOR



# Torrance Fire Department South Bay Grid



Column	Row	Street Name	Coordinates
A	2	ABALONA AVE.	7-7.8
	ACACIA AVE.	7-7.9	
	ADOLPH AVE.	7-7.9	
	AINSWORTH AVE.	7-7.9	
	AIRPORT DR.	7-7.9	
	ALASKA AVE.	7-7.9	
	ALBERT AVE.	7-7.9	
	ALBERTA ST.	7-7.9	
	ALLIENE AVE.	7-7.9	
	ALVARADO AVE.	7-7.9	
B	2	BAILEY DR.	7-7.9
	BARRETT DR.	7-7.9	
	BAYPORT DR.	7-7.9	
	BECKWORTH AVE.	7-7.9	
	BEECH AVE.	7-7.9	
	BELLANGA WAY	7-7.9	
	BELLEVILLE AVE.	7-7.9	
	BENNER AVE.	7-7.9	
	BENNETT DR.	7-7.9	
	BERNARD ST.	7-7.9	
C	2	CABRILLO AVE.	7-7.9
	CALAMAR ST.	7-7.9	
	CALIFORNIA ST.	7-7.9	
	CALLE CABRILLO	7-7.9	
	CALLE DE ANDALUCIA	7-7.9	
	CALLE DE CALIFORNIA	7-7.9	
	CALLE DE ARBOLES	7-7.9	
	CALLE DE CANTON	7-7.9	
	CALLE DE FELIP	7-7.9	
	CALLE DE MADRID	7-7.9	
D	2	DALE AVE.	7-7.9
	DANFORTH AVE.	7-7.9	
	DANFORTH ST.	7-7.9	
	DANFORTH WAY	7-7.9	
	DAVIDSON AVE.	7-7.9	
	DAVIDSON ST.	7-7.9	
	DAVIDSON WAY	7-7.9	
	DAVIDSON BLVD.	7-7.9	
	DAVIDSON DR.	7-7.9	
	DAVIDSON CT.	7-7.9	

Column	Row	Street Name	Coordinates
E	2	EARL ST.	7-7.9
	EARLY AVE.	7-7.9	
	EASTWOOD AVE.	7-7.9	
	EASTWOOD CT.	7-7.9	
	EASTWOOD DR.	7-7.9	
	EASTWOOD BLVD.	7-7.9	
	EASTWOOD RD.	7-7.9	
	EASTWOOD ST.	7-7.9	
	EASTWOOD WAY	7-7.9	
	EASTWOOD CT.	7-7.9	
F	2	FARROSS ST.	7-7.9
	FARROW AVE.	7-7.9	
	FARROW DR.	7-7.9	
	FARROW WAY	7-7.9	
	FARROW BLVD.	7-7.9	
	FARROW RD.	7-7.9	
	FARROW ST.	7-7.9	
	FARROW WAY	7-7.9	
	FARROW CT.	7-7.9	
	FARROW DR.	7-7.9	
G	2	GALVA AVE.	7-7.9
	GALVA ST.	7-7.9	
	GALVA DR.	7-7.9	
	GALVA WAY	7-7.9	
	GALVA BLVD.	7-7.9	
	GALVA RD.	7-7.9	
	GALVA ST.	7-7.9	
	GALVA WAY	7-7.9	
	GALVA CT.	7-7.9	
	GALVA DR.	7-7.9	

Column	Row	Street Name	Coordinates
H	2	HAS AVE.	7-7.9
	HAS ST.	7-7.9	
	HAS DR.	7-7.9	
	HAS WAY	7-7.9	
	HAS BLVD.	7-7.9	
	HAS RD.	7-7.9	
	HAS ST.	7-7.9	
	HAS WAY	7-7.9	
	HAS CT.	7-7.9	
	HAS DR.	7-7.9	
I	2	ILLINOIS CT.	7-7.9
	INGLEWOOD AVE.	7-7.9	
	INGLEWOOD ST.	7-7.9	
	INGLEWOOD DR.	7-7.9	
	INGLEWOOD WAY	7-7.9	
	INGLEWOOD BLVD.	7-7.9	
	INGLEWOOD RD.	7-7.9	
	INGLEWOOD ST.	7-7.9	
	INGLEWOOD WAY	7-7.9	
	INGLEWOOD CT.	7-7.9	
J	2	JACOBS ST.	7-7.9
	JANUARY DR.	7-7.9	
	JANUARY WAY	7-7.9	
	JANUARY BLVD.	7-7.9	
	JANUARY RD.	7-7.9	
	JANUARY ST.	7-7.9	
	JANUARY WAY	7-7.9	
	JANUARY CT.	7-7.9	
	JANUARY DR.	7-7.9	
	JANUARY ST.	7-7.9	

Column	Row	Street Name	Coordinates
K	2	KASHIWA CT.	7-7.9
	KASHIWA AVE.	7-7.9	
	KASHIWA ST.	7-7.9	
	KASHIWA DR.	7-7.9	
	KASHIWA WAY	7-7.9	
	KASHIWA BLVD.	7-7.9	
	KASHIWA RD.	7-7.9	
	KASHIWA ST.	7-7.9	
	KASHIWA WAY	7-7.9	
	KASHIWA CT.	7-7.9	
L	2	LADENE AVE.	7-7.9
	LADENE ST.	7-7.9	
	LADENE DR.	7-7.9	
	LADENE WAY	7-7.9	
	LADENE BLVD.	7-7.9	
	LADENE RD.	7-7.9	
	LADENE ST.	7-7.9	
	LADENE WAY	7-7.9	
	LADENE CT.	7-7.9	
	LADENE DR.	7-7.9	

Column	Row	Street Name	Coordinates
M (continued)	2	MATFIELD DR.	7-7.9
	MAYOR DR.	7-7.9	
	MAYOR PARK LANE	7-7.9	
	MAYOR ST.	7-7.9	
	MAYOR DR.	7-7.9	
	MAYOR WAY	7-7.9	
	MAYOR BLVD.	7-7.9	
	MAYOR RD.	7-7.9	
	MAYOR ST.	7-7.9	
	MAYOR WAY	7-7.9	
N	2	NADINE CIRCLE	7-7.9
	NADINE AVE.	7-7.9	
	NADINE ST.	7-7.9	
	NADINE DR.	7-7.9	
	NADINE WAY	7-7.9	
	NADINE BLVD.	7-7.9	
	NADINE RD.	7-7.9	
	NADINE ST.	7-7.9	
	NADINE WAY	7-7.9	
	NADINE CT.	7-7.9	

Column	Row	Street Name	Coordinates
O	2	OAK ST.	7-7.9
	OAK DR.	7-7.9	
	OAK WAY	7-7.9	
	OAK BLVD.	7-7.9	
	OAK RD.	7-7.9	
	OAK ST.	7-7.9	
	OAK WAY	7-7.9	
	OAK CT.	7-7.9	
	OAK DR.	7-7.9	
	OAK ST.	7-7.9	
P	2	PACIFIC COAST HWY.	7-7.9
	PACIFIC ST.	7-7.9	
	PACIFIC DR.	7-7.9	
	PACIFIC WAY	7-7.9	
	PACIFIC BLVD.	7-7.9	
	PACIFIC RD.	7-7.9	
	PACIFIC ST.	7-7.9	
	PACIFIC WAY	7-7.9	
	PACIFIC CT.	7-7.9	
	PACIFIC DR.	7-7.9	

Column	Row	Street Name	Coordinates
Q	2	QUAKER AVE.	7-7.9
	QUAKER ST.	7-7.9	
	QUAKER DR.	7-7.9	
	QUAKER WAY	7-7.9	
	QUAKER BLVD.	7-7.9	
	QUAKER RD.	7-7.9	
	QUAKER ST.	7-7.9	
	QUAKER WAY	7-7.9	
	QUAKER CT.	7-7.9	
	QUAKER DR.	7-7.9	
R	2	RANTREE AVE.	7-7.9
	RANTREE ST.	7-7.9	
	RANTREE DR.	7-7.9	
	RANTREE WAY	7-7.9	
	RANTREE BLVD.	7-7.9	
	RANTREE RD.	7-7.9	
	RANTREE ST.	7-7.9	
	RANTREE WAY	7-7.9	
	RANTREE CT.	7-7.9	
	RANTREE DR.	7-7.9	

Column	Row	Street Name	Coordinates
S	2	SALTEE AVE.	7-7.9
	SALTEE ST.	7-7.9	
	SALTEE DR.	7-7.9	
	SALTEE WAY	7-7.9	
	SALTEE BLVD.	7-7.9	
	SALTEE RD.	7-7.9	
	SALTEE ST.	7-7.9	
	SALTEE WAY	7-7.9	
	SALTEE CT.	7-7.9	
	SALTEE DR.	7-7.9	
T	2	TALUSAN ST.	7-7.9
	TALUSAN DR.	7-7.9	
	TALUSAN WAY	7-7.9	
	TALUSAN BLVD.	7-7.9	
	TALUSAN RD.	7-7.9	
	TALUSAN ST.	7-7.9	
	TALUSAN WAY	7-7.9	
	TALUSAN CT.	7-7.9	
	TALUSAN DR.	7-7.9	
	TALUSAN ST.	7-7.9	

Column	Row	Street Name	Coordinates
U	2	UNION AVE.	7-7.9
	UNION ST.	7-7.9	
	UNION DR.	7-7.9	
	UNION WAY	7-7.9	
	UNION BLVD.	7-7.9	
	UNION RD.	7-7.9	
	UNION ST.	7-7.9	
	UNION WAY	7-7.9	
	UNION CT.	7-7.9	
	UNION DR.	7-7.9	
V	2	VACCARO AVE.	7-7.9
	VACCARO ST.	7-7.9	
	VACCARO DR.	7-7.9	
	VACCARO WAY	7-7.9	
	VACCARO BLVD.	7-7.9	
	VACCARO RD.	7-7.9	
	VACCARO ST.	7-7.9	
	VACCARO WAY	7-7.9	
	VACCARO CT.	7-7.9	
	VACCARO DR.	7-7.9	

Column	Row	Street Name	Coordinates
W	2	WADE AVE.	7-7.9
	WADE ST.	7-7.9	
	WADE DR.	7-7.9	
	WADE WAY	7-7.9	
	WADE BLVD.	7-7.9	
	WADE RD.	7-7.9	
	WADE ST.	7-7.9	
	WADE WAY	7-7.9	
	WADE CT.	7-7.9	
	WADE DR.	7-7.9	
X	2	XANON AVE.	7-7.9
	XANON ST.	7-7.9	
	XANON DR.	7-7.9	
	XANON WAY	7-7.9	
	XANON BLVD.	7-7.9	
	XANON RD.	7-7.9	
	XANON ST.	7-7.9	
	XANON WAY	7-7.9	
	XANON CT.	7-7.9	
	XANON DR.	7-7.9	

Column	Row	Street Name	Coordinates
Y	2	YUKON AVE.	7-7.9
	YUKON ST.	7-7.9	
	YUKON DR.	7-7.9	
	YUKON WAY	7-7.9	
	YUKON BLVD.	7-7.9	
	YUKON RD.	7-7.9	
	YUKON ST.	7-7.9	
	YUKON WAY	7-7.9	
	YUKON CT.	7-7.9	
	YUKON DR.	7-7.9	
Z	2	ZAKON RD.	7-7.9
	ZAKON ST.	7-7.9	
	ZAKON DR.	7-7.9	
	ZAKON WAY	7-7.9	
	ZAKON BLVD.	7-7.9	
	ZAKON RD.	7-7.9	
	ZAKON ST.	7-7.9	
	ZAKON WAY	7-7.9	
	ZAKON CT.	7-7.9	
	ZAKON DR.	7-7.9	

How do you intend to meet the following minimum requirements? Please specifically delineate resources that you own, and where they are normally assigned, by address. Please indicate your assumed response times from these addresses to the City of Torrance. Reliance upon state, regional, or local mutual aid is not acceptable for providing the required depth of resources. In the event that this requirement for depth of resources is to be met with resources other than owned by your company, detail of contractual relationships and the specific location of contracted resources should be disclosed as above. As a reminder, the requirements listed below shall be staffed pursuant to the "Scope of Service."

10. Contractor shall have five (5) United States Department of Transportation Standards KKK-1822-A for Type III ambulances dedicated solely to the Torrance Fire Department on a twenty-four (24) hour basis. Once the National Fire Protection Association standard NFPA 1917 is adopted, it shall supersede the US DOT Standards KKK-1822-A. Contractor must provide ambulances that meet the requirements of the National Fire Protection Association standard NFPA 1917 upon its adoption.

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**Gerber Ambulance Service currently maintains and will continue to maintain after award of contract, five (5) solely dedicated ambulances to the Torrance Fire Department on a twenty-four (24) hour basis. All five ambulances are manufactured by Crestline Type III and meet the USDT Standards KKK-1822-A. Once the NFPA 1917 standard is adopted, Gerber Ambulance Service will provide ambulances which will be in compliance.**

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Contractor shall equip the ambulance units dedicated to Torrance with the following equipment specified by the Torrance Fire Department: 1) a 2-way radio using Torrance Fire Department frequencies; and 2) radio and Automatic Vehicle Locator (AVL) equipment to connect to the City's Public Safety Communications Center Computer-Aided Dispatch System; 3) a mobile computer system that has the ability to send & receive incident info and update vehicle status into the City's Public Safety Communications Center CAD. Any needed tech support will be provided by an outside contractor or can be contracted with the city for a fee. Contractor shall identify the ambulances with the specific unit identifier assigned by the Torrance Fire Department. This identifier will be used by Contractor dispatchers and City of Torrance dispatchers to dispatch the ambulances and in all communications. Contractor shall incur all associated cost. Please describe if (and how) you can comply with this requirement.

**Gerber Ambulance Service currently utilizes the above mentioned communication equipment and will continue using these resources upon award of the contract. For tech support, we use our IT Department and outside contracted vendors. We have used TFD contracted provider; RSI, and also use a contracted vendor RadioService, Inc. Gerber Ambulance Service will comply with all requirements and utilize contracted vendors to install any and all necessary equipment, and we shall incur all associated costs.**

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11. During the hours of 7 a.m. to 7 p.m. each day, sixteen (16) United States Department of Transportation Standards KKK-1822-A for Type III ambulances. The minimum requirement for sixteen ambulances includes the five dedicated ambulances. Once the National Fire Protection Association standard NFPA 1917 is adopted, it shall supersede the US DOT Standards KKK-1822-A. Contractor must provide ambulances that meet the requirements of the National Fire Protection Association standard NFPA 1917 upon its adoption.

Gerber Ambulance currently provides this service and will comply with NFPA 1917 upon its adoption and award of contract.

12. During the hours of 7 p.m. to 7 a.m. each day, eight (8) United States Department of Transportation Standards KKK-1822-A for Type III ambulances. The minimum requirement for eight ambulances includes the five dedicated ambulances. Once the National Fire Protection Association standard NFPA 1917 is adopted, it shall supersede the US DOT Standards KKK-1822-A. Contractor must provide ambulances that meet the requirements of the National Fire Protection Association standard NFPA 1917 upon its adoption.

Gerber Ambulance currently provides this service and will comply with NFPA 1917 upon its adoption and award of contract.

13. In addition to the above, Contractor must be capable of providing six (6) additional back-up ambulances (22 total) capable of responding within twelve (12) minutes for a second response, fourteen (14) ambulances (30 total) capable of responding within twenty (20) minutes for a third response, and twenty (20) ambulances (36 ambulances) capable of responding within thirty (30) minutes for a fourth response. Note: These ambulances may be Type I, Type II or Type III.

Gerber Ambulance currently provides this service and will comply with NFPA 1917 upon its adoption and award of contract.

14. List the dedicated and back up emergency ambulance vehicles that will be used to service the City of Torrance. Indicate the unit #, age, make, type, and mileage of each ambulance to be utilized for this contract. (Mileage is defined as the mileage at time of proposal submission.) If the vehicles listed below are subcontracted, identify the subcontractor.

ALL GERBER AMBULANCES ARE MODULAR TYPE III						Check all applicable:			
Unit #	License plate No.	Manufacturer & Model	Manuf. Year	Age	Mileage	Proposed Dedicated 9-1-1	Proposed Backup	Interfacility	Own/ Subcontractor
24	8K67331	Chev Exp 3500	2008	2	26,658	X			Owned
25	8K67332	Chev Exp 3500	2008	2	25,061	X			Owned
55	8K67333	Chev Exp 3500	2008	2	22,508	X			Owned
57	8M81933	Chev Exp 3500	2009	2	24,596	X			Owned
56	8M81932	Chev Exp 3500	2009	2	24, 935	X			Owned
66	8L59055	Ford E-350	2006	3	66,474		X	X	Owned
73	8H64416	Ford E-350	2006	3	72,274		X	X	Owned
71	8H64415	Ford E-350	2006	3	60,173		X	X	Owned
67	8H64414	Ford E-350	2006	3	44,202		X	X	Owned
77	7Z41830	Ford E-350	2003	5	131,275		X	X	Owned
54	7Z41831	Ford E-350	2003	5	101,295		X	X	Owned
78	7W67651	Ford E-350	2003	5	126,883		X	X	Owned
39	8U07518	Ford E-350	2003	6	134,465		X	X	Owned
79	7M89552	Ford E-350	2004	6	116,897		X	X	Owned
59	7M89550	Ford E-350	2004	6	84,566		X	X	Owned
19	19DANO	Ford E-350	2003	6	137,921		X	X	Owned
37	7J02722	Ford E-350	2003	7	166,579		X	X	Owned
29	7E16170	Ford E-350	2002	7	150,019		X	X	Owned
09	6Z12213	Ford E-350	2002	8	166,955		X	X	Owned
49	6N41999	Ford E-350	2000	9	170,631		X	X	Owned
92	6K05083	Ford E-350	1998	10	115,348		X		Owned

# 92 is built and equipped for **Bariatric**..(See Attachment 18a. for complete list of Back Up Ambulances)

15. Describe, in detail, the preventative and regular maintenance program for dedicated and backup vehicles. Include average number of miles between service appointments for first line and reserve units. Also include the name and location of vehicle maintenance facility (contracted or own) and the location where the vehicle specification and maintenance records can be reviewed. Include the replacement ambulance plan/system.

Gerber Ambulance Service performs preventative and regular maintenance on its vehicles within our maintenance bay located on the premises of our HQ in Torrance. Also, to perform more extensive repairs and preventive maintenance, we utilize a locally contracted company which has greatly enhanced our upkeep and dependability of our fleet.

**(See Attachment 18b. for Vehicle Maintenance and Preventive Maintenance Programs)**

GE Vehicle #	Year	Make / Model	Secondary Coach Builder / Model	VIN	Ent'd Srvc	Y.N.S.	Type	Mileage	LA County. License Current	CHP	
#92	1998	Ford E-350	Road Rescue Amb.	44	4/9/01	10	Modular Type 3	115,348	Reserve	70584-7497	
#48	2000	Ford E-350	AEV Traumahawk Amb.	21	2/27/02	9	Modular Type 3	183,851	Reserve	70584-7919	
#49	2000	Ford E-350	AEV Traumahawk Amb.	20	2/28/02	9	Modular Type 3	170,631	Reserve	70584-7920	
#09	2002	Ford E-350	Road Rescue Duramedic Amb.	9	11/4/02	8	Modular Type 3	166,955	Reserve	70584-8154	
#29	2002	Ford E-350	Road Rescue Duramedic Amb.	50	7/31/03	7	Modular Type 3	150,019	Reserve	70584-8471	
#37	2003	Ford E-350	Road Rescue Duramedic Amb.	11	3/16/04	7	Modular Type 3	166,579	Reserve	70584-8739	
#19	2003	Ford E-350	Road Rescue Duramedic Amb.	19	11/15/04	6	Modular Type 3	137,921	Reserve	70584-8950	
#59	2004	Ford E-350	Road Rescue Duramedic Amb.	61	11/15/04	6	Modular Type 3	84,566	Reserve	70584-8946	
#79	2004	Ford E-350	Road Rescue Duramedic Amb.	58	11/15/04	6	Modular Type 3	116,897	Reserve	70584-8947	
#39	2003	Ford E-350	Road Rescue Duramedic Amb.	60	2/28/05	6	Modular Type 3	134,465	Reserve	70584-8949	
#78	2003	Ford E-350	Road Rescue Duramedic Amb.	68	10/3/05	5	Modular Type 3	126,883	Reserve	70584-9353	
#54	2003	Ford E-350	Road Rescue Duramedic Amb.	67	2/1/06	5	Modular Type 3	101,295	Reserve	70584-9637	
#77	2003	Ford E-350	Road Rescue Duramedic Amb.	59	4/18/06	5	Modular Type 3	131,275	Reserve	70584-9636	
#67	2006	Ford E-350	Road Rescue Duramedic Amb.	15	6/5/07	3	Modular Type 3	44,202	Reserve	70584-10028	
#71	2006	Ford E-350	Road Rescue Duramedic Amb.	16	6/5/07	3	Modular Type 3	60,173	Reserve	70584-10032	
#73	2006	Ford E-350	Road Rescue Duramedic Amb.	90	6/5/07	3	Modular Type 3	72,274	Reserve	70584-10033	
#66	2006	Ford E-350	Road Rescue Duramedic Amb.	12	11/16/07	3	Modular Type 3	33,474	Reserve	70584-10213	
#75	2006	Ford E-350	Road Rescue Duramedic Amb.	64	11/16/07	3	Modular Type 3	60,614	Reserve	70584-10212	
#24	2008	Chev. Express 3500	Crestline Apex Ambulance	60	3/10/09	2	Modular Type 3	26,658	CITY OF TORRANCE	70584-10807	
#25	2008	Chev. Express 3500	Crestline Apex Ambulance	87	3/10/09	2	Modular Type 3	25,061		CITY OF TORRANCE	70584-10806
#55	2008	Chev Express 3500	Crestline Apex Ambulance	85	3/10/09	2	Modular Type 3	22,508		CITY OF TORRANCE	70584-10808
#56	2009	Chev. Express 3500	Crestline Apex Ambulance	46	3/10/09	2	Modular Type 3	24,935		CITY OF TORRANCE	70584-10809
#57	2009	Chev. Express 3500	Crestline Apex Ambulance	98	3/10/09	2	Modular Type 3	24,596		CITY OF TORRANCE	70584-10810
SOV #00	2005	Ford E-350 KUV	Code 3 Support Vehicle	22	7/1/2006	4					
ASTL #01	2006	Chevy 3500 HD	Non emergency Support Vehicle	44	12/1/2009	1					
WC 81	1998	Ford E-350 Van	Non emergency Support Vehicle	80	1999	12					
Corolla	2006	Toyota Corolla	Manager Vehicle	83	2006	4					
Gold HD	2007	Chevy 2500 HD	Manager Vehicle	20	2007	3					
Blue HD	2008	Chevy 2500 HD	Manager Vehicle	91	3/1/2008	3					
FJ	2007	Toyota FJ	Manager Vehicle	87	2008	3					

 Ambulances Dedicated to Torrance  
 Reserve/Back Up Ambulances for use of TFD

(Attachment 18a.)

**(Attachment 18b.)**

**Vehicle Maintenance Plan:**

Gerber Ambulance Service performs minor preventative and regular maintenance on its vehicles within a specially built maintenance bay located on the premises of Gerber Ambulance Service's headquarters in Torrance. Also, to perform further repairs and preventive maintenance, we have a contracted company which has greatly enhance our upkeep and dependability to our fleet at:

Bothwell Automotive  
20730 Earl Street  
Torrance, CA 90503  
Contact: Steve Bothwell, (310) 542-6211

For electronic repairs and maintenance for all communication systems we are contracted with and currently use:

RadioService, Inc.  
7563 Acacia Ave.  
Garden Grove, CA 92841

All vehicles are inspected daily by the Driver assigned to the vehicle, this is completed on a daily checkout sheet maintained in the vehicle and collected and maintained monthly by a supervisor.

Bothwell Automotive conducts an "Intermediate Service" on all vehicles every 7,500 miles. Furthermore as the vehicle reaches the 30,000 mile mark a "Major Service" is completed. Mileage is gathered from all vehicles weekly and entered into Fleetmate Database which allows for quick review and prioritizing of services needed.

All vehicle repairs, preventative and regular maintenance are currently recorded using a Fleetmate Database. Fleetmate Database is maintained for Gerber Ambulance by Bothwell Automotive in Torrance.

As quoted by the California Highway Patrol upon last inspection of our fleet. Gerber Ambulance Service "has the only effective preventive maintenance program we have seen".

**Unit Equipment and Maintenance:**

All equipment is checked and its performance is documented at the beginning of each shift. Any problems/malfunctions are immediately reported to the on-duty supervisor and corrective action is taken.

"BLS Checkout Form" & "Vehicle Incident Form"  
(See Attachment next two pages)

**New Equipment:**

Gerber Ambulance Service continually strives to have state-of-the-art equipment for all its units, with special emphasis on ALS equipment. Most equipment is capable of being operated by AC/DC power. New equipment in-services are always provided by the manufacturer's area representative.



**ATTENDANT CHECKOUT**

\* = CRESTLINE ONLY

PATIENT LIFTING / MOVING EQUIPMENT				
ITEM	WRK	NOT WRK	NOTED SUP	
GURNEY SER #				
↳ GURNEY LOCK BAR & ANTLERS				
STAIRCHAIR SER #				
FOLDING FLAT SER #				
PEDI-MATE				
SHORT BOARD				
BARIATIC TARP (BARIATRIC UNIT ONLY)				
NEONATE EQUIP/TOOLS (NEO UNIT ONLY)				
ITEM	REQ QTY	ACT QTY	WRK	NOTED SUP
BACKBOARD #'S	1	2		3
SPINAL IMMOB (ADULT COLLAR & HEADBED)	2 EA*			
TRACTION SPLINT & ANKLE STRAP	1			
PSYCH RESTRAINTS	2 WRIST 2 ANKLE	4		
CARDBOARD SPLINTS	SM, MED LRG	2 EA		

GURNEY					
ITEM	REQ QTY	ACT QTY	REST. QTY	SUP INT	QTY USED
ADULT B/P CUFF & STETH	1				
ADULT O2 MASKS	2				
ADULT NASAL CANNULAS	2				
PEDS O2 MASKS	2				
LINEN W/ BLUE SHT COVER	1				
PILLOW	1				
ADD'L BLUE SHEETS	2				
BLUE BLANKET	1				
DISP. PILLOW CASES	2				
GLOVES (5 PAIRS EACH)	5 EA				

OXYGEN BAG					
ITEM	REQ QTY	ACT QTY	REST. QTY	SUP INT	QTY USED
ADULT BVM	1				
PED BVM W/ INFANT MASK	1				
ADULT O2 MASKS	2				
PEDIATRIC O2 MASKS	2				
ADULT NASAL CANNULAS	2				
V-VAC PORT. SUCTION	1				
↳ SPARE SUCT. CONT.	1				
PED B/P CUFF & STETH	1				
PENLIGHT	1				
OP AIRWAYS (1 EA SIZE)	6				
GLOVES (5 PAIRS EACH)	5 EA				

**ATTENDANT**  
ATT NOTES:

OXYGEN / AIRWAY EQUIPMENT				
ITEM	PSI (MIN 800)	REST. QTY	SEC?	
OXYGEN "M" TANK	PSI		Y/N	
MED AIR "M" TANK (NEO ONLY)	PSI		Y/N	
GURNEY "D" TANK W/ REG	PSI		Y/N	
O2 BAG "D" TANK W/ REG	PSI		Y/N	
OXYGEN "D" TANK SPARES (2)	PSI	PSI	Y/N	
POWER SUCTION	WRK? Y/N	GRN? Y/N		

OXYGEN COMPARTMENT					
ITEM	REQ QTY	ACT QTY	REST. QTY	SUP INT	QTY USED
INFECTION CONTROL KITS	4				
SAFETY GOGGLES	4				
GOWNS	4				
N95 MASKS	8				
SURGICAL MASKS	5				
BIOHAZARD BAGS	5				
PURPLE TOPS	1				
ADULT BVM	1				
PED BVM W/ INFANT MASK	1				
OP AIRWAYS (KIT)	6				
ADULT O2 MASKS	8				
PEDIATRIC O2 MASKS	8				
INFANT O2 MASKS	2				
ADULT NASAL CANNULAS	8				
PED NASAL CANNULAS	2				
SUCTION CONTAINERS	5				
SUCTION LIDS	5				
SUCTION TUBING	5				
SUCT. FLEX. CATH. 10 FR	2				
SUCT. FLEX. CATH. 14 FR	2				
SUCT. FLEX. CATH. 18 FR	2				
EXTRA FLEX. CATH.	VAR				
SUCTION YANKAUER	5				

LINEN / PATIENT COMFORT					
ITEM	REQ QTY	ACT QTY	REST. QTY	SUP INT	QTY USED
LINEN	5				
BLUE DISP. SHEETS	20				
DISP. PILLOW CASES	20				
BLUE / YELLOW BLANKETS	2 EA				
PURPLE TOPS	1				

**SUPERVISOR**  
SUP NOTES:

TRAUMA BOX					
ITEM	REQ QTY	ACT QTY	REST. QTY	SUP INT	QTY USED
TRAUMA DRESSINGS	2				
BLOOD STOPPERS	6				
4X4 GAUZE SPONGES	10				
ROLLER BANDAGES	10				
TRIANGLE BANDAGES	4				
TAPE ROLLS (CLOTH, TRANSP)	1 EA				
SHEARS	1				
ICE PACKS	2				

TRAUMA COMPARTMENT					
ITEM	REQ QTY	ACT QTY	REST. QTY	SUP INT	QTY USED
ADULT C-COLLARS	6/4*				
PEDIATRIC C-COLLARS	6				
HEADBEDS	4				
BED/FX PANS	2				
URINALS	2				
EMESIS BASINS	10				
OB KIT	1				
BACKBOARD STRAPS	4 PR				
GURNEY SEATBELTS	2 PR				
INFLATABLE PILLOWS	5				
TRAUMA DRESSINGS	2				
BURN SHEETS	2				
ARM BOARDS	2				
TAPE ROLLS (CLOTH, TRANSP)	2 EA				
OCCLUSIVE DRESSINGS	2				
ROLLER BANDAGES	10				
BAND-AIDS	1 BOX				
ICE PACKS	6				
BLOOD STOPPERS	10				
4X4 GAUZE SPONGES	1 BOX				
STERILE H <sub>2</sub> O & 0.9% NaCl	2000 mL EACH				

SAFETY					
ITEM	REQ QTY	ACT QTY	REST. QTY	SUP INT	QTY USED
TRASH CONTAINERS	2-3				
SHARPS CONTAINER	1				
PURELL HAND SANITIZER	1				
GLOVES (2 BX ATT, 1 BX DRIV)	3				
BLUE TOPS	1				

**UNIT RETURN**

# Odometer / Tire check

Week Segment: SMT WRF

Logs to be completed weekly by field supervisors (AM & PM). If unit is unavailable and/or out of service (i.e., Bothwell) specify the location. If tire pressures are inadequate, reinflate tires. If tire tread is below DOT threshold, tag unit out of service and complete a work order. **S/M/T logs due Wednesday morning.**

Unit	Odometer / Location	Tire Tread and Air Pressure Check						Comments / Misc
		DF	PF	DRO	DRI	PRO	PRI	
Sample	32,768	✓	✓	✗	✓	✗	✓	Tires need rotation
00								
06					■		■	
09								
19								
24								
25								
29								
37								
39								
43								
44								
45								
48					■		■	
49					■		■	
54								
55								
56								
57								
59								
66								
67								
71								
73								
75								
77								
78								
79								
92								
3500W					■		■	
2500B								
2500T								
Corolla								
WC								
FJ								

Tire Check Reference:

- ✓ Good
- ↓ Service Soon
- ✗ Bad



Driver outer / Passenger Outer



Driver Rear Inner / Driver Rear Outer  
Pass. Rear Inner / Pass. Rear Outer

Min. Tread Depth: 4/32"  
Tire PSI Range: 70-76  
ALL TIRES THE SAME



# Vehicle Incident Report

Unit #	Employee #	Last Name	Date	Day Su M T W R F Sa	Incident Time
Chief Complaint				Complaint Code(s)	Odometer

Briefly describe the incident	Complaint Category	Distress Level
	<input type="checkbox"/> Operational Issues	<input type="checkbox"/> None
	<input type="checkbox"/> Equipment Issues	<input type="checkbox"/> Mild
	<input type="checkbox"/> Vehicle Mishap	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Crewmember Cleanliness	<input type="checkbox"/> Severe
	<input type="checkbox"/> Memorandum for Record	<input type="checkbox"/> Undrivable
	Complaint Codes	
	<input type="checkbox"/> <b>BR</b> akes	<input type="checkbox"/> <b>NO</b> ises/Sounds
	<input type="checkbox"/> <b>CL</b> eanliness	<input type="checkbox"/> <b>RA</b> dio/MDT
	<input type="checkbox"/> <b>COLL</b> ision/Mishap	<input type="checkbox"/> <b>RE</b> usable Equipment
	<input type="checkbox"/> <b>DA</b> mage	<input type="checkbox"/> <b>ST</b> arting Problems
	<input type="checkbox"/> <b>E</b> ngine (Idling)	<input type="checkbox"/> <b>ST</b> eering/ <b>S</b> uspension
	<input type="checkbox"/> <b>E</b> ngine ( <b>D</b> riving)	<input type="checkbox"/> <b>TR</b> ansmission
	<input type="checkbox"/> <b>L</b> eaks/ <b>E</b> missions	<input type="checkbox"/> <b>W</b> arning <b>D</b> eVICES
	<input type="checkbox"/> <b>L</b> ights/ <b>E</b> lectrical	<input type="checkbox"/> <b>OT</b> her

**ALL INCIDENTS: Check all that apply**

<input type="checkbox"/> Problem at shift start	<input type="checkbox"/> Check engine light on	<input type="checkbox"/> ABS light on	<input type="checkbox"/> Engine was cold
<input type="checkbox"/> Problem during shift	<input type="checkbox"/> Overdrive light on	<input type="checkbox"/> Red brake light on	<input type="checkbox"/> Engine was warm

<p><b>STARTING PROBLEMS</b></p> <input type="checkbox"/> Engine cranks <input type="checkbox"/> Engine cranks slowly <input type="checkbox"/> Engine cranks strong but doesn't start <p><b>BRAKES</b></p> <input type="checkbox"/> Makes noise <input type="checkbox"/> Doesn't stop right <input type="checkbox"/> When braking, vehicle pulls to the <b>L</b> or <b>R</b> <input type="checkbox"/> Brake pedal is hard <input type="checkbox"/> Brake pedal is soft <input type="checkbox"/> Brake pedal sinks to the floor <input type="checkbox"/> Brake pedal pulsates <input type="checkbox"/> Emergency brake does not stop vehicle <p><b>STEERING / SUSPENSION</b></p> <input type="checkbox"/> Vehicle pulls to the <b>L</b> or <b>R</b> <input type="checkbox"/> Hard to turn steering wheel <input type="checkbox"/> Vibration during steering <input type="checkbox"/> Unusual sounds during steering	<p><b>ENGINE / TRANSMISSION</b></p> <input type="checkbox"/> Engine stalled <input type="checkbox"/> Engine has low power <input type="checkbox"/> Engine / vehicle smokes excessively <input type="checkbox"/> No power during low RPM <input type="checkbox"/> No power throughout acceleration <input type="checkbox"/> Inconsistent acceleration <input type="checkbox"/> Transmission: slipping <input type="checkbox"/> Transmission: hard shift <input type="checkbox"/> Transmission: shudder <input type="checkbox"/> Transmission: shake <input type="checkbox"/> Trans. problem between gears ____ & ____ <p><b>NOISES / SOUNDS</b></p> <input type="checkbox"/> Grinding <input type="checkbox"/> Thumping <input type="checkbox"/> Squealing <input type="checkbox"/> Clicking <input type="checkbox"/> Knocking	<p><b>LIGHTS / ELECTRICAL</b></p> <input type="checkbox"/> Brake light(s) out <b>L</b> or <b>R</b> <input type="checkbox"/> Headlight(s) out (high beam) <b>L</b> or <b>R</b> <input type="checkbox"/> Headlight(s) out (low beam) <b>L</b> or <b>R</b> <input type="checkbox"/> Dash light(s) out <input type="checkbox"/> Back-up light(s) out <input type="checkbox"/> Dome light(s) out (driver-side) <input type="checkbox"/> Patient compartment lights out <input type="checkbox"/> Flood light(s) out <input type="checkbox"/> Other light(s) out <input type="checkbox"/> 12V PowerPoint(s) not functional <input type="checkbox"/> Inverter not functional <p><b>WARNING DEVICES / COMMUNICATIONS</b></p> <input type="checkbox"/> Light bar malfunction <input type="checkbox"/> Siren malfunction <input type="checkbox"/> PA malfunction <input type="checkbox"/> Gerber VHF radio malfunction <input type="checkbox"/> Fire UHF radio malfunction <input type="checkbox"/> 800MHz radio malfunction
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Fleet Manager's Notes

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Revised 03/2007

Fill out, detach along perforation, and post on vehicle status board

Unit #	Chief Complaint	Out of Service Date
		Vehicle Location

# Gerber Ambulance Service Vehicle Collision / Incident Report

Collision / Incident Date	Location of Collision / Incident	At Intersection With or Near
---------------------------	----------------------------------	------------------------------

Intervening Law Enforcement Agency	Law Enforcement Report #	Officer Name (if Available)
------------------------------------	--------------------------	-----------------------------

PARTY #1: GERBER	Employee#	Last Name	First Name	Middle Name	Date of Birth	Gender	
	/ /						
	Driver's License #	State	Class	Expiration Date			
	Insurance Carrier	Policy #	Expiration Date	Insurance Carrier Phone Number			
	Employee Street Address	City	State	Zip	Primary Phone Number		
	Vehicle Make	Model	Color	Year	Vehicle Type (i.e., Sedan, Truck, Van, SUV)		
	Vehicle Identification Number (VIN)	License Plate #	State	Gerber Vehicle #			
	Vehicle's Registered or Legal Owner's Name	Owner Street Address	City	State	Zip		

PARTY #2	Last Name	First Name	Middle Name	Date of Birth	Gender	
	/ /					
	Driver's License #	State	Class	Expiration Date		
	Insurance Carrier	Policy #	Expiration Date	Insurance Carrier Phone Number		
	Driver Street Address	City	State	Zip	Primary Phone Number	
	Vehicle Make	Model	Color	Year	Vehicle Type (i.e., Sedan, Truck, Van, SUV)	
	Vehicle Identification Number (VIN)	License Plate #	State	Gerber Vehicle #		
	Vehicle's Registered or Legal Owner's Name	Owner Street Address	City	State	Zip	

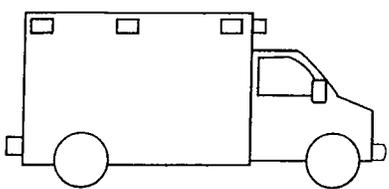
PARTY #3	Last Name	First Name	Middle Name	Date of Birth	Gender	
	/ /					
	Driver's License #	State	Class	Expiration Date		
	Insurance Carrier	Policy #	Expiration Date	Insurance Carrier Phone Number		
	Driver Street Address	City	State	Zip	Primary Phone Number	
	Vehicle Make	Model	Color	Year	Vehicle Type (i.e., Sedan, Truck, Van, SUV)	
	Vehicle Identification Number (VIN)	License Plate #	State	Gerber Vehicle #		
	Vehicle's Registered or Legal Owner's Name	Owner Street Address	City	State	Zip	

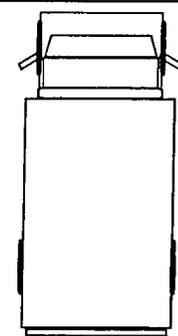
### Roadway Conditions

Number of Lanes: _____	Road Surface: <input type="checkbox"/> Wet <input type="checkbox"/> Dry	Traffic Control Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lanes Marked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Road Defects: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lighting Conditions: <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn
Lanes Divided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Road Debris: <input type="checkbox"/> Yes <input type="checkbox"/> No	Precipitation: <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____

<b>Sketch (Pre-Incident)</b>          <div style="text-align: right;">↑ N</div>	<b>Sketch (Post-Incident)</b>          <div style="text-align: right;">↑ N</div>
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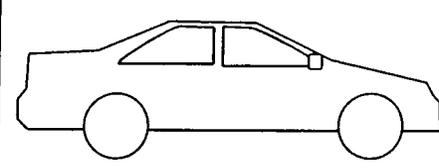
**Mark any damaged areas with an 'X'**

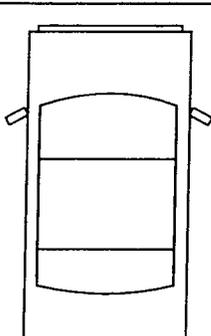
  
 Driver Side    Passenger Side



**Party #1: Gerber**

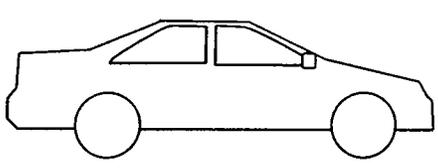
**Mark any damaged areas with an 'X'**

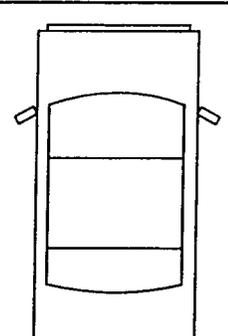
  
 Driver Side    Passenger Side



**Party #2**

**Mark any damaged areas with an 'X'**

  
 Driver Side    Passenger Side



**Party #3**

**Notes**

**Witness Statement:**    Party #1 (Gerber)    Party #2    Party #3    Bystander    Other: \_\_\_\_\_

Witness Last Name	First Name	Contact Phone Number

**Witness Statement:**    Party #1 (Gerber)    Party #2    Party #3    Bystander    Other: \_\_\_\_\_

Witness Last Name	First Name	Contact Phone Number

I affirm that to the best of my knowledge the preceding report is an accurate account of the incident:

Preparer Last Name	First Name	Signature	Date
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	INVOICE NUMBER	YES	NO	Employee(s)	COMMENTS/SUGGESTIONS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
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26.					
27.					
28.					
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30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					
45.					
46.					

16. Describe in detail the dispatch system to be utilized. Include any Automatic Vehicle Locator systems, other equipment and telephone lines employed in conjunction with the dispatch system.

Gerber Ambulance Service Dispatch is located within the Torrance headquarters located at 19801 Mariner Ave. Response requests are received by a Dispatcher or Call Taker, via a direct "Ring Down" line on a dedicated phone. Calls are then dispatched to Ambulances via VHF Radio and simulcast via Teletrac MDT. Vehicles are tracked utilizing the MDT/GPS Vehicle Locating System. Emergency ambulances are dispatched according to the closest unit or the most accessible unit to the call with an appropriate ETA.

**(See Attachment 19a. for more details on Gerber Dispatch)**

17. List names and location of existing or proposed facilities, business office, etc. Indicate if it is proposed. Which facility will be used for the Torrance contract? Do you currently have a facility within Torrance city limits? If not, do you plan to establish and maintain a minimum of one facility within Torrance city limits?

Gerber Ambulance Service has been headquartered in the City of Torrance since the doors first opened the 23 years ago. We are located in the center of the city at 19801 Mariner Avenue, Torrance, CA 90503. All 186 employees and ambulance fleet are managed from this 12,000 sq. ft. privately owned location. We also have a satellite office in the City of Santa Monica at 3400 Airport Drive, Santa Monica, CA 90405.

18. Using the information about the fees that the City of Torrance charges and the parameters described in the RFP, describe in detail how Proposer would calculate, bill, and collect all applicable charges (billing codes, systems, software and procedures). Attach additional page(s), sample bills and reports.

Gerber Ambulance Service has provided exclusive Fire Department Billing Services for an accumulative eighteen years; twelve (12) years with the City of Torrance Fire Departments, and six (6) years with the City of Santa Monica Fire Department. Gerber Ambulance's staff of experienced, knowledgeable and aggressive billing personnel have created an innovative and customized billing process which maximizes billable dollars, and minimizes bad debt. In fact, Gerber Ambulance Service was the first company to develop and tailor a billing program for a city's fire department by a private ambulance company. Gerber Ambulance currently employs fifteen (15) Billing Clerks within its billing office with an average of six (6) years of Emergence 911 billing experience.

**(See Attachment 19b. for Billing Procedures, Fees and Sample Reports)**

## **(Attachment 19a.)**

### **Gerber Ambulance Service Dispatch**

Emergency ambulances are dispatched according to the closest unit or the most accessible unit to the call with an appropriate ETA. Currently it is Gerber Ambulance Policy that ambulance crews must begin response within one minute of receiving emergency calls, day or night. This way, Gerber Ambulance Service is able to maintain timely and accurate Enroute and On Scene Intervals (Response Times) for either Code 2 or Code 3 responses.

As a back-up for our Message Data Terminal (MDT) communications and also to communicate when a crew may be away from the ambulance unit, we utilize a VHF trunked radio system.

In addition to the above dispatch equipment and personnel Gerber Ambulance equips each manager and administrative staff member with an ATT telephone linked as a group for communication fluency. Each crewmember is assigned a Kenwood Portable Radio, which directly links to each other, as well as the Dispatch office.

Our Communications Center (Dispatch) is also backed up by one (1) full-phase diesel generator which is built into our Torrance Base, which has a 0-5 TransLink. Also, our headquarters has to its avail on premises a 5,000 gallon diesel tank, which will allow for an indefinite amount of continuous emergency power. This system also backed up with gasoline powered generators in case of a power outage.

The most important part of any communications center is the personnel assigned to work with the equipment. Gerber is proud that our dispatch center has an average employee retention rate of more than a seven (7) year average.

(Attachment 19b.)

**Torrance Fire Department  
Billing**

**Claim Preparation**

Torrance Fire transports requiring separate billing:

All patients requiring Torrance Fire Response, Assess, Treat and Transport

With the **exception** of:

Patients covered by Medi-Cal or Medi-Cal assigned HMO

Patients that are in-custody

Dry Runs

Separate copies of each Torrance Fire billable transport to include:

Run Card

EMS Report (page 1) Torrance

EMS Report (page 2) Gerber

Hospital Face Sheet, copy of insurance cards, etc.

**Claim Development**

Applicable Torrance Fire claims will be distributed to TFD Billing Manager. Claims will be recorded, electronically scanned, copied, invoiced, mailed, filed both electronically and physically and followed-up on separately from all other claims **(with the exception of Medicare-explained below)**

**Formula:**

The TFD Assessment fee of \$351.75 will be charged to all patients transported by ambulance (with the exception of Medicare, Medi-Cal and In-Custody patients).

In addition;

The code 3 response fee of \$118.00 will be charged to all patients who are transported by ambulance with TFD Paramedic escort (with the exception of Medicare, Medi-Cal and In-Custody patients).

City of Torrance Fire Department  
P.O. Box 295  
Torrance, CA 90507  
TAX ID#: 95-6000803  
310-542-6097

**Insurance Claims:**

Will be invoiced and submitted on CMS1500 insurance claim forms and mailed using TFD pre-printed envelopes or submitted electronically whenever possible to speed delivery and save postage costs.

**Medicare Claims:**

Will be "pass-through" billed. All funds collected for the month will be remitted to the City on or before the close of business on the last day of the next calendar month.

The formula for reimbursement will be the difference between the current Medicare "allowable" ALS1 or ALS2 base rate **reimbursement** (80% of Fee Schedule Formulation) and the current Medicare "allowable" BLS base rate **reimbursement** (80% of Fee Schedule Formulation).

The following example includes the actual reimbursement rates as of 1/01/11.

ALS1 "allowable" base rate (A0427)	\$468.40	80% reimbursement	\$374.72
BLS "allowable" base rate (A0429)	\$394.44	80% reimbursement	<u>-315.55</u>
			59.17
ALS2 "allowable" base rate (A0433)	\$677.95	80% reimbursement	\$542.36
BLS "allowable" base rate (A0429)	\$394.44	80% reimbursement	<u>-315.55</u>
			226.81

**Medi-Cal Claims:**

Not billable

**In-Custody Patients:**

Not billable

**Private pay claims:**

Will be invoiced and submitted on private billing statement forms and mailed using TFD pre-printed envelopes and will include TFD self addressed return envelope.

**Payment Processing**

Upon receipt of TFD payment, the check will be separated from the explanation of Benefits (EOB) and deposited into a specifically designated TFD bank account. The EOB will be stamped with the receipt date, entered into the TFD report and the claim will either be re-billed or completed. All funds collected for the month will be remitted to the City on or before the close of business on the last day of every calendar month.

Credit card payment requests will be processed as they are received using a specifically designated TFD credit card terminal linked directly to the specifically designated TFD bank account. The credit card debited amount will be entered into the TFD report and the claim will either be re-billed or completed. Each month a report will be developed listing all credit card transactions. On the last day of every third month (quarter) the reports along with copies of all receipts will be submitted to the City.

**If the claim is paid in full** the explanation of benefits/receipt will be attached to the copy of the TFD claim. The payment will be recorded, the TFD report will be updated to show the payment and the claim will be permanently filed.

**If the claim is not paid in full** the explanation of benefits/receipt will be attached to the copy of the TFD claim. The payment will be recorded, the TFD report will be updated to show the payment and if applicable the balance due will be re-billed for adjustment or if patient responsibility, billed to the patient.

### **Supply Fee processing**

TFD will be reimbursed \$23.00 for each patient transported. Each month a report will be developed listing all transport statistics. On the last day of every third month (quarter) the supplies fees will be remitted to the City.

### **Protecting Our Patient's Information**

Also, Gerber Ambulance Service vigorously applies all standards of HIPPA compliance. Moreover, we will aggressively seek and attain HIPPA Complaint Business Associate Agreements with any and every organization with which we do business and whose duties involve protected patient health information.

All Gerber Ambulance Service employees upon hire receive HIPPA training and sign a HIPPA Compliance Agreement.

We also utilize a "Red Flag" program for detection, pursuance, and prosecution in incidence of stolen identities.

**(SAMPLES OF RATES, INVOICES & REPORTS FOLLOW THIS PAGE)**

CITY OF TORRANCE-FIRE CALLS

Contracted as of 5/95

\*\*\*As of 1/01/11\*\*\*

GERBER CHARGES

BASE RATE (BLS)	880.75	(\$17.00 less than L.A. County Rate)
CODE 2 RESPONSE	46.50	
GENERAL SUPPLIES	23.00	(gloves, disinfectant, sheets, pillow cases, mask, goggles etc.)
MILEAGE	17.00	
OXYGEN	59.25	
OXYGEN MASK/CANNULA	24.75	
BACKBOARD, SPLINT, KED	46.25	
BANDAGES/DRESSINGS	24.75	

TORRANCE FIRE CHARGES

\*\*\*AS OF 7/8/09 ALL TRANSPORTS ARE ALS\*\*\*

If Paramedics Transport with Patient:

BASE RATE (ALS)	351.75
CODE 3 RESPONSE	<u>118.00</u>
	469.75

If Patient is released to Gerber EMT's:

BASE RATE (ALS)	351.75
-----------------	--------

POLICE TRANSPORTS - IF PATIENT IN CUSTODY, WRITE OFF

**Medicare Claims:**

Will be "pass-through" billed.

The formula for reimbursement will be the difference between the Current Medicare "allowable" ALS1 or ALS2 base rate **reimbursement** (80% of Fee Schedule Formulation) and the current Medicare "allowable" BLS base rate **reimbursement** (80% of Fee Schedule Formulation).

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

XXXXPICA

PICA XXXX

1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK LUNG <input type="checkbox"/> (SSN)		OTHER <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 123456789					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DOE, JOHN						3. PATIENT'S BIRTH DATE 01 01 2000			SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME							
5. PATIENT'S ADDRESS (No., Street) 12345 ANY STREET						6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)							
CITY TORRANCE				STATE CA		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/>						CITY				STATE			
ZIP CODE 90501				TELEPHONE (Include Area Code) ( )								ZIP CODE				TELEPHONE (Include Area Code) ( )			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER							
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>							
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)						b. EMPLOYER'S NAME OR SCHOOL NAME							
c. EMPLOYER'S NAME OR SCHOOL NAME						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						c. INSURANCE PLAN NAME OR PROGRAM NAME BLUE CROSS							
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. RESERVED FOR LOCAL USE						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.							

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE DATE

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: MM DD YY				ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE								17a.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
19. RESERVED FOR LOCAL USE 12345 ANY STREET TORRANCE CA 90501 4101 TORRANCE BLVD, TORRANCE, CA 90503								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 0 00				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 780 97 2. 786 05								23. PRIOR AUTHORIZATION NUMBER							

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From	To	MM	DD	YY	MM	DD	YY	MM	DD	YY									
03	31	11	03	31	11	41	A0427 SH	1	351	75	1								
BASE RATE PARA																			
CODE 3 RESPONSE																			
03	31	11	03	31	11	41	A0999 SH	1	118	00	1								
3																			
4																			
5																			
6																			

25. FEDERAL TAX I.D. NUMBER 956000803				SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 580528-5154582				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 469 75		29. AMOUNT PAID \$		30. BALANCE DUE \$ 469 75	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	-------------------------------	--	-----------------------	--	------------------------------	--

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED 03/24/2011 DATE						32. SERVICE FACILITY LOCATION INFORMATION LITTLE CO OF MARY HOSP 4101 TORRANCE BLVD TORRANCE CA 90503 a. 1902844988 b.						33. BILLING PROVIDER INFO & PH # (310) 542 6097 TORRANCE FIRE DEPARTMENT P.O. BOX 295 TORRANCE CA 90507 a. 1629251632 b. EI 956000803					
--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**Torrance Fire Department**  
 P.O. Box 295  
 Torrance, CA 90507  
 (310) 542-6097



Reference # 580528  
 Account # 5154582  
 John Doe

**Balance Now Due 469.75**

Amount Enclosed \$

Thank you for your prompt payment.

John Doe  
 12345 Any Street  
 Torrance, CA 90501

<input type="checkbox"/> M/C	<input type="checkbox"/> VISA	<input type="checkbox"/> CHECK																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> </tr> </table>																						
Signature _____	Date _____	Exp. Date _____																				

**CLAIM STATEMENT**

To ensure proper credit please detach and return this portion of the statement with your payment

Date	Patient/Insurance	Invoice Ln	Description	Credits	Charges
3/31/2011	John	580528	1 BASE RATE PARA		351.75
3/31/2011	John	580528	2 CODE 3 RESPONSE		118.00
			PATIENT RESPONSIBILITY	469.75	

**Torrance Fire Department**  
 P.O. Box 295  
 Torrance, CA 90507  
 (310) 542-6097

0.00      469.75

PLEASE LET US KNOW IF YOU HAVE INSURANCE









**Gerber Ambulance Service  
Employee Training  
HIPAA – Health Insurance Portability and Accountability Act**

Effective: 4/03

Health Insurance Portability and Accountability Act (HIPAA)

There are three components under the HIPAA Act that contain requirements specific to health care organizations:

- 1) **Standards for the Privacy of Individually Identifiable Information**  
The Standards for the Privacy of Individually Identifiable Information are based on the need to protect the privacy of every patient's health information in written, oral, electronic, and any other form.
- 2) **Standards for Security and Electronic Signature**  
The Standards for Security and Electronic Signature are based on the need to insure the integrity of and to control access to health information. They are designed to protect information from alteration, destruction loss, and accidental or intentional disclosure to unauthorized persons.
- 3) **Standards for Electronic Signature and Code Sets**  
Standards for Electronic Signature and Code Sets are based on the need for health care entities to communicate efficiently with one another for such basic activities as claims processing, payment, establishing coverage under a health plan, and determining a patient's level of eligibility for services.

Medical Practices and Businesses subject to HIPAA regulations are called "covered entities". They include healthcare providers, healthcare plans and claims clearinghouses. Under HIPAA Gerber Ambulance is a Covered Entity.

Keeping health information private is the most far-reaching part of the Health Insurance Portability and Privacy Act (HIPAA). HIPAA involves standards relating to Privacy, Security and Electronic Transactions. The rules and standards that govern "protected" information and how it is shared with others will be reviewed in this document.

Everyone who works in the healthcare industry needs to be familiar with HIPAA rules. The question to ask is "*How can I protect the privacy of patient health information?*" Protecting a patient's privacy sounds simple, but meeting the legal requirements is not always simple. HIPAA is a very detailed law, and the penalties for violating it are severe. It is important that all health care team members understand their responsibilities under HIPAA. By protecting the confidentiality of our patients' personal health information, we protect their rights as well as avoid personal and organizational penalties.

## Privacy Standards

The HIPAA privacy regulations require organizations to intensify their efforts to maintain patient confidentiality. Increased staff training and security of records is key to success and compliance. Perhaps one of the greatest impacts of the Privacy Standards involves the patient's right to be formally notified of the uses and disclosures of his/her medical information and to have full access to those records.

The Privacy Standards protect individuals from the misuse of their health information by:

People who are not involved in the patient's direct treatment  
Insurers using it to deny life or disability coverage  
Employers using it for hiring or firing decisions  
Reporters using it for any number of reasons  
Family members or other patient contacts (i.e. neighbors, etc.)

The Privacy Standards apply to health information that is written, spoken, electronic or communicated and maintained in any other form.

The core concept in the Privacy Standards is that Protected Health Information (PHI) should be disclosed *only* to those who need it to provide and/or pay for care.

Direct care providers (EMTs, Paramedics, Nurses, etc.) need access to information.

Patients are entitled to see anything in their own records.

Others who are *not* direct care providers should receive the minimum information necessary.

Anyone *not* involved in the patient's healthcare should receive PHI only with the patient's consent.

### Protected Health Information (PHI)

The term "protected Health information" as defined in HIPAA means any information that is created or received by a health care provider, health plan, employer, or life insurer, school or university. This information can be found in:

- ❖ Medical records
- ❖ Insurance claims information
- ❖ Payment information
- ❖ Almost all information related to a person's health care

The information is protected because it contains confidential information regarding a patient.

The privacy rules place limits on the use and disclosure of a person's Protected Health information or (PHI). Protected Health Information is defined as any health information that could reveal the identity of a patient such as:

- ❖ The patient's name, address or phone number
- ❖ The patient's health insurance number
- ❖ The patient's social security number
- ❖ Any other information that identifies a patient

Below is a list of examples of patient identifiers:

Patient's Name  
Address  
Social Security Number  
Photograph  
Phone/Fax Number or Email Address  
Date of Birth  
Drivers License

Only the minimum necessary information that an individual needs in order to perform their job duties should be given. This is accomplished through security codes and limits on access to information. Access to health information may vary depending upon whether the person is an employee, volunteer, ride along, student or serves another role in the company. There are some exceptions to the Privacy Rule such as when a patient requests access to copy their PHI, or other uses or disclosures required by law.

## **CONFIDENTIALITY**

All employees regardless of their role, specific duties or job descriptions have a responsibility to protect confidential patient information.

If patients do not trust their health care providers to ensure confidentiality of PHI - the consequences are severe. The quality of care could be compromised if patients are not open to disclose certain conditions, which may go undetected or untreated, or health information may not be complete or accurate.

Employees are responsible for keeping patient health information confidential, being sensitive, respecting the patient's right to privacy, and knowing and applying the organization's policies and procedures.

## **PATIENT'S RIGHTS**

The federal privacy regulation *empowers* patients by guaranteeing them access to their medical records, giving them more control over how their Protected Health Information is used and disclosed, and providing a clear avenue of recourse if their medical privacy is compromised. The rule will protect medical records and other personal health information maintained by certain health care providers, hospitals, health plans and health insurers.

The Health Insurance Portability and Accountability Act of 1996 and the Federal Privacy Regulations (April, 2001) established the patient's right to privacy of their health information. These rights include access to information, amending the information, accounting for disclosures, requesting restrictions, filing a complaint and receiving notice.

1. Right to Access: Patients have the right to access or inspect their health record, and obtain a copy from their health care provider. They may access or copy for as long as the information is retained. There are few exceptions to access related to psychotherapy notes and protections under state law.

2. Right to Amend: Patients have the right to request an amendment to their medical records. The request must be put in writing and submitted to the billing office. A review will be conducted to determine agreement or disagreement with the request. The amendment does not have to be granted, however the request for amendment becomes part of the permanent medical record.
3. Right to Account of Disclosures: Patients have the right to request a list of when and where their confidential information was released (within the last six months), the date of the disclosure, the name of the person or entity who received the information and address, and a brief description of the reason for the disclosure. The exception is for treatment, payment or healthcare operations.
4. Right to Request Restrictions: Patients have the right to request their provider restrict the use and disclosure (release) of their confidential information, however, the provider is not required to comply with the restrictions if the use and disclosure does not otherwise violate HIPAA Privacy Standards. For example a wife might request that her PHI not be disclosed to her spouse.
5. Right to File a Complaint: Patients have the right to file a complaint if they believe their privacy rights were violated. A complaint can be filed in writing and submitted to the Compliance Officer or the Billing Department.
6. Right to Receive Notice: Patients have the right to receive a Notice of Privacy Practices handout, which describes how medical information is used and disclosed; how to access and obtain a copy of their medical record; a summary of patient rights under HIPAA and how to file a complaint and contact information. If a patient is unable to review the Notice of Privacy Practices (e.g. trauma patient, etc.) the Notice (handout) will be provided to a family member or other representative present with the patient, provided to the nurse at the bedside to be given to the patient or other representative for future review, or left with the patient's belongings for future review.

An Acknowledgement of Receipt describing which method of delivery was used will be documented on the Gerber Ambulance transport sheet.

A copy of the Notice of Privacy Practices will be posted in the crew quarters and the lobby.

## **REASONABLE PRECAUTIONS**

Hospitals and providers must take reasonable steps to make sure that protected health information is kept private. The government knows, however, that it is impossible to guarantee the privacy of PHI in all situations.

Certain activities are permitted, for example:

- ❖ The release of information necessary to provide care or treatment to the patient in person, via radio, or telephone to the hospital, other health care provider or the dispatch center
- ❖ A physician or nurse talking about a patient's condition or treatment over the phone or in a reasonably private area with the patient, family or other provider

Reasonable efforts must be made to protect the patient's privacy, such as using lowered voices or talking in a place apart from other people - patient care discussions should not occur in elevators.

Organizations will be creating appropriate policies, procedures and systems to protect a patient's privacy. These include selecting a privacy coordinator, providing privacy training for the workforce, and identifying sanctions to deal with privacy violations.

## **ROLES AND RESPONSIBILITIES**

Successful compliance with the HIPAA Privacy and Security Standards involves creating systems that limit access to protected health information to the minimum amount necessary for staff to perform their job functions and to protect the availability and integrity of such information.

All Gerber Ambulance Service Operational Staff, Ambulance Operations Observers, Billing Personnel, Management Staff and Administrators employee are responsible for protecting each patient's privacy by following the guidelines below:

- ❖ Do not leave patient information in places where other people can see it if they have no need to know the information to perform their job. If PHI is left out, do not read through it - cover it or put it away in its appropriate place.
- ❖ Ensure that all areas used to store PHI are properly secured. Ensure that only authorized personnel have access to these locations.
- ❖ Keep paper records related to patients out of publicly accessible areas. Keep lab reports, correspondence and other items regarding patients out of common areas.
- ❖ Only access confidential information if you have a need to know it to do your job. One should view medical records only on those patients they are treating or caring for.
- ❖ Dispose of PHI properly – Must be shredded only (save in confidential transport container for shredding upon return to station).
- ❖ When faxing PHI to someone else, indicate the FAX is confidential. Call and advise the receiving party when it is ready to send. Ask the individual to stand by to intercept the document and confirm receipt.
- ❖ Be aware that violations of privacy or security policies and procedures are subject to disciplinary action.
- ❖ Understand the law and comply with Gerber Ambulance Service's policies and procedures. If an issue is found, report the problem to the immediate supervisor or Privacy Compliance Officer.
- ❖ Log off of the computer terminal when you leave the computer station or after you have obtained the necessary data.
- ❖ Do not share computer passwords or leave them out where they can be seen. Change passwords at least every 90 days.
- ❖ Ensure all computers and laptops used to access electronic PHI are properly secured.
- ❖ Be aware of your departmental contingency plans should the computers or other automated systems used for patient care go down.

## TREAT THE PATIENT'S INFORMATION THE WAY YOU WOULD WANT YOUR OWN PERSONAL INFORMATION

### DISCLOSURE

Protected health information may only be used and disclosed for purposes of treatment, payment and health care operations. PHI may NOT be used or disclosed for any other purposes, unless the patient reads, dates and signs an authorization form allowing the release of information. Authorization forms may be obtained from the Compliance Officer.

A limited number of exceptions to disclosure authorizations is permitted when there is an overriding public health or governmental risk or activity, or in reporting abuse or neglect or for judicial and law enforcement purposes.

### PATIENT'S RIGHTS TO PHI

With a few exceptions, patients have the right to access, inspect and copy their health information. Requests must be granted within 30 days if the information is located on-site, and within 60 days if the information is located off-site. The provider may charge the patient for the actual cost of making copies of the health information.

There are some exceptions to the patient's right to access PHI. Before the health information is released to the patient, any element that falls under one of the exceptions should be identified and removed or covered up in a way that they cannot see it. The exceptions include:

- ❖ Psychotherapy notes
- ❖ Information that a health care professional determines could be harmful to the patient
- ❖ Information compiled for use in a civil or criminal trial or administrative proceeding

If access to some of the health information is denied by a health care Professional because it might cause substantial harm, then the patient has the right to request a review of the decision, by another licensed health care provider who did not participate in the original decision. The health care provider must do what the reviewing professional's decision says must be done. Other than these exceptions, access cannot be denied to the patient for as long as the provider maintains the health information in a designated medical record.

If the patient reviews the PHI and does not agree with the content, an amendment may be filed. The request may be denied if the information is already accurate and complete, was not created by the provider or if the provider is not available to act on the request, and if the information is not accessible to the patient under HIPAA's access rules. If a request for amendment is denied, the provider must inform the patient about his/her options regarding future disclosures of the disputed information.

Patients may request limits on the use and disclosure of their protected health information. For example, a husband or wife might request that his or her PHI not be disclosed to the spouse, or to any family member. Agreement to a request is not required, but if agreed, the provider must limit those disclosures. The exception is in emergency situations. Any restriction that is agreed to must be documented and maintained in the medical record for at least six years.

## **SPECIAL ISSUES**

PHI may be disclosed to business associates without patient authorization if there is a HIPAA compliant written contract. Business associates are companies or people that do services for a provider. A business associate might also perform, or assist with the performance of some activity the provider needs done. Examples might include collection agencies, vendors, and consultants. Protected information may be disclosed to business associates if there is a written contract that the business associate will appropriately safeguard the information.

Patient authorization is not required for PHI uses and disclosures for health care operations. The definition of health care operations includes the use of demographic information and the date health care was rendered.

Parents of minors have access to and control of the protected health information about their children under the Privacy Rule. Exceptions apply when the minor is emancipated or self sufficient, in which case the minor controls access to his/her own PHI.

The same set of HIPAA authorization requirements also apply to research uses and disclosures of PHI. Authorizations for research may be combined with an informed consent to participate in the research study or any other legal permission related to research. In the design of the research study an adequate plan to protect the patient identifiers from improper use or disclosure and written assurance that the PHI will not be used or disclosed to a third party except as required by law or permitted by an authorization shall be documented.

## **ENFORCEMENT**

The US Department of Health and Human Services Office of Civil Rights is responsible for enforcing compliance with the HIPAA standards. There is no provision of HIPAA allowing patients to sue organizations and/or individuals for violations of the law, but they may have the ability to sue under state laws. Penalties for violating HIPAA laws range from civil fines to criminal penalties such as imprisonment.

### **A. Civil Penalties**

Individuals may be fined \$100 for each violation (not to exceed \$25,000 per calendar year) when a person knew or should have known about the violation(s).

### **B. Civil/Criminal Penalties for individuals and/or organizations:**

Fines of up to \$50,000 and/or imprisonment for up to one year for knowingly Using PHI inappropriately;

Fines of up to \$100,000 and/or imprisonment for up to five years for inappropriately accessing PHI under false, pretenses; and

Fines of up to \$250,000 and/or imprisonment for up to 10 years for any person or entity knowingly disclosing or obtaining PHI for the purpose of doing malicious harm or for commercial or personal gain.

## CONCLUSION

Protected health information may only be used and disclosed for purposes of treatment, payment, and health care operations unless authorized by the patient or allowed by law. Protecting PHI *is everyone's* responsibility. We can all be patients at one time or other. How would you feel if your own health information were used in a way that was harmful to you or your family? If you have a question about the proper way to handle a patient privacy situation, ask your supervisor or manager. When each of us assumes responsibility for protecting the health information of others, we are more likely to be in compliance with HIPAA.

### PRIVATE HEALTHCARE INFORMATION RELEASE FORM

I \_\_\_\_\_ give my permission for Gerber Ambulance  
Patient's Name  
Service to release my private health care information to \_\_\_\_\_  
Name and Relationship

My Name is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

19. Attach a copy of the Proposer's "Proposed Operating Budget" for the service to be provided in this submission. Include costs for:

- a) Personnel
- b) Vehicles
- c) Medical Equipment and Supplies
- d) Capital expenses (New for this project)
- e) Proportionate share of ongoing expenses
- f) Include estimated revenues.

**(Attachment 20a for "Proposed Operating Budget")**

**Note:** "Estimated Revenues" are located in envelope for Proposal – Attachment 2 "Audited Financial Statements" within the "Original Copy" of the Proposal. This information is considered "Confidential".

20. Please provide the names of all hospitals and fire departments, for which you are supplying or have supplied ambulance services in the past 10 years.

Name of Hospital/ Fire Department	Address	Person to contact	Telephone No.	Start Date	Expiration Date
<b>City of Torrance Fire Department</b>	1701 Crenshaw Blvd. Torrance, CA 90501	Fire Chief, William Racowski	(310) 781-7000	7/1/1998	Current
<b>Santa Monica Fire Department</b>	333 Olympic Drive Santa Monica, CA 90401	Deputy Chief, Bruce Davis	(310) 458-8670	7/1/2004	Current
<b>Providence Little Company of Mary</b>	4101 Torrance Blvd. Torrance, CA 90503	Cathy Harren	(310) 540-7676	7/1/1983	Current
<b>Providence San Pedro Med. Ctr.</b>	1300 W. 7th Street San Pedro, CA 90732	Mary Jane Jones	(310) 514-5424	7/1/1983	Current
<b>Torrance Memorial Medical Center</b>	3330 Lomita Blvd. Torrance, CA 90505	Dr. Gerald Reich	(310) 325-9117	7/1/1983	Current
<b>UCLA Medical Cntr. Santa Monica</b>	1250 Seventeenth St Santa Monica, CA 90404	Dr Ghurabi	(310) 785-7291	7/1/2003	Current
<b>UCLA Medical Center R. Reagan</b>	757 Westwood Plaza. Los Angeles, CA 90095	Ann McNeil	(310) 267-9577	7/1/2000	Current
<b>Emergency Medical Services Agency</b>	10100 Pioneer Road Santa Fe Springs, CA	Cathy Chidester	(310) 781-7000	7/1/1998	Mutual Aid
<b>City of Redondo Fire Department</b>	415 Diamond St. Redondo. Bch, CA 90277	Fire Chief, Dan Madrigal	(310) 372-1171	7/1/1998	Mutual Aid
<b>City of El Segundo Fire Department</b>	350 Main St. El Segundo, CA 90245	Fire Chief, Kevin Smith	(310) 524-2234	7/1/1998	Mutual Aid
<b>City of Manhattan Beach Fire Dept</b>	1400 N. Highland Ave. Manhattan Bch, CA 90266	Fire Chief, Ken Shuck	(310) 802-5203	7/1/1998	Mutual Aid
<b>City of Hermosa Beach Fire Dept.</b>	1315 Valley Dr. Hermosa Bch, CA 90254	Fire Chief, David Lantzer	(310) 318-0239	7/1/1998	Mutual Aid

21. Please provide information regarding your company's current contracts for ambulance services.

Name of Agency	Start Date	Expiration Date	Dedicated Units Required by Contract:	
			Quantity	Type
<b>City of Torrance Fire Department</b>	<b>7/1/1998</b>	<b>6/30/2011</b>	<b>Five (5)</b>	<b>Modular Type III</b>
<b>City of Santa Monica Fire Department</b>	<b>9/1/2004</b>	<b>8/31/2011</b>	<b>Four (4)</b>	<b>Modular Type III</b>

22. How many years have you been in business as an Ambulance Service Provider?  
  23   years.

23. History of the Proposer as a sole company and after merging/partnering with other companies (include years of each combination).

**Gerber Ambulance Service is a privately held California Corporation. Founded in 1988 in the City of Torrance, Gerber Ambulance Service has never merged or partnered with another business entity. Since that time Gerber Ambulance Service has grown from a four person operation with two ambulances to a total of 186 employees and 27 ambulances and has always been headquartered in Torrance.**

24. List name, address, and share of ownership of all owners of the proposing company.

**Robert H. Gerber (100% Ownership)**

**19801 Mariner Ave, Torrance CA 90503**

25. List names of all organizations, corporations, or firms, for which the proposing corporation/firm holds controlling or financial interest.

**N/A**

26. Explain any previous or current litigation involving the proposing company, or any principal officers, in connection with any contracts or proposals for emergency ambulance services.

**N/A**

27. Explain any failure or refusals by the Proposer to fulfill the requirements of a contract for emergency ambulance service or any other ambulance service contract.

**N/A**

**References:**

Please supply the names of companies/agencies for which you recently supplied comparable services as requested in this RFP.

**Torrance Fire Department - 1701 Crenshaw Blvd, Torrance, CA 90501 - Chief Racowski: (310) 781-7000**

Name of Company/Agency	Address	Person to contact/Telephone No.
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**Santa Monica Fire Department - 333 Olympic Dr., Santa Monica, CA 90401 - Chief Davis: (310) 458-8670**

Name of Company/Agency	Address	Person to contact/Telephone No.
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Name of Company/Agency	Address	Person to contact/Telephone No.
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Vendor Name: \_\_\_\_\_

**GERBER AMBULANCE SERVICE****RFP Submittal Requirement and Acknowledgement**

Vendors are required to place a check mark in Column A indicating that your proposal is as per the specifications of this Request for Proposals.

Vendors are required to place a check mark in Column B indicating that your proposal deviates from the specifications of this Request for Proposal. If you are proposing anything other than what is specified, you must explain in detail how your proposal differs by attaching additional pages to your RFP submittal and indicating the page number in Column C.

You may attach additional sheets to your RFP submittal describing in detail the service you are proposing. You must indicate the page number reference in Column C.

<b>Description</b>	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
RFP Specification/Requirement	Place a check mark in this column indicating that your proposal is as per the specifications in this RFP	Place a mark in this column if you are proposing something different then what is specified in this RFP	You may attach additional sheets to your proposal submittal describing in detail the service you are proposing. Please reference the page number in the space below.
Service Area	✓		
Ambulance Staffing and Personnel Training	✓		
Response Times Compliance	✓		
Ambulance and equipment requirements	✓		
Telephone lines requirement	✓		
Facilities	✓		
Inspection and Maintenance of facilities and equipment	✓		
Hospitals to be used	✓		
Safety	✓		
Situation control	✓		
Permits and Licenses	✓		
Legal Compliance	✓		
HIPAA Compliance	✓		
Exclusive Right	✓		
Contractor's maximum allowable charges	✓		
City's fees and patient billing by Contractor	✓		
Medicare billing and pass through	✓		
Medical supplies reimbursement		✓	
Work with City's collection agency & reconcile billing	✓		
"Dry runs"	✓		
Records and Reports	✓		
Contract Period and Renewal	✓		
Termination	✓		
Other RFP terms	✓		
Agreement Terms and Conditions	✓		

(Attachment 24a)  
"RFP Submittal requirement and Acknowledgment"  
On Page 24

**Medical Supplies Reimbursement** - Column "B" on page 24 was checked.  
The following is Gerber Ambulance Service's proposal of change to RFP #B2011-11.

Currently, Gerber Ambulance Service is paying TFD \$23.00 for the Medical Supply Fee whether it is collected or not.

Suggested Options for Supply Fee Adjustment:

- (Option #1) - Leave Supply Fee as a line item for \$23.00 on Gerber Ambulance Service's invoice, and TFD receives from Gerber the actual amount collected.
- (Option #2) - Move the Supply Fee as a line item for \$23.00 to the City of Torrance Fire Department's invoice, and TFD receives the actual amount collected.
- (Option #3) - Beginning the first year of the contract, reduce the unpaid patient's Supply Fee of \$23.00, which is currently paid by Gerber, by 50% (\$11.50). Then, at the start of the second year, fully install either Option #1 or Option #2.

Gerber Ambulance Service remains open to other suggestions or options concerning the "Medical Supplies Reimbursement".

Signature

  
Michael D. Wade, Contracts Manager  
Gerber Ambulance Service

Vendor Name: GERBER AMBULANCE SERVICE

**Submittals:** Please indicate that the following are included with your proposal:

<b>Submittal Requirements</b>	<b>Check here if included:</b>
Proposer's Response (Section III of this document)	✓
Proposer's Affidavit (Attachment 1)	✓
Audited Financial Statements (Attachment 2)	✓