

**FOREWORD**  
**TULARE COUNTY EMERGENCY MEDICAL SERVICES PLAN**

The State Emergency Medical Services Authority is the Agency which coordinates the deliverance of Prehospital Emergency Medical Care within the State of California as regulated by the State of California Health and Safety Code Division 2.5. The Tulare County EMS Agency, a division of the Department of Health Services, works with the Board appointed advisory committee, the Emergency Medical Care Committee, to meet State requirements for Prehospital Emergency Care Systems.

The State Emergency Medical Services Authority has established new directives and guidelines for development and annual maintenance of Emergency Medical Service (EMS) Plans and the meeting of minimum State Requirements. The EMS Agency has developed this Plan in accordance with those directions.

**Plan Structure**

This Plan is structured as directed by the State EMSA. In some cases additional pages have been added from EMS Protocols and the like in order to provide an expanded response to a topic.

The Plan sections are:

**I. EXECUTIVE SUMMARY**

A statement as to the basis of the Plan and a statement of Tulare County's long and short range goals (short range goals - one year or less, long range goals 2-5 years).

**II. ASSESSMENT SYSTEM**

An assessment of system status with respect to 121 State criteria and the satisfaction of minimum State requirements. Preceded by an overall status summary.

**III. SYSTEM RESOURCES AND OPERATIONS**

On individual pages, summarizes system organization, management, personnel training, communications, facilities and response personnel.

**IV. RESOURCE DIRECTORIES**

On individual pages, summarizes system providers, approved training programs, facilities and disaster medical response capabilities.

**V. DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

Describes manner in which plan was developed, and Persons/Committees involved in the process. A copy of the Board Resolution that approves the Plan is included in this section.

## **VI. ANNEX**

Certain systems and policies specified by the State Authority requires an elaboration and description of system application. The only applicable system for Tulare County is the granting of exclusive operating permits.

This Plan is to be updated annually as specified by the EMS Authority.

Patricia A. Crawford  
Emergency Programs Manager  
June 1995

# TABLE OF CONTENTS

## SECTION 1: EXECUTIVE SUMMARY PAGE

Overall Goals 1 - 3

### Long Range

1. Quality Assurance/Quality Improvement
2. Dispatch
3. Continuing Education Course Approval
4. First Responder Defibrillator Program
5. Disaster Scene Management
6. Agreements Permitting Inter-County Response
7. Paramedic (ALS) Feasibility/System Conversion

### Short Range

1. Disaster Medical Response

## SECTION 2: ASSESSMENT OF SYSTEM PAGE

TABLE 1: Summary of System Status 1 - 13

### System Assessment Narratives

- |                                       |               |
|---------------------------------------|---------------|
| A. System Organization and Management | - 1.01 - 1.28 |
| B. Staffing/Training                  | - 2.01 - 2.13 |
| C. Communications                     | - 3.01 - 3.10 |
| D. Response/Transportation            | - 4.01 - 4.22 |
| E. Facilities/Critical Care           | - 5.01 - 5.14 |
| F. Data Collection/System Evaluation  | - 6.01 - 6.11 |
| G. Public Information and Education   | - 7.01 - 7.04 |
| H. Disaster Medical Response          | - 8.01 - 8.19 |

## SECTION 3: SYSTEM RESOURCES AND OPERATIONS PAGE

TABLE 2: System Organization and Management 1 - 8

TABLE 3: Personnel Training 1

TABLE 4: Communications 1

TABLE 5: Response/Transportation 1 - 2

TABLE 6: Facilities/Critical Care 1 - 2

TABLE 7: Disaster Medical 1

## SECTION 4: RESOURCE DIRECTORIES PAGE

TABLE 8: Providers 1 - 6

TABLE 9: Approved Training Programs 1 - 3

TABLE 10: Facilities 1 - 3

TABLE 11: Dispatch Agency 1

TABLE 11a: Disaster Medical Responders  
(County) 1 - 2

TABLE 11b: Disaster Medical Responders  
(Counties with RDMHC Projects) 3 - 4

Casualty Collection Point Listing

PAGE

SECTION 5: DESCRIPTION OF PLAN DEVELOPMENT PROCESS 1

SECTION 6: ANNEX

- |   |                |
|---|----------------|
| 1. Trauma Care System Plan  | Not Applicable |
| 2. Exclusive Operating Permits  | 1              |
| Board Resolution  |                |
| Amendment to EMS Plan   |                |
| Letter from EMS Authority to EMS Medical Director (February 23, 1993) |                |
| Letter from EMS Medical Director to EMS Authority (March 1, 1993)     |                |
| Copy of Applicable Ordinance Sections                                 |                |

## **SECTION 1**

### **EXECUTIVE SUMMARY**

Tulare County Emergency Medical Services (EMS) Agency has prepared this annual plan following directives and guidelines established by the Emergency Medical Services Authority (EMSA) State of California.

The purpose of the annual plan is to provide a framework for evaluation and presentation of EMS system capabilities as measured against standards defined by EMSA. This provides a basis for identification of areas for system improvement to meet state standards and local system goals.

Development of this EMS system plan has shown that:

1. Emergency Medical Services within Tulare County meets or exceeds minimum State standards.
2. Tulare County EMS agency complies with applicable state laws and regulations.
3. The Emergency Medical Services system in Tulare County provides well managed, patient oriented emergency health care and coordinates the system with the EMS systems in neighboring counties.
4. The plan provides a primary mechanism to collect system information in order to avoid duplication and to streamline the information collection process for EMS systems.

### **OVERALL GOALS**

The following projects and activities are planned or underway to meet the overall goals of the EMS system. Each of these projects with one exception is considered long range (2-5 years). The projects are conducted in conjunction with the Emergency Medical Care Committee membership and its subcommittees. Each listed goal is referenced to a system assessment outlined in Section 2.

### **LONG RANGE GOALS**

1. **QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI)**  
(Assessment 1:18, 6:01, 6:03, 6:05, 6:06, 6:08, 6:09, 6:11)

A project to develop policies and implement a comprehensive and cohesive quality improvement program has been initiated as a by product of recent study regarding paramedic feasibility. The QA/QI project is in the initial stages. Among project objectives will be fulfillment of standards for the above noted assessments. Specific objectives, resource requirements and time plan are currently being formulated.

## **2. DISPATCH**

(Assessment 1:19, 2:04, 3:10)

- a. It is our objective to foster a central dispatch point for all ambulance responders to assure consistent system wide ambulance coverage. The most logical central dispatch agency is the Tulare County Consolidated Ambulance Dispatch (TC-CAD) operated by a joint group of ambulance responders. TC-CAD currently dispatches 60% of ambulance resources in the county.
- b. No regulatory authority exists for pre-arrival/post dispatch medical instruction to be developed by the EMS agency, however, development by individual responders will be encouraged.
- c. The need exists for improved coordinated dispatch between all companies. Toward this objective steps are underway to co-locate Tulare County Consolidated Ambulance Dispatch (TC-CAD) and California Department of Forestry (CDF)/Tulare County Fire. The EMS agency is working with the parties to facilitate this move.

## **3. CONTINUING EDUCATION COURSE APPROVAL**

(Assessment 2:02)

Continuing Education Criteria and Procedures for course approval to be developed. A project for development is underway.

## **4. FIRST RESPONDER DEFIBRILLATOR PROGRAM**

(Assessment 2:05)

Tulare County has developed a First Responder Defibrillator Program and currently has 171 persons certified in automatic defibrillation. The objective is to continue to expand this program.

## **5. DISASTER SCENE MANAGEMENT**

(Assessment 3:04, 3:06, 4:14)

The Disaster Sub-Committee of the Emergency Medical Care Committee (EMCC) is rewriting the Medical Disaster Scene Management Plan that applies to Multi-Casualty Incidents. The objective is to improve the plan, including reconfiguration of communications with the ability to communicate to a disaster communications command post and utilizing multi-casualty incident command structure and relative positions as recommended statewide.

**6. AGREEMENTS PERMITTING INTERCOUNTY RESPONSE**

(Assessment 4:13)

Fresno County is preparing a Regional Disaster Response Plan that will include intercounty agreements. Tulare County will actively participate in establishing these agreements when Fresno County presents the Regional Plan.

**7. PARAMEDIC (ALS) FEASIBILITY/SYSTEM CONVERSION**

(Assessment 1:08, 4:16, 4:17)

A Paramedic Feasibility Study has been completed by an outside consultant under a grant study funded by EMSA. Consultant findings and proposals are currently being evaluated by a sub-committee of the Emergency Medical Care Committee working with the EMS agency.

Conversion to an ALS/Paramedic system and a time plan depends upon findings and conversion plans developed by the EMCC.

**SHORT RANGE GOALS**

**1. DISASTER MEDICAL RESPONSE**

(Assessment 8:06)

Develop written procedures for early assessment of needs in event of disaster. Procedures being updated in accordance with guidelines established by State Office of Emergency Services.

## **SECTION 2**

**TABLE 1: Summary of System Status**

Include the items from Table 1 that are followed by an asterisk on the System Assessment form. Describe on the form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 is to be reported by agency.

### **A. SYSTEM ORGANIZATION AND MANAGEMENT**

<b>Agency Administration</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guidelines</b>	<b>Short-Range Plan</b>	<b>Long-range Plan</b>
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			

#### **Planning Activities**

1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X			X ongoing
1.08 ALS Planning*		X			X
1.09 Inventory of Resources		X			X ongoing
1.10 Special Populations		X			
1.11 System Participants			X		

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guidelines</b>	<b>Short-Range Plan</b>	<b>Long-range Plan</b>
1.12 Review & Monitoring		X			X ongoing
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

**System Finance**

1.16 Funding Mechanism		X			
------------------------	--	---	--	--	--

**Medical Direction**

1.17 Medical Direction*		X			
1.18 QA / QI		X			X
1.19 Policies, Procedures, Protocols		X			X
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems			X		
1.25 On-Line Medical Direction			X		

<b>Enhanced Level: Trauma Care System</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guidelines</b>	<b>Short-Range Plan</b>	<b>Long-range Plan</b>
1.26 Trauma System Plan		X			

**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System Plan		X			
-------------------------------	--	---	--	--	--

**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan		X			
---------------	--	---	--	--	--

## B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guidelines	Short-Range Plan	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			X
2.03 Personnel		X			

### Dispatchers

2.04 Dispatch Training	X				X
------------------------	---	--	--	--	---

### First Responders (non-transporting)

2.05 First Responder Training	X				X
2.06 Response		X			
2.07 Medical Control		X			

### Transporting Personnel

2.08 EMT-I Training		X			
---------------------	--	---	--	--	--

### Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X			

<b>Enhanced Level: Advanced Life Support</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guidelines</b>	<b>Short-Range Plan</b>	<b>Long- range Plan</b>
2.11 Accreditation Process		NOT APPLICABLE			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

## C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-Range Plan	Long-range Plan
3.01 Communication Plan*		X			
3.02 Radios		X			
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			X
3.05 Hospitals		X			
3.06 MCI/Disasters		X			X

### Public Access

3.07 9-1-1 Planning/ Coordination		X			
3.08 9-1-1 Public Education		X			

### Resource Management

3.09 Dispatch Triage		X			
3.10 Integrated Dispatch		X			X

## D. RESPONSE / TRANSPORTATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-Range Plan	Long-range Plan
4.01 Service Area Boundaries*			X		
4.02 Monitoring			X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*			X		
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Intercounty Response*		X			X
4.14 Incident Command System		X			X
4.15 MCI Plans		X			

### Enhanced Level: Advanced Life Support

*4.16 ALS Staffing		X			
*4.17 ALS Equipment		X			

\* LALS STAFFING AND EQUIPMENT

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Short-Range Plan</b>	<b>Long-range Plan</b>
4.18 Compliance		X			

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X			
4.20 Grandfathering		X			
4.21 Compliance		X			
4.22 Evaluation		X			

## E. FACILITIES / CRITICAL CARE

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-Range Plan	Long-range Plan
<b>Universal Level</b>					
5.01 Assessment of Capabilities		X			
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X			
5.06 Hospital Evaluation*		X			

### Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X			
---------------------------------	--	---	--	--	--

### Enhanced Level: Trauma Care System

5.08 Trauma System Design		NOT APPLICABLE			
5.09 Public Input		NOT APPLICABLE			

### Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design		NOT APPLICABLE			
5.11 Emergency Departments		NOT APPLICABLE			
5.12 Public Input		NOT APPLICABLE			

### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		NOT APPLICABLE			
5.14 Public Input		NOT APPLICABLE			

## F. DATA COLLECTION / SYSTEM EVALUATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-Range Plan	Long-range Plan
<b>Universal Level</b>					
6.01 QA/QI Program		X			X
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X			X
6.04 Medical Dispatch		X			
6.05 Data Management System*	X				X
6.06 System Design Evaluation	X				X
6.07 Provider Participation		X			
6.08 Reporting		X			X

### Enhanced Level: Advanced Life Support

6.09 ALS Audit		NOT APPLICABLE			
----------------	--	----------------	--	--	--

### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		NOT APPLICABLE			
6.11 Trauma Center Data		NOT APPLICABLE			

## G. PUBLIC INFORMATION AND EDUCATION

<b>Universal Level</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guidelines</b>	<b>Short-Range Plan</b>	<b>Long-range Plan</b>
7.01 Public Information Materials		X			
7.02 Injury Control		X			
7.03 Disaster Preparedness			X		
7.04 First Aid & CPR Training		X			

## H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guidelines	Short-Range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X			
8.03 HazMat Training		X			
8.04 Incident Command System		X			
8.05 Distribution of Casualties*		X			
8.06 Needs Assessment		X		X	
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams		NOT APPLICABLE			
8.10 Mutual Aid Agreements*		NOT APPLICABLE			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X			
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X			

### Enhanced Level: Advanced Life Support

8.17 ALS Policies					
-------------------	--	--	--	--	--

<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guidelines</b>	<b>Short-Range Plan</b>	<b>Long-range Plan</b>
8.18 Specialty Center Roles		X			

**Enhanced Level: Exclusive Operating Areas/Ambulance Regulations**

8.19 Waiving Exclusivity		X			
--------------------------	--	---	--	--	--

**SYSTEM ASSESSMENT FORM**  
**A. SYSTEM ORGANIZATION AND MANAGEMENT**

**AGENCY ADMINISTRATION**

**MINIMUM STANDARD:**

1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

**CURRENT STATUS:**

Standard met - chart attached.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

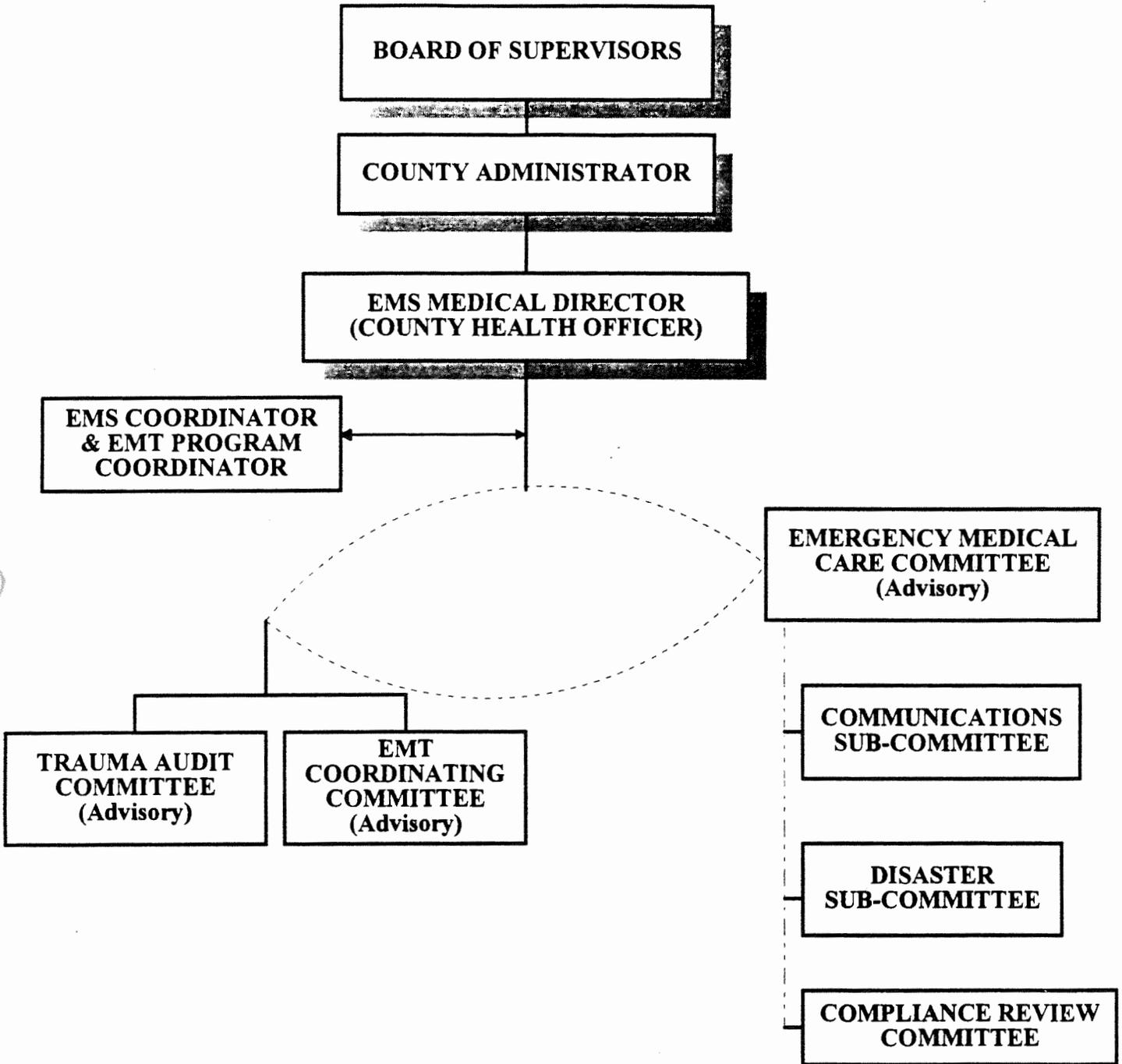
**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**TULARE COUNTY EMERGENCY MEDICAL CARE COMMITTEE**

**ORGANIZATIONAL RELATIONSHIP CHART**



## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

### CURRENT STATUS:

The Agency continues to plan, implement and evaluate its systems. Currently limited quality assurance processes are in effect to monitor performance intubations, response times and a special mechanism on our valium study. Tulare County recently contracted with a consultant who has proposed a Quality Assurance Program for the systems. Details on this program are to be addressed with program implementation 1995-96.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To expand current Quality Assurance Program.

### OBJECTIVE:

To develop a comprehensive Quality Assurance Program fiscal year 1995-96.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

### CURRENT STATUS:

Tulare County has just received a final report from a consultant outlining a possible pathway to upgrade to a paramedic service. Many details remain to be worked out especially in the areas of training and service in volunteer areas. The Emergency Medical Care Committee is committed to working toward paramedic implementation.

### COORDINATION WITH OTHER EMS AGENCIES:

Emergency Medical Services Agencies in Fresno & Kern County have been contacted regarding possible upgrade training. This did not come to fruition. Multiple Emergency Medical Services Agencies have been contacted regarding upgrade process.

### NEED(S):

To continue to explore alternatives and to resolve details in order to request that the Board of Supervisors approve a paramedic conversion.

### OBJECTIVE:

To convert to a Paramedic System in Tulare County.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

### CURRENT STATUS:

Standard met. List updated annually. Emergency Services and Emergency Medical Services are in the same division. Access to a wide span of resource material is available in house and at the California Department of Forestry/Tulare County Fire.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Computerized information.

### OBJECTIVE:

To place resource information on computer and continue regular updates.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year) On going.

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

- 1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

### RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

### CURRENT STATUS:

Throughout Tulare County many community service agencies (both public and private) have completed surveys regarding special population groups. Hospital and Ambulance Providers are aware of the special populations in their areas. Many interpreters are accessible for the various non-English speaking populations which exist in Tulare County.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

### RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

### CURRENT STATUS:

Tulare County has established exclusive operating areas and grandfathered in current providers. All providers have signed Limited Advanced Life Support Agreements.

All Base Hospitals have signed Base Hospital Agreements.

In addition, Tulare County has a regulating Ordinance as well as EMS Agency Policies and Procedures.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### REGULATORY ACTIVITIES

#### MINIMUM STANDARD:

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

#### CURRENT STATUS:

System operations are reviewed on a regular basis. Areas of operational review, however, are limited. The agency plans to expand this system in Fiscal Year 1995-96 utilizing our current Quality Assurance Program drafted by a consultant.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

To expand review and monitoring of EMS System Operations.

#### OBJECTIVE:

See 1.02. To expand our Quality Assurance Program.

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year) and on going.

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

1.13 Each local EMS agency shall coordinate EMS system operations.

**CURRENT STATUS:**

System operations are coordinated and refined on a continual basis. Advisory committees comprised of those crucial to the particular operation are formed as new issues arise.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets minimum standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.14 Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

### CURRENT STATUS:

Agency has developed a policy and procedure manual which is distributed to all EMS System Providers. This is currently updated as new issues arise.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

### CURRENT STATUS:

The mechanism to review, monitor and enforce compliance exists both with the Base Hospitals and Providers themselves. State Disciplinary Guidelines and Tulare County Ordinances supply the regulations needed for enforcement.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### SYSTEM FINANCES

#### MINIMUM STANDARD:

1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

#### CURRENT STATUS:

Currently the County Board of Supervisors has opted not to use the Emergency Medical Services Fund. The local judicial group does not support additional fines as a majority of those imposed at present are not collected.

Tulare County continual funding comes from the General Fund with a small percent from certification fees. In addition, a Special Block Grant received in 1994 for our consultant greatly enhanced our program.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Expanded funding is desirable but not probable.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MEDICAL DIRECTION**

**MINIMUM STANDARD:**

1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

**CURRENT STATUS:**

Medical Control is accomplished through development of EMS Policies and Procedures, Base Radio contract and service delivery review. Base Station Hospitals have been designated geographically and providers work with preceptors, for monitoring of service delivery, in their Base Station Catchment Area.

In addition, Limited Advance Life Support and Base Hospital Agreements re-enforce this process.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

- 1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants

### RECOMMENDED GUIDELINES:

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

### CURRENT STATUS:

Agency provides limited quality assurance. The Medical Control Committee consistently reviews procedures and service delivery for quality improvement. Tulare County plans to expand this program in Fiscal Year 1995-96.

The providers and base hospitals will have a major roll. The EMS Agency will insure the program is uniform and monitor for compliance.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To expand quality improvement program.

### OBJECTIVE:

To develop policies and implement a more comprehensive quality improvement program.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

- 1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to,
- a) triage,
  - b) treatment,
  - c) medical dispatch protocols,
  - d) transport,
  - e) on-scene treatment times
  - f) transfer of emergency patients,
  - g) standing orders,
  - h) base hospital contact,
  - i) on-scene physicians and other medical personnel, and
  - j) local scope of practice for prehospital personnel.

### RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

### UNIVERSAL LEVEL:

### CURRENT STATUS:

Agency has developed written policies, procedures and protocols. Pre-Arrival/Post Dispatch is currently not regulated by the local Emergency Medical Services Agency as no regulatory authority exists. However, Visalia City Public Safety Agency and Tulare County Consolidated Dispatch (a private non-profit corporation) developed by these local providers, and Tulare District Hospital provide pre-arrival instructions. These agencies were trained in the Clawson program.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

The need exists of an improved coordinated dispatch between all companies. Co-location between Tulare County Consolidated Ambulance Dispatch (TC-CAD) and California Department of Forestry (CDF)/Tulare County Fire is underway. The CDF Dispatch center has a state of the art computer aided dispatch center. This would be a private/public venture.

### OBJECTIVE:

To facilitate co-location of Tulare County Consolidated Ambulance Dispatch and Tulare County Fire.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

**CURRENT STATUS:**

Standard met - Policy on file.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

**CURRENT STATUS:**

Standard met - Policies established.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-03  
Effective: 07-01-85  
Page: 1 of 3

PPM SEC. 31-03  
EFFECTIVE: 10-01-91  
PAGE: 1 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
EMERGENCY MEDICAL TECHNICIAN-II  
FIELD GUIDE TO INITIATING CPR

---

A primary role for the Emergency Medical Technician-II is providing emergency services to victims who will benefit from advanced life support. These services should be initiated on any individual when a reasonable doubt exists about death. It is also important to minimize resuscitation attempts of victims when efforts will inevitably be unsuccessful. The dangers involved in emergency transport and the expense incurred make indiscriminate resuscitation undesirable. The following procedures and guidelines will hopefully minimize these unwanted outcomes.

A. Procedure to determine when not to initiate CPR or Limited Advanced Life Support: Document and perform the following:

1. Physical Examination:

- a. Establish that the victim is pulseless and non-breathing.
- b. Look for signs of prolonged lifelessness: rigor mortis, lividity, glazed corneas and loss of body heat.

2. History:

- a. Attempt to obtain a time estimate of lifelessness from a reliable source.
- b. Inquire about the presence of a terminal illness with a "Do Not Resuscitate" order.
- c. Establish whether the cause of the collapse is one associated with prolonged survival: cold water drowning, hypothermia or barbiturate ingestion.

3. Procedures:

Obtain a monitor strip documenting the presence of asystole. This is not necessary in cases when resuscitation would never be considered: decapitation, etc.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-03  
Effective: 07-01-85  
Page: 2 of 3

PPM SEC. 31-03  
EFFECTIVE: 10-01-91  
PAGE: 2 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
EMERGENCY MEDICAL TECHNICIAN-II  
FIELD GUIDE TO INITIATING CPR

---

4. Base Station Contacts:

Contact the Base Station only to notify that a possible 1144 is being brought to their facility. Do not call the base station for a decision on initiating CPR or Limited Advanced Life Support since this implies indecision and thus doubt about the presence of death. When in doubt, do CPR!

B. Circumstances when the Emergency Medical Technician-II may elect not to initiate ALS or CPR on a pulseless, non-breathing victim:

1. Patient with signs of prolonged lifelessness: patients with rigor mortis who are cold and show asystole on the monitor.
2. Patients with a history of prolonged lifelessness:
  - a. Victims who have not received CPR prior to arrival of a Limited Advanced Life Support team and who have a documented history of being pulseless and non-breathing for more than 10 minutes. The source of the history must be a reliable witness.
  - b. Victims of cold water drowning, barbiturate overdose or hypothermia who are asystolic and have a reliable history of being submerged or non-breathing for 45 minutes or more.
3. Victims with injuries clearly incompatible with life: decapitation, 100% burn, decomposition, etc.
4. Patients in the end stages of a terminal illness:

The presence of a long-standing terminal illness, which is revealed to the Limited Advanced Life Support team at the scene should be considered. If the family states that there is a "no CPR" order signed and documented by a physician, the EMT II will elect not to resuscitate the patient.

DNR is defined as no chest compressions, defibrillation, or endotracheal intubation.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-03  
Effective: 06-01-88  
Page: 3 of 3

PPM SEC. 31-03  
EFFECTIVE: 10-01-91  
PAGE: 3 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
EMERGENCY MEDICAL TECHNICIAN-II  
FIELD GUIDE TO INITIATING CPR

---

5. As a triage decision:

When the numbers of seriously ill victims overwhelms the Limited Advanced Life Support system, and the care required to sustain a pulseless, non-breathing victim would compromise the chances of survival of other viable patients.

C. Special Circumstances:

The expressed desire by the victims family and friends that "something be done" should be respected. This is particularly true when an unexpected arrest occurs in a previously healthy individual (example: a "Sudden Infant Death Syndrome" victim).

D. Discontinuing CPR

Upon orders from the Base Hospital Physician, the Emergency Medical Technician II may discontinue all resuscitative efforts.

E. Transport Considerations

Patients falling into the above criteria need not be transported. The responding unit may leave the scene upon arrival of the Coroner or other Public Safety Agency, or if they are needed to respond to another emergency call.

MLM

EMT-II PROTOCOL REPORT

NOTE: To be completed upon delivery of the patient to the hospital on all ALS or BLS runs without voice contact. Give to base station who will forward to Medical Director within 72 hours.

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

NATURE OF CALL \_\_\_\_\_

1. REASON FOR USE OF PROTOCOLS OR STANDING ORDERS:

\_\_\_\_ RADIO FAILURE                      \_\_\_\_ BAD RADIO AREA  
\_\_\_\_ BASE STATION DIRECTED              \_\_\_\_ WEATHER CONDITIONS  
\_\_\_\_ OTHER (specify) \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. WAS PROBLEM CORRECTABLE?      \_\_\_\_ YES                      \_\_\_\_ NO  
IF YES, EXPLAIN HOW \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. WAS LALS STARTED ON THE PATIENT?      \_\_\_\_ YES                      \_\_\_\_ NO  
IF YES, WHAT PROTOCOLS WERE USED? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ATTACH A COPY OF THE RUN SHEET WITH DOCUMENTATION OF EMERGENCY MEDICAL PROCEDURES INITIATED AND MAINTAINED.

\_\_\_\_\_  
SIGNATURE of EMT II

THE UNDERSIGNED HAS REVIEWED THE ABOVE CALL AND FOUND THAT TREATMENT:  
\_\_\_\_ WAS APPROPRIATE                      \_\_\_\_ WAS NOT APPROPRIATE

\_\_\_\_\_  
SIGNATURE of MICN/RN/MD

U

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

**RECOMMENDED GUIDELINES:**

**UNIVERSAL LEVEL:**

**CURRENT STATUS:**

Standard met - Policies established.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-03  
Effective: 07-01-85  
Page: 1 of 3

PPM SEC. 31-03  
EFFECTIVE: 10-01-91  
PAGE: 1 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
EMERGENCY MEDICAL TECHNICIAN-II  
FIELD GUIDE TO INITIATING CPR

---

A primary role for the Emergency Medical Technician-II is providing emergency services to victims who will benefit from advanced life support. These services should be initiated on any individual when a reasonable doubt exists about death. It is also important to minimize resuscitation attempts of victims when efforts will inevitably be unsuccessful. The dangers involved in emergency transport and the expense incurred make indiscriminate resuscitation undesirable. The following procedures and guidelines will hopefully minimize these unwanted outcomes:

A. Procedure to determine when not to initiate CPR or Limited Advanced Life Support: Document and perform the following:

1. Physical Examination:

- a. Establish that the victim is pulseless and non-breathing.
- b. Look for signs of prolonged lifelessness: rigor mortis, lividity, glazed corneas and loss of body heat.

2. History:

- a. Attempt to obtain a time estimate of lifelessness from a reliable source.
- b. Inquire about the presence of a terminal illness with a "Do Not Resuscitate" order.
- c. Establish whether the cause of the collapse is one associated with prolonged survival: cold water drowning, hypothermia or barbiturate ingestion.

3. Procedures:

Obtain a monitor strip documenting the presence of asystole. This is not necessary in cases when resuscitation would never be considered: decapitation, etc.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-03  
Effective: 07-01-85  
Page: 2 of 3

PPM SEC. 31-03  
EFFECTIVE: 10-01-91  
PAGE: 2 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
EMERGENCY MEDICAL TECHNICIAN-II  
FIELD GUIDE TO INITIATING CPR

---

4. Base Station Contacts:

Contact the Base Station only to notify that a possible 1144 is being brought to their facility. Do not call the base station for a decision on initiating CPR or Limited Advanced Life Support since this implies indecision and thus doubt about the presence of death. When in doubt, do CPR!

B. Circumstances when the Emergency Medical Technician-II may elect not to initiate ALS or CPR on a pulseless, non-breathing victim:

1. Patient with signs of prolonged lifelessness: patients with rigor mortis who are cold and show asystole on the monitor.
2. Patients with a history of prolonged lifelessness:
  - a. Victims who have not received CPR prior to arrival of a Limited Advanced Life Support team and who have a documented history of being pulseless and non-breathing for more than 10 minutes. The source of the history must be a reliable witness.
  - b. Victims of cold water drowning, barbiturate overdose or hypothermia who are asystolic and have a reliable history of being submerged or non-breathing for 45 minutes or more.
3. Victims with injuries clearly incompatible with life: decapitation, 100% burn, decomposition, etc.
4. Patients in the end stages of a terminal illness:

The presence of a long-standing terminal illness, which is revealed to the Limited Advanced Life Support team at the scene should be considered. If the family states that there is a "no CPR" order signed and documented by a physician, the EMT II will elect not to resuscitate the patient.

DNR is defined as no chest compressions, defibrillation, or endotracheal intubation.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-03  
Effective: 06-01-88  
Page: 3 of 3

PPM SEC. 31-03  
EFFECTIVE: 10-01-91  
PAGE: 3 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
EMERGENCY MEDICAL TECHNICIAN-II  
FIELD GUIDE TO INITIATING CPR

---

5. As a triage decision:

When the numbers of seriously ill victims overwhelms the Limited Advanced Life Support system, and the care required to sustain a pulseless, non-breathing victim would compromise the chances of survival of other viable patients.

C. Special Circumstances:

The expressed desire by the victims family and friends that "something be done" should be respected. This is particularly true when an unexpected arrest occurs in a previously healthy individual (example: a "Sudden Infant Death Syndrome" victim).

D. Discontinuing CPR

Upon orders from the Base Hospital Physician, the Emergency Medical Technician II may discontinue all resuscitative efforts.

E. Transport Considerations

Patients falling into the above criteria need not be transported. The responding unit may leave the scene upon arrival of the Coroner or other Public Safety Agency, or if they are needed to respond to another emergency call.

MLM

EMT-II PROTOCOL REPORT

NOTE: To be completed upon delivery of the patient to the hospital on all ALS or BLS runs without voice contact. Give to base station who will forward to Medical Director within 72 hours.

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

NATURE OF CALL \_\_\_\_\_

1. REASON FOR USE OF PROTOCOLS OR STANDING ORDERS:

\_\_\_\_ RADIO FAILURE                      \_\_\_\_ BAD RADIO AREA  
\_\_\_\_ BASE STATION DIRECTED              \_\_\_\_ WEATHER CONDITIONS  
\_\_\_\_ OTHER (specify) \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. WAS PROBLEM CORRECTABLE?      \_\_\_\_ YES              \_\_\_\_ NO  
IF YES, EXPLAIN HOW \_\_\_\_\_  
\_\_\_\_\_

3. WAS LALS STARTED ON THE PATIENT?      \_\_\_\_ YES              \_\_\_\_ NO  
IF YES, WHAT PROTOCOLS WERE USED? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ATTACH A COPY OF THE RUN SHEET WITH DOCUMENTATION OF EMERGENCY MEDICAL PROCEDURES INITIATED AND MAINTAINED.

\_\_\_\_\_  
SIGNATURE of EMT II

THE UNDERSIGNED HAS REVIEWED THE ABOVE CALL AND FOUND THAT TREATMENT:  
\_\_\_\_ WAS APPROPRIATE              \_\_\_\_ WAS NOT APPROPRIATE

\_\_\_\_\_  
SIGNATURE of MICN/RN/MD

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.:  
Effective:  
Page:

PPM SEC.: 60-13  
EFFECTIVE: 2-01-94  
PAGE: 1 of 2

---

RISK ASSESSMENT GUIDELINE

---

- I. Several situations have been identified as possible risk to responding or treating EMT's
  - A. Unsecured scene
  - B. Secure Scene changing to unsecured scene
  - C. Hostile patient
  
- II. All agencies should establish their individual policy to insure the safety of their employees. The following guidelines may be considered
  
- III. Unsecured Scene
  - A. Situations which would be included in this area may include
    - 1. Violence
    - 2. Suicide
    - 3. Fire
    - 4. Suspicious in nature
  - B. The dispatcher will make sure to obtain as much information as possible for safety of responding units. Updated information will be provided as available.
  - C. Ambulances responding Code 3 to an incident as outlined in III.A. may consider reducing to Code 2 when 6 to 10 blocks away from the incident location or staging area.
  - D. Confirmation of law enforcement scene arrival and scene secured should be considered prior to proceeding to the incident scene.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.:  
Effective:  
Page:

PPM SEC.: 60-13  
EFFECTIVE: 02-01-94

PAGE: 2 of 2

---

RISK ASSESSMENT GUIDELINE

---

IV. Secured Scene changing to Unsecured Scene

- A. A judgement call should be made by the Medical Supervisor whether or not to exit the scene to stage
- B. Immediate transport of the patient, prior to assessment, may be initiated if the Medical Supervisor determines this will not delay exiting the scene
- C. Dispatch shall be instructed to notify law enforcement of EMS actions
- D. There may be instances where law enforcement informs EMS to exit the scene. This means they cannot ensure safety. This must be considered

V. Hostile Patient (Someone threatening bodily harm to the responder)

- A. If the responding EMT is faced by a hostile patient or family member, a judgement call should be made by the Medical Supervisor whether or not to exit the scene
- B. The Base Station shall be contacted regarding the EMT actions
- C. The dispatch shall be contacted to notify law enforcement of the situation if appropriate

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.22 Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

### CURRENT STATUS:

Local Child Protective Services and the District Attorney's Office have frequent outreach training programs regarding this subject. SIDS is part of basic curriculum.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.

**CURRENT STATUS:**

Policies established. Standard met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-08  
Effective: 10-01-89  
Page: 1 of 3

PPM SEC. 31-08  
EFFECTIVE: 11-01-93  
PAGE: 1 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
TULARE COUNTY EMERGENCY MEDICAL TECHNICIAN-II  
TRANSFER GUIDELINES

---

Emergency Medical Technician-II Scope of Practice:

While at the scene of a medical emergency and during transport an  
Emergency Medical Technician-II may:

1. Defibrillate
2. Use esophageal airways and endotracheal intubation
3. Institute IV lines in superficial veins
4. Obtain blood for laboratory analysis
5. Administer the following substances:
  - a. Five percent dextrose in water (IV solution)
  - b. Normal Saline or equivalent solution (IV solution)
  - c. Fifty percent dextrose (IV push)
  - d. Lidocaine (IV push)
  - e. Atropine (IV push)
  - f. Epinephrine (IV push and SQ)
  - g. Sodium Bicarbonate (IV push)
  - h. Naloxone (IV push)
  - i. Furosemide (IV push)
  - j. Syrup of Ipecac (PO)
  - k. Nitroglycerine
  - l. Morphine Sulphate (MUST BE ON DIRECT BASE STATION ORDER ONLY)

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-08  
Effective: 05-01-86  
Page: 2 of 3

PPM SEC. 31-08  
EFFECTIVE: 11-01-93  
PAGE: 2 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
TULARE COUNTY EMERGENCY MEDICAL TECHNICIAN-II  
TRANSFER GUIDELINES

---

6. Apply Medical antishock trousers
7. Interpret Cardiac rhythms using portable monitor per SB 125.

The Emergency Medical Technician-II receives specific training in these areas only. You will note some common medications and procedures that are legally outside the Emergency Medical Technician-II function.

1. Lidocaine infusion (IV drip)
2. Dopamine
3. Blood administration
4. Monitoring chest tubes
5. Decadron
6. Antibiotics
7. Electrolytes
8. Isuprel
9. Insulin
10. Analgesics/Narcotics

The Emergency Medical Technician-II will provide the base station with the following information:

1. Destination and ETA
2. Patient complaint and condition
3. Mental status
4. Vital signs
5. Treatments/therapy provided\*\*

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 31-08  
Effective: 10-01-87  
Page: 3 of 3

PPM SEC. 31-08  
EFFECTIVE: 11-01-93  
PAGE: 3 of 3

TULARE COUNTY FIELD CARE GUIDELINE  
TULARE COUNTY EMERGENCY MEDICAL TECHNICIAN-II  
TRANSFER GUIDELINES

---

\*\* If treatment/therapy of the patient exceeds the Emergency Medical Technician scope of practice.

- a. Prior to transport, request the sending hospital to contact the base hospital.
- b. If the sending hospital refuses this request, the Emergency Medical Technician-II will contact the base hospital and request the base to contact the sending hospital.
- c. If the sending hospital informs the Emergency Medical Technician-II that it is alright to transport, or that it has already been cleared with the base station, the Emergency Medical Technician-II will contact the base via radio to verify and provide tape documentation.

If the transferring hospital sends a physician or Registered Nurse to accompany the patient with the Emergency Medical Technician-II, the Emergency Medical Technician-II will:

1. Call the base and advise patient status, brief history, ETA and nature of professional accompanying patient.
2. Assist the physician or Registered Nurse as appropriate, but primarily function as Emergency Medical Technician-I, unless authorized by the Base to function as a Limited Advanced Life Support provider.

If the Emergency Medical Technician-II is transporting the patient from one facility to another facility for diagnostic purposes the EMT-II will relinquish responsibility for patient care upon arrival at the receiving facility.

If the Emergency Medical Technician-II is on a long distance transfer and a previously stable patient they are transferring suddenly develops "severe medical problems", the EMT-II should go on Standing Orders Protocol and divert to the nearest appropriate hospital, preferably with radio contact enroute for medical control and notification.

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: ADVANCED LIFE SUPPORT

#### MINIMUM STANDARD:

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS.

#### RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

#### CURRENT STATUS:

Tulare County has no advanced Life Support providers. Written agreements are in affect for Limited Advanced Life Support providers.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard with Limited Advanced Life Support providers.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

THE PARTIES, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

COUNTY OF TULARE

By \_\_\_\_\_  
Chairman, Board of Supervisors  
"Tulare County"

ATTEST: LOUIS J. FERNANDEZ,  
County Administrative Officer/Clerk of the  
Board of Supervisors of the County of Tulare

By \_\_\_\_\_  
Deputy Clerk

DELANO AMBULANCE

By \_\_\_\_\_  
"Provider"

Approved as to Form  
County Counsel

By James J. Linn  
Deputy

rachel\wp\_aa17135\_amb\090694

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

### RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

### CURRENT STATUS:

All Base Hospitals are designated geographically. Providers communicate with their assigned base hospital which is the geographically closest Base Hospital to their station.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: TRAUMA CARE SYSTEM

#### MINIMUM STANDARD:

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for trauma care in the EMS area, and
  - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### CURRENT STATUS:

Tulare County does not meet the required population standard required for State Trauma regulations. In addition, due to geography only one trauma center would not be feasible. Tulare County has developed a Major Injury Management Plan. See 1.07.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Tulare County has met its standard by maximizing optimally upon available resources.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)  
\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: PEDIATRIC EMERGENCY MEDICAL AND CRITICAL CARE SYSTEM

#### MINIMUM STANDARD:

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
  - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### CURRENT STATUS:

Tulare County has no hospitals which specialize in pediatrics. Currently through coordination of the Base Station, patients are transported to other jurisdictions. Many pediatric teams arrive to accompany the patient to their facility.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard by utilizing coordination with other jurisdictions.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS

#### MINIMUM STANDARD:

- 1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:
- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
  - b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

#### CURRENT STATUS:

Exclusive Operating Areas are designated. Current providers grandfathered in. Attached is Tulare County Resolution 93-0829 addressing this issue. The State approved the attached plan amendment.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard. Should any current provider abandon their area, it will be necessary to develop a competitive process.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**B. STAFFING/TRAINING**

**LOCAL EMS AGENCY**

**MINIMUM STANDARD:**

2.01 The local EMS agency shall routinely assess personnel and training needs.

**CURRENT STATUS:**

The current medical control committee, the EMT Coordination Committee reviews trends where training is needed. Also, training is established for new procedures. Personnel supply is also monitored by Porterville College.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Standard met.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

**CURRENT STATUS:**

Currently Agency approves Continuing Education Programs which are submitted and apply to Limited Advanced Life Support skills. Tulare County recognizes the need to develop criteria for approving Continuing Education Courses to add more structure to our current process. A Work Group has been formed to address this in Fiscal Year 1995-96.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Criteria and Procedures for Continuing Education Course approval.

**OBJECTIVE:**

To develop Continuing Education Criteria and procedures for course approval.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

**CURRENT STATUS:**

Mechanisms are in place.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### **DISPATCHERS**

#### **MINIMUM STANDARD:**

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### **RECOMMENDED GUIDELINES:**

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### **CURRENT STATUS:**

Tulare County has no regulatory authority over public safety answering points in other jurisdictions. Local funding is certainly an issue in training and keeping trained staff in this process. Tulare County, however, is progressing toward this need by facilitating a proposal to combine all private and most public EMS Dispatch in Tulare County.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

#### **NEED(S):**

To continue to expand medical dispatch resources within Tulare County.

#### **OBJECTIVE:**

To continue to facilitate co-location of Tulare County Consolidated Ambulance Dispatch and Tulare County Fire at California Department of Forestry Headquarters.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### FIRST RESPONDERS (non-transporting)

#### MINIMUM STANDARD:

2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

#### RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

#### UNIVERSAL LEVEL:

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

#### CURRENT STATUS:

Public Safety Personnel are trained to a minimum of Public Safety First Aid according to Title 22. Some Public Safety personnel are EMT-I certified.

#### COORDINATION WITH OTHER EMS AGENCIES:

Visalia City has all EMT-I certified Fire personnel.

Tulare County has developed a First Responder Defibrillator Program and currently has 171 certified in automatic defibrillation. These first responders are located in some Tulare County areas as well as the City of Visalia.

Due to funding constraints it is unlikely the universal level will be met. Especially as many rural personnel first responders are volunteers.

#### NEED(S):

Meets standard.

#### OBJECTIVE:

To continue to expand the First Responder Defibrillator Program.

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

  X   Long-range Plan (more than one year) on going.

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

### CURRENT STATUS:

Public Safety agencies routinely respond to medical emergencies. Many times they are closest, especially in rural areas. Minimum dispatch criteria has been established to facilitate this process and is attached. There are no public industrial first aid teams in Tulare County.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A  
EFFECTIVE: 02-01-93  
PAGE: 1 of 13

MINIMUM DISPATCH CRITERIA

- I. The following is the criteria under which ambulances are dispatched. Two (2) types of terminology are used when referring to the response need of an ambulance. A brief description follows:

3	1	Life threatening. No Divert.
3	2	Non-Life threatening. Divert possible.
2	3	Immediate. No light or sirens.
1	4	Delayed. Routine transport.

- II. Attachment A is a list of response for Limited Advanced Life Support units. This is not an exhaustive list of all types of calls that are requested, nor is this a black and white guideline. Some requests are straight forward while others can be quite vague. The rule of thumb is "when in doubt, assume the worst". This list contains isolated complaints and assumes no other problem with the patient. It must be noted that most requests for ambulances have multiple complaints (i.e. the patient has back pain for two days but is now having shortness of breath). When this type of situation occurs, the highest level of the complaint determines the dispatch mode.

"Code 3" Operation. "Code 3" is a term used to describe use of red warning lamps and siren, as permitted by Vehicle Code Section 21055, if the vehicle is being driven in response to an emergency call. Emergency service, although related to apparent sudden need, does not always require "Code 3" operation. "Code 3" is justified only when initially responding to an emergency call or when speed in obtaining emergency medical care appears essential to save a life, prevent undue suffering, or to reduce or prevent disability. "Code 3" transportation of a stabilized patient is seldom necessary and is undesirable.

- III. Attachment B is a Summary of Priority Determinants for the Response for Limited Advanced Life Support Units as indicated in Attachment A.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A

EFFECTIVE: 02-01-93

PAGE: 2 of 13

---

MINIMUM DISPATCH CRITERIA

ATTACHMENT A

List of Responses for  
Limited Advanced Life Support Units

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A  
EFFECTIVE: 02-01-93  
PAGE: 3 of 13

---

MINIMUM DISPATCH CRITERIA

---

List of Responses for  
Limited Advance Life Support Units

ABDOMINAL PAIN

The dispatch determinant in abdominal pain depends mainly on patient age and sex, because the most likely area for error is in not recognizing cardiac emergencies, and possible ectopic pregnancy.

Males - age  $\geq$  35, Females - age  $\geq$  45, Females with fainting - age  $\geq$  12 with no other priority symptoms are Code-3 responses.

CHEST PAIN

The dispatch determinant in chest pain is dependent upon the patient's age, and medical history. The greatest area for error is for chest pain to be confused for abdominal pain or indigestion.

Age -  $<$  35 with resp. distress, Age -  $\geq$  35 with resp. distress, altered mental status, prior cardiac history, third party caller, or turning blue are Code-3 responses.

SEIZURES

The dispatch determinant in seizure is dependent upon the patient's history, and number. The most likely area for error is the chance that a seizure is cardiac related. Pregnant, traumatic, diabetic, continuous, or multiple are Code-3 responses.

DIABETIC PROBLEMS

The dispatch determinant in diabetic emergencies is dependent upon the patient's level of consciousness. Unconscious, conscious but not alert are Code-3 responses.

HEADACHE

The dispatch determinant in headache is dependent upon the patient's level of neurological response. ALOC, sudden severe onset, speech or motor impairment are Code-3 responses.

STROKE/CVA

The dispatch determinant in stroke is dependent upon the patient's level of neurological response. Not alert, abnormal breathing are Code-3 responses.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A  
EFFECTIVE: 02-01-93  
PAGE: 4 of 13

---

MINIMUM DISPATCH CRITERIA

---

ALLERGIC REACTIONS

The dispatch determinant in allergic reaction is dependent upon the patient's breathing and ability to swallow. Difficulty breathing or swallowing, turning blue are Code-3 responses.

INHALATION

The dispatch determinant for this is to consider it a Haz-Mat situation. All are Code-3 responses.

OVERDOSE

The dispatch determinant for this is to consider all overdoses as life-threatening. All are Code-3 responses.

PREGNANCY/MISCARRIAGES/CHILDBIRTH

The dispatch determinant for this is to consider all pregnancy related problems as life-threatening. All are Code-3 responses.

PSYCHIATRIC

All are considered an emergency medical condition.

ILL PERSON

The dispatch determinant for this is to question the calling party. If no priority symptom is present then it is considered a non-emergency.

MAN DOWN

All are considered to be pulseless-non-breathing until proved otherwise. All are Code-3 responses.

HEART PROBLEMS

Same as chest pain.

BACK PAIN

The dispatch determinant for this is whether it is trauma or non-trauma. Traumatic, associated with chest pain, ALOC, fainting are Code-3 responses.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A  
EFFECTIVE: 02-01-93  
PAGE: 5 of 13

---

MINIMUM DISPATCH CRITERIA

---

TRAUMATIC INJURIES

The dispatch determinant for traumatic injuries is the location of the injury. Major bones, vital organs are Code-3 responses.

BURNS

The dispatch determinant for burns is the type and location. Electrical, chemical, +10%, difficulty breathing, involving the face are Code-3 responses.

DROWNINGS

All drownings or near drowning are considered life-threatening. All are Code-3 responses.

ELECTROCUTION

All electrocutions are considered life-threatening. All are Code-3 responses.

EXPOSURE

The dispatch determinant is based on the patient's symptoms. ALOC, chest pain, turning blue are Code-3 responses.

ASSAULT/GSW/STABBING/RAPE

This is considered life-threatening until proven otherwise. All are Code-3 responses.

FALLS

The dispatch determinant for falls is based on the height of the fall and the mental status of the patient. Falls +6 feet, difficulty breathing, paralysis, loss of feeling, altered mental status are Code-3 responses.

BLEEDING

All bleeding calls are considered life-threatening until proven otherwise or under control. All are Code-3 responses.

INDUSTRIAL ACCIDENTS

All industrial accidents are considered life-threatening. All are Code-3 responses.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A  
EFFECTIVE: 02-01-93  
PAGE: 6 of 13

---

MINIMUM DISPATCH CRITERIA

---

TRAFFIC ACCIDENTS

All traffic accidents are considered life-threatening until proven otherwise.  
All are Code-3 responses.

CHOKING

All choking patients are considered life-threatening unless patient is talking  
and alert. All are Code-3 responses.

BREATHING PROBLEMS

All breathing problems are considered life-threatening. All are Code-3 responses.

CARDIAC/RESPIRATORY ARREST

Obvious. All are Code-3 responses.

UNCONSCIOUS/FAINTING

All are considered life-threatening. All are Code-3 responses.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A  
EFFECTIVE: 02-01-93  
PAGE: 7 of 13

---

MINIMUM DISPATCH CRITERIA

ATTACHMENT B

Summary of Priority Determinants  
from Attachment A

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec.  
Effective:  
Page:

PPM SEC. 60-03A  
EFFECTIVE: 02-01-93  
PAGE: 8 of 13

---

MINIMUM DISPATCH CRITERIA

---

Summary of Priority Determinants from Attachment A

The following is a summary of priority determinates for the above mentioned chief complaints. Also, the definitions of the priorities. You will note that the list shows what type of incidents the fire department should respond on. Those which have an asterisk should also have a police response. This list is not inclusive.

NOTE: Request from Convalescent Hospitals and Porterville Developmental Center should not have a fire unit respond.

- PRIORITY 1: Indicates that an emergency medical condition potentially exists at the scene for which a TIME-CRITICAL response is initially warranted. Response Mode Code-3.
- PRIORITY 2: Indicates that an emergency medical condition exists at the scene for which an emergency response is appropriate for medical and humanitarian reason, but that such situation apparently involves no immediate threat to human life, of a time critical nature. Response Mode Code-3.
- PRIORITY 3: Indicates that a non-emergency medical condition exists at the scene for which a non-emergency response is appropriate. However, there should be no delay in responding and the call cannot be held. Response Mode Code-2.
- PRIORITY 4: Indicates a transfer from an Acute Care Facility or pre-arranged transfer schedule less than 2 hours. These calls can be delayed to respond to P-1 and P-2 calls. Response Mode Code-2.
- PRIORITY 5: Indicates a transfer from an Acute Care Facility or pre-arranged transfer schedule more than 2 hours but less than 24 hours. These calls can be delayed to respond to P-1 and P-2 calls. Response Mode Code-2.
- PRIORITY 6: Indicates a transfer from an Acute Care Facility or pre-arranged transfer schedule more than 24 hours. These calls can be delayed to respond to P-1 and P-2 calls. Response Mode Code-2.
- PRIORITY 7: Indicates a transfer from an Acute Care Facility to an out-of-county facility or pre-arranged transfer. These calls can be delayed to respond to P-1 and P-2 calls. Response Mode Code-2.
- PRIORITY 8: Indicates a request for "stand-by" services at a particular event. These calls can be delayed to respond to P-1 and P-2 calls. Response Mode Code-2.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
 PPM Sec.  
 Effective:  
 Page:

PPM SEC. 60-03A  
 EFFECTIVE: 02-01-93  
 PAGE: 9 of 13

MINIMUM DISPATCH CRITERIA

	<u>Ambulance Priority</u>	<u>City Area</u>	<u>County Area</u>
		<u>Fire Dispatch</u>	<u>Fire Dispatch</u>
<u>Abdominal Pain:</u>			
Males over age 35/females over 45/female with fainting 12-45	P-1	Yes	Yes
Acute abdominal pain with no other complaint	P-2	No	Yes
Abdominal pain plus one day	P-3	No	No
<u>Allergic Reaction:</u>			
Reaction with breathing/swallowing problems/Condition worsening	P-1	Yes	Yes
Reaction with no breathing problems less than 30 min.	P-2	No	Yes
Reaction with no breathing problems plus 1/2 hour (30 minutes)	P-3	No	Yes
<u>Animal Bites:</u>			
Snake bites/dog bites/zoo animals or uncontrolled bleeding central torso bites (define)	P-1	Yes	Yes*
Other (Superficial or minor bites, insect or spider bites	P-3	No	Yes*
peripheral bites without serious bleeding)	P-3	No	Yes*
<u>Assault/Rape:</u> (Multiple Victims/dangerous injuries) not alert, abnormal breathing			
Unknown injuries	P-1	Yes	Yes
Known injuries	P-2	Yes	Yes*
Rape, no other complaint	Per type P-3	No	No*
<u>Back Pain:</u>			
Back pain with fainting	P-1	Yes	Yes
Acute back pain	P-2	Yes	Yes
Back pain plus one day less than 50 years of age	P-3	No	No

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
 PPM Sec.  
 Effective:  
 Page:

PPM SEC. 60-03A  
 EFFECTIVE: 02-01-93  
 PAGE: 10 of 13

MINIMUM DISPATCH CRITERIA

	<u>Ambulance Priority</u>	<u>City Area Fire Dispatch</u>	<u>County Area Fire Dispatch</u>
<u>Bleeding:</u>			
Neck/rectal/late	P-1	Yes	Yes
pregnancy/groin/vomiting/squirting blood	P-2	Yes	Yes
All others	P-2	Yes	Yes
<u>Breathing Problems</u>			
All	P-1	Yes	Yes
<u>Burns:</u>			
Electrical/plus 10%/involving face/dyspnea	P-1	Yes	Yes
Small burns	P-2	Yes	Yes
<u>Inhalation:</u>			
Unconscious/breathing problems	P-1	Yes	Yes
Conscious	P-2	Yes	Yes
<u>Cardiac/Respiratory Arrest:</u>			
All	P-1	Yes	Yes
<u>Chest Pain:</u>			
Plus 25 years of age or cardiac history	P-1	Yes	Yes
Under 25 years of age	P-2	Yes	Yes
<u>Choking:</u>			
In progress	P-1	Yes	Yes*
Not choking now (can talk/crying)	P-3	Yes	Yes
<u>Diabetic Problems:</u>			
Unconscious	P-1	Yes	Yes
Conscious, but not alert	P-2	Yes	Yes
Conscious and alert	P-3	No	Yes
<u>Drowning/Diving Accident:</u>			
Unconscious/non-breathing	P-1	Yes	Yes*
Conscious and breathing	P-2	Yes	Yes*
<u>Electrocution:</u>			
All	P-1	Yes	Yes*

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
 PPM Sec.  
 Effective:  
 Page:

PPM SEC. 60-03A  
 EFFECTIVE: 02-01-93  
 PAGE: 11 of 13

MINIMUM DISPATCH CRITERIA

	<u>Ambulance Priority</u>	<u>City Area Fire Dispatch</u>	<u>County Area Fire Dispatch</u>
<u>Eye Problem:</u>			
Chemical burns/sudden blindness/trauma	P-1	Yes	Yes
Other	P-3	No	Yes
<u>Falls:</u>			
Long Fall (≥ 6 ft., not alert, abnormal breathing)	P-1	Yes	Yes
Ground level fall	P-2	No	Yes
Ground level fall - no priority complaints	P-3	No	Yes
<u>Fractures:</u>			
All	P-2	Yes	Yes
<u>Headache:</u>			
ALOC/sudden onset/speech or motor problems	P-1	Yes	Yes
Headache only - without priority symptoms	P-3	No	No
<u>Heart Problems:</u>			
Third party/rate +130/age +35 cardiac history/cocaine use	P-1	Yes	Yes
No priority symptoms	P-2	Yes	Yes
<u>Industrial Accidents:</u>			
Caught in machinery/multiple victims	P-1	Yes	Yes*
Not caught in machinery/minor injuries - no priority symptoms	P-3	Yes	Yes*
<u>Man Down:</u>			
Suggest cardiac arrest	P-1	Yes	Yes*
Unknown	P-2	Yes	Yes*

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
 PPM Sec.  
 Effective:  
 Page:

PPM SEC. 60-03A  
 EFFECTIVE: 02-01-93  
 PAGE: 12\* of 13

MINIMUM DISPATCH CRITERIA

	<u>Ambulance Priority</u>	<u>City Area Fire Dispatch</u>	<u>County Area Fire Dispatch</u>
<u>MVA/MCA:</u>			
MVA/MCA vs pedestrian	P-1	Yes	Yes*
MVA/MCA vs cyclist	P-1	Yes	Yes*
MVA/MCA pinned in	P-1	Yes	Yes*
MVA/MCA roll over	P-1	Yes	Yes*
MVA/MCA multiple victims	P-1	Yes	Yes*
MVA/MCA reported critical injuries	P-1	Yes	Yes*
MVA/MCA involving big rig/fire	P-1	Yes	Yes*
MVA/MCA unconfirmed injuries	P-2	Yes	Yes*
<u>Multiple Complaint:</u>			
Trauma with symptoms	Use highest response	Yes	Yes
Medical with symptoms	Use highest response	Yes	Yes
No priority symptoms	P-3	No	Yes
<u>Overdose/Poisoning/Ingestion:</u>			
Unconscious/ALOC/Antidepressants/Cocaine	P-1	Yes	Yes*
Acid/Lye/organic compound/hydrocarbon compounds ie gasoline, ie pesticides			
All others	P-3	Yes	Yes*
<u>Pregnancy/Childbirth/Miscarriage:</u>			
Bleeding/imminent deliver/post delivery	P-1	Yes	Yes
Labor	P-1	Yes	Yes
1st trimester miscarriage no pain or bleeding	P-3	No	Yes
<u>Psychiatric Problem:</u>			
Not alert/Violent or suicide/Hanging/Strangulation/Gun shot wound	P-1	Yes	Yes*
No priority complaint	P-3	No	No

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes: PPM SEC. 60-03A  
 PPM Sec.  
 Effective: EFFECTIVE: 02-01-93  
 Page: PAGE: 13 of 13

MINIMUM DISPATCH CRITERIA

	<u>Ambulance Priority</u>	<u>City Area Fire Dispatch</u>	<u>County Area Fire Dispatch</u>
<u>Seizures/Convulsions:</u>			
No history/pregnant/trauma/continuous/multiple/ plus 35 years of age/in progress/cardiac history	P-1	Yes	Yes
Unknown history/febrile/less than 35 years of age	P-2	Yes	Yes
<u>Sick Person:</u>			
Third party/unknown	P-2	Yes	Yes
Alert, no priority symptoms	P-3	No	No
<u>Stabbing/Gunshot:</u>			
Multiple/unknown/central/multiple victims	P-1	Yes	Yes*
Known single extremity	P-2	Yes	Yes*
<u>Stroke/CVA:</u>			
Not alert/Abnormal breathing	P-1	Yes	Yes
All without priority symptoms	P-2	Yes	Yes
<u>Unconscious/Fainting/ALOC:</u>			
Unconscious/multiple fainting spells/Cardiac History/ Female with abdominal pain	P-1	Yes	Yes
Conscious/single episode/ALOC	P-2	Yes	Yes

\* Law Enforcement dispatch requested also.

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

### CURRENT STATUS:

Non-transporting EMS First Responders operate under the Public Safety First Aid Guidelines established by their public safety agency. First Responder Defibrillators operate under County EMS Protocol as do EMT-Is.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### Transport Personnel

#### MINIMUM STANDARD:

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

#### RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

#### CURRENT STATUS:

Current provider Limited Advanced Life Support Agreements provide that:

- 1) Non-Volunteer ambulance staff with two persons. Both certified as an Emergency Technician I, at least one of the two shall be at the EMT-II level;
- 2) Volunteer agreements require two EMT-I's with a goal of at least one EMT-II on every call.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**HOSPITAL**

**MINIMUM STANDARD:**

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

**CURRENT STATUS:**

Standard met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

### RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

### CURRENT STATUS:

All Emergency Department Physicians are ACLS trained.

Most nurses receive training as soon as possible after hire and work under the supervision of an ACLS certified person.

Due to budget constraints not all physicians are Board Certified. However, this is encouraged.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Minimum standard met.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**MINIMUM STANDARD:**

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

**CURRENT STATUS:**

Not applicable, our personnel are Limited Advanced Life Support trained. Appropriate procedures for them are in place.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Not applicable.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

### CURRENT STATUS:

Policies established and attached. We currently have 171 certified early defibrillation personnel.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

### CURRENT STATUS:

All Base Hospitals providing medical direction have trained Mobile Intensive Care Nurses.

Physicians are trained in house at their appropriate base station and are assisted by Mobile Intensive Care Nurses.

### COORDINATION WITH OTHER EMS AGENCIES:

Not appropriate.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### C. COMMUNICATIONS

#### COMMUNICATIONS EQUIPMENT

##### MINIMUM STANDARD:

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

##### RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

##### CURRENT STATUS:

EMC Communications utilized coordinated frequencies between dispatchers, ambulance personnel and hospitals. Many providers utilize cellular phones voluntarily. This is encouraged. It is doubtful Satellite Communication will be in place in Tulare County in the near future.

##### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

##### NEED(S):

Minimum standard met.

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

3.02 Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

### RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

### CURRENT STATUS:

Standard met. Frequency usage is coordinated due to difficulties arising from local terrain. Not all transporting units can communicate with non-transporting units due to frequency assignment. This can be accomplished by land line or dispatch agency coordinated.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Standard met.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

3.03 Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

### CURRENT STATUS:

Currently the system requires that the transport vehicle reports, communicates to the base and the sending and receiving facilities communicate with each other. No change is planned.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets our minimum standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

3.04 All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

### CURRENT STATUS:

All emergency transport vehicles can communicate with their dispatch center. Plans are being coordinated for command post communication.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To continue to complete At Scene Communications Plan.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

### RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

### CURRENT STATUS:

All local base stations communicate with each other via Privacy Plus. Receiving hospitals communicate via the HEAR Radio with Base Stations in their catchment area. Other communications outside the jurisdiction are by landline.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

**CURRENT STATUS:**

The Disaster Sub-Committee, of the Emergency Medical Care Committee, is currently rewriting our Communication Plan to improve it.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

To improve communications in multi-casualty incidents.

**OBJECTIVE:**

To finalize the Communications Section of the Medical Disaster Scene Management Plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**PUBLIC ACCESS**

**MINIMUM STANDARD:**

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

**RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of enhanced 9-1-1 systems.

**CURRENT STATUS:**

Tulare County has an enhanced 911 System.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

### CURRENT STATUS:

Emergency Medical Services Agency promotes public education regarding use of the 911 system. Most education is done by other agencies, facilities or providers.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### RESOURCE MANAGEMENT

#### MINIMUM STANDARD:

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

#### RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

#### CURRENT STATU:

Guidelines for dispatch triage have been established (see 2:06 and following policies and procedure pages).

Current status as to pre-arrival instructions, etc. is provided under assessment 1:19.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

3.10 The local EMS system shall have a functionally integrated dispatch with systemwide emergency services coordination, using standardized communications frequencies.

### RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate systemwide ambulance coverage during periods of peak demand.

### CURRENT STATUS:

Local Emergency Medical Services system has integrated dispatch with systemwide emergency services coordination and standardized frequencies.

Assured systemwide ambulance coverage during peak demand requires a central dispatch system which Tulare County does not have. (See assessment 2:04)

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

Work toward a central dispatch system.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### D. RESPONSE/TRANSPORTATION

#### MINIMUM STANDARD:

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

#### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

#### CURRENT STATUS:

Agency meets recommended guidelines through a County Ordinance #3031 for establishing emergency medical service areas.

#### COORDINATION WITH OTHER EMS AGENCIES:

There are two (2) service areas in Tulare County subject to response by an out of county responder. Matters concerning these responders are coordinated with the governing counties (Kern and Fresno). Agreements are on file.

#### NEED(S):

Meets standard.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

### CURRENT STATUS:

County ordinance requires annual licensure of emergency medical transport services with appropriate safety inspection of vehicles, compliance with uniform requirements and local Emergency Medical Services Agency policies and procedures. See 4.01.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

### CURRENT STATUS:

Criteria have been established. (See 2:06 and following pages.)

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

### CURRENT STATUS:

As a matter of policy, responders are required to meet emergency medical requirements as priority before other transports.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

SYSTEM ASSESSMENT FORM

MINIMUM STANDARD:

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses, :

- a. the response time for a basic life support and CPR capable first responder does not exceed:

Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible

- b. the response time for an early defibrillation-capable responder does not exceed:

Metro/urban--5 minutes
Suburban/rural--as quickly as possible
Wilderness--as quickly as possible

- c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:

Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible

- d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:

Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible.

CURRENT STATUS:

One set of standards applies to all transporting responders. PSAP time is beyond our control as is first responder response by non-transporting service providers.

FOR 90% OF CODE 3 RESPONSES:

Table with 4 columns: Service Area, Response Time, Radius, and Standard Time. Rows include Metro/Urban (7 min), 5 Mile Radius (10 min), and Beyond 15 Miles (45 min).

COORDINATION WITH OTHER EMS AGENCIES:

Out of county responders with service areas in Tulare County are required to meet response standards. Matters concerning out of County responders are coordinated with other Emergency Medical Services Agencies.

NEED(S):

Meets standard.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

### CURRENT STATUS:

Vehicles meet standard requirements as required by licensing ordinance and protocols.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

### CURRENT STATUS:

First responder agencies are integrated into the Emergency Medical Services system. There are no industrial first aid teams in Tulare County. Tulare County Emergency Medical Services does not monitor the first responder performance. That is the authority of their agencies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

- 4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
- a) authorization of aircraft to be utilized in prehospital patient care,
  - b) requesting of EMS aircraft,
  - c) dispatching of EMS aircraft,
  - d) determination of EMS aircraft patient destination,
  - e) orientation of pilots and medical flight crews to the local EMS system, and
  - f) addressing and resolving formal complaints regarding EMS aircraft.

### CURRENT STATUS:

There are no Emergency Medical Services aircraft originating within Tulare County. Aircraft policies and procedures have been developed to meet requirements. (See attached.)

### COORDINATION WITH OTHER EMS AGENCIES:

Aircraft policies are necessarily coordinated with other counties as aircraft originate in other counties.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**CURRENT STATUS:**

Air ambulances and rescue aircraft are coordinated through Sheriff communications/dispatch center. See 4:08.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

### CURRENT STATUS:

Not applicable. No identified medical or rescue aircraft originating or operating in Tulare County. See pages following 4:08.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordinated as necessary.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

### RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

### CURRENT STATUS:

Any such vehicles for rescue purposes would be used by or under the direction of law enforcement, fire or federal parks officials in remote mountainous areas. These vehicles have been identified as resources.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordinated as necessary via mutual aid.

### NEED(S):

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

4.12 The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

**CURRENT STATUS:**

Emergency Medical Services agency and local Office of Emergency Services are in the same division. Response planning for disaster events is performed jointly, including mobilizing response and transport vehicles.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

### RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

### CURRENT STATUS:

Such inter-county response agreements have not been completed. Fresno County has attempted to prepare a Regional Disaster Response Plan. We are waiting for their product.

### COORDINATION WITH OTHER EMS AGENCIES:

We do coordinate with the Regional Emergency Medical Services Agency in Fresno County as with Kern County.

### NEED(S):

Not applicable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.14 The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

### CURRENT STATUS:

Multi-casualty response plans and procedures for on scene management follow the Incident Command management system. Tulare County has a work group developing an improved plan.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

Develop improved plan.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**CURRENT STATUS:**

State standards and guidelines are followed in multi-casualty response plans.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: ADVANCED LIFE SUPPORT

#### MINIMUM STANDARD:

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

#### RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

#### UNIVERSAL LEVEL:

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

#### CURRENT STATUS:

Tulare County does not have an ALS system.

Current LALS agreements require non-volunteer ambulances to be staffed with two (2) persons, both certified as an EMT-I, at least one (1) of the two (2) shall be an EMT-II. See assessment 2:08.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard with LALS staffing.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

### CURRENT STATUS:

Tulare County does not have an ALS system. Ambulances are appropriately equipped for LALS scope of practice.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard with LALS equipped ambulances.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**ENHANCED LEVEL: AMBULANCE REGULATION**

**MINIMUM STANDARD:**

4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**CURRENT STATUS:**

Ordinance and written agreements ensure compliance with system policies and procedures.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS

#### MINIMUM STANDARD:

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

#### CURRENT STATUS:

Standard has been met through ordinance grandfathering in all existing providers as exclusive operating areas. See attached. If any areas are abandoned a competitive process will be developed for State approval. State approved current designations.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets objective.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

### CURRENT STATUS:

Standard met. Existing providers have been "grandfathered" in compliance with Section 1797.224, H&SC and exclusive operating permits issued. See 4.19.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

**CURRENT STATUS:**

Standard met. Compliance secured by ordinance and licensure.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets objective.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

### CURRENT STATUS:

Agency continuously evaluates design of operating areas, e.g., through monitoring of response times, review of service complaints, and input from Emergency Medical Care Committee, Advisory Committees and Base Station Hospitals. As our Quality Assurance program develops we will be able to provide extensive monitoring.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

# TULARE COUNTY DEPARTMENT OF HEALTH SERVICES



Ronald W. Probasco  
*Director*

Michael L. MacLean, M.D.  
*Health Officer*

October 12, 1995

REPLY TO  
OFFICE CHECKED:

Hillman Health Ctr.  
Administration  
1062 South 'K' Street  
Tulare, CA 93274  
(209) 685-2530

Michele Rains, Health Program Specialist  
Emergency Medical Services Authority  
1930 9th Street, Suite 100  
Sacramento, CA 95814-7043

Hillman Health Ctr.  
1062 South 'K' Street  
Tulare, CA 93274  
(209) 685-2500

Dear Michele:

Enclosed are EOA fact sheets for each of our exclusive operating areas,  
as requested in your letter dated August 9, 1995.

Dinuba Health Ctr.  
1451 E. El Monte  
Dinuba, CA 93618  
(209) 591-5858

If there are questions, please call me at (209) 685-2530.

Lindsay Health Ctr.  
845 North Sequoia  
Lindsay, CA 93247  
(209) 562-6391

Sincerely,

Roger Disinger  
Staff Analyst  
Tulare County EMS

Porterville Health Ctr.  
378 North 2nd  
Porterville, CA 93257  
(209) 782-4740

RD/jd

Visalia Health Ctr.  
County Civic Ctr.  
Visalia, CA 93291  
(209) 733-6342

Visalia OB Ctr.  
602 W. Willow  
Visalia, CA 93291  
(209) 737-4294

Environmental Health  
County Civic Ctr.  
Visalia, CA 93291  
(209) 733-6441

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> TULARE COUNTY</p>
<p><b>Area or subarea (Zone) Name or Title:</b> AREA 1 - DINUBA</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. DINUBA AMBULANCE - OPERATION SINCE 4/80</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> CITY OF DINUBA AND SURROUNDING AREA</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE OPERATING AREA</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>GRANDFATHERED</u> OPERATED BY FIRE DEPARTMENT, CITY OF DINUBA. OPERATION SINCE 4/80. MINOR AREA BOUNDARY CHANGES ADOPTED 9/24/85.  GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <p style="text-align: center;">TULARE COUNTY</p>
<b>Area or subarea (Zone) Name or Title:</b> <p style="text-align: center;">AREA 2 - VISALIA</p>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">MOBILE LIFE SUPPORT AMBULANCE (OPERATION SINCE 8/5/80)          AMERICAN AMBULANCE (OPERATION SINCE 10/11/88)</p>
<b>Area or subarea (Zone) Geographic Description:</b> <p style="text-align: center;">CITY OF VISALIA AND SURROUNDING AREA</p>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> <p style="text-align: center;">EXCLUSIVE</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <p style="text-align: center;">LALS - ALL EMERGENCIES</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>
<p style="margin-left: 20px;"><u>GRANDFATHERED</u></p> <p style="margin-left: 20px;">8/5/80 - CRANE AMBULANCE SOLD TO 911 AMBULANCE SERVICE</p> <p style="margin-left: 20px;">8/5/80 - AMERICAN AMBULANCE (FRESNO) SERVING VISALIA ZONE. (START DATE NOT KNOWN)</p> <p style="margin-left: 20px;">9/1/81 - 911 AMBULANCE SERVICES CHANGED NAME TO MOBILE LIFE SUPPORT AMBULANCE</p> <p style="margin-left: 20px;">10/11/88-AMERICAN AMBULANCE (FRESNO) SOLD TO CHLEMS DOING BUSINESS AS AMERICAN AMBULANCE. TEMPORARY LICENSE GRANTED BY TULARE CO.</p>

ZONE CHANGES - VISALIA ZONE CON'T

12/13/88 - PERMANENT LICENSE GRANTED AMERICAN AMBULANCE BY TULARE COUNTY.

5/8/90 - LAND ANNEXED BY FARMERSVILLE CITY TRANSFERRED FROM VISALIA  
(AREA 2) TO EXETER (AREA 5)

3/12/91 - MINOR BOUNDARY CHANGES

GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE.  
TO ZONE WITH UNINTERRUPTED SERVICE.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> TULARE COUNTY</p>
<p><b>Area or subarea (Zone) Name or Title:</b> AREA 3 - WOODLAKE</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. EXETER DISTRICT AMBULANCE (OPERATION SINCE 2/9/88)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> CITY OF WOODLAKE AND SURROUNDING AREA</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  GRANDFATHERED 4/80- AREA BEING SERVED BY WOODLAKE AMBULANCE 2/9/88 - WOODLAKE AMBULANCE DISCONTINUES SERVICE. EXETER DISTRICT AMBULANCE DESIGNATED TO SERVICE THE AREA AND COMMENCES SERVICE. GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <p style="text-align: center;">TULARE COUNTY</p>
<b>Area or subarea (Zone) Name or Title:</b> <p style="text-align: center;">AREA 4 - THREE RIVERS</p>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">THREE RIVERS AMBULANCE (VOLUNTEER) OPERATION SINCE 4/80</p>
<b>Area or subarea (Zone) Geographic Description:</b> <p style="text-align: center;">COMMUNITY OF THREE RIVERS AND SURROUNDING AREA</p>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> <p style="text-align: center;">EXCLUSIVE</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <p style="text-align: center;">LALS - ALL EMERGENCIES</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  <p style="text-align: center;"><u>GRANDFATHERED</u>  4/80 - AREA BEING SERVED BY THREE RIVERS AMBULANCE (VOLUNTEER)  NO CHANGE TO SCOPE OR MANNER OF SERVICE SINCE THAT TIME</p> <p style="text-align: center;">GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE  TO ZONE WITH UNINTERRUPTED SERVICE.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> TULARE COUNTY</p>
<p><b>Area or subarea (Zone) Name or Title:</b> AREA 5 - EXETER</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. EXETER DISTRICT AMBULANCE - OPERATION SINCE 4/80</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> CITY OF EXETER AND SURROUNDING AREA INCLUDING CITY OF FARMERSVILLE</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. GRANDFATHERED SERVICED AREA SINCE 4/80 5/8/90 - AREA BOUNDARIES ALTERED TO INCLUDE LAND ANNEXED BY FARMERSVILLE CITY (PREVIOUSLY SERVED BY AREA 2 - VISALIA) GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <p style="text-align: center;">TULARE COUNTY</p>
<b>Area or subarea (Zone) Name or Title:</b> <p style="text-align: center;">AREA 6 - TULARE</p>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">SIERRA LIFESTAR AMBULANCE OPERATION SINCE 1/95</p>
<b>Area or subarea (Zone) Geographic Description:</b> <p style="text-align: center;">CITY OF TULARE AND SURROUNDING AREA</p>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> <p style="text-align: center;">EXCLUSIVE</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <p style="text-align: center;">LALS - ALL EMERGENCIES</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  <p style="margin-left: 20px;"><u>GRANDFATHERED</u>  TULARE DISTRICT HOSPITAL AMBULANCE IN OPERATION 4/80  9/24/85 - MINOR BOUNDARY CHANGES  3/12/91 - MINOR BOUNDARY CHANGES  1/95 - SIERRA LIFESTAR AMBULANCE PURCHASES AMBULANCE SERVICE FROM TULARE DISTRICT HOSPITAL. COUNTY APPROVES TRANSFER.  7/95 - CITY OF TULARE APPROVES TRANSFER</p>

GRANDFATHER DATE - 7/27/93 - TULARE DISTRICT HOSPITAL AMBULANCE 1/95- TULARE DISTRICT HOSPITAL SOLD AMBULANCE SERVICE TO SIERRA LIFESTAR IN ACCORDANCE WITH COUNTY ORDINANCE 3031 THAT ALLOWS SALE OF SUCH SERVICE. NO CHANGES IN SCOPE OR MANNER OF SERVICE AND SERVICE UNINTERRUPTED SINCE GRANDFATHER DATE.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> <b>TULARE COUNTY</b></p>
<p><b>Area or subarea (Zone) Name or Title:</b> AREA 7 - PIXLEY</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. SIERRA LIFESTAR AMBULANCE. OPERATION SINCE 1/95</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> COMMUNITY OF PIXLEY AND SURROUNDING AREA.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>GRANDFATHERED</u> TULARE DISTRICT HOSPITAL AMBULANCE IN OPERATION 4/80 9/24/85 - MINOR BOUNDARY CHANGES 3/12/91 - MINOR BOUNDARY CHANGES 1/95 - SIERRA LIFESTAR AMBULANCE PURCHASES AMBULANCE SERVICE FROM TULARE DISTRICT HOSPITAL. COUNTY APPROVES TRANSFER. GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.</p>

GRANDFATHER DATE - 7/27/93 - TULARE DISTRICT HOSPITAL AMBULANCE 1/95  
TULARE DISTRICT HOSPITAL SOLD AMBULANCE SERVICE TO SIERRA LIFESTAR  
IN ACCORDANCE WITH COUNTY ORDINANCE 3031 THAT ALLOWS SALE OF SUCH SERVICE.  
NO CHANGES IN SCOPE OR MANNER OF SERVICE AND SERVICE UNINTERRUPTED  
SINCE GRANDFATHER DATE.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <b>TULARE COUNTY</b>
<b>Area or subarea (Zone) Name or Title:</b> AREA 8 - LINDSAY
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. IMPERIAL AMBULANCE - AUTHORIZED FOR AREA SERVICE 5/14/85
<b>Area or subarea (Zone) Geographic Description:</b> CITY OF LINDSAY AND SURROUNDING AREA
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). LALS - ALL EMERGENCIES
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  GRANDFATHERED NO SIGNIFICANT CHANGES IN SCOPE AND SERVICE SINCE INCEPTION. MINOR BOUNDARY CHANGE 7/27/93. GRANDFATHER DATE - 7/27/93 - NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <p style="text-align: center;">TULARE COUNTY</p>
<b>Area or subarea (Zone) Name or Title:</b> <p style="text-align: center;">AREA 9 - PORTERVILLE</p>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">MOBILE LIFE SUPPORT AMBULANCE (OPERATION SINCE 7/21/81)          IMPERIAL AMBULANCE (OPERATION SINCE 7/80)</p>
<b>Area or subarea (Zone) Geographic Description:</b> <p style="text-align: center;">CITY OF PORTERVILLE AND SURROUNDING AREA</p>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> <p style="text-align: center;">EXCLUSIVE</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <p style="text-align: center;">LALS - ALL EMERGENCIES</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  <p style="text-align: center;"><u>GRANDFATHERED</u>          4/80 - IMPERIAL AMBULANCE IN OPERATION          7/21/81- STAT MEDICAL AMBULANCE SOLD TO 911 AMBULANCE          9/1/81 - 911 AMBULANCE CHANGES NAME TO MOBILE LIFE SUPPORT AMBULANCE          7/17/84 -CAMP NELSON AMBULANCE LICENSED, TAKING PART OF AREA 9 TO CREATE AREA 14.          9/21/85 -MINOR BOUNDARY CHANGES</p>

AREA 9 - PORTERVILLE CON'T

12/29/87 - AREA 15 (POSO) CREATED FROM PART OF AREA 9.  
TO BE SERVED BY KERN COUNTY.

3/8/88 - AREA 16 (CALIFORNIA HOT SPRINGS) CREATED FROM PART OF AREA 9.

3/12/91 - MINOR BOUNDARY CHANGES

6/29/93 - MINOR BOUNDARY CHANGES

GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE,  
TO ZONE WITH UNINTERRUPTED SERVICE.

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b>  <b>TULARE COUNTY</b></p>
<p><b>Area or subarea (Zone) Name or Title:</b>          AREA 10 -KINGSBURG AMBULANCE AREA</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>          KINGSBURG AMBULANCE (FRESNO COUNTY) - OPERATION SINCE 4/80</p>
<p><b>Area or subarea (Zone) Geographic Description:</b>          AN AREA BORDERING FRESNO COUNTY SERVED BY KINGSBURG AMBULANCE BASED IN FRESNO COUNTY.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small>          EXCLUSIVE</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>          LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p>GRANDFATHERED          OPERATION SINCE 4/80          9/24/85 - MINOR BOUNDARY CHANGES          GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> TULARE COUNTY</p>
<p><b>Area or subarea (Zone) Name or Title:</b> AREA II - CORCORAN (REMOTE AREA BORDERED BY CORCORAN CITY AND KINGS CO.)</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. LIFESTAR AMBULANCE DELANO AMBULANCE (KERN COUNTY)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> A LARGELY REMOTE AREA BORDERING KINGS COUNTY AND KERN COUNTY</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  EXCLUSIVE</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  <u>GRANDFATHERED</u> CORCORAN AMBULANCE IN OPERATION SINCE 4/81 9/24/85 - MINOR BOUNDARY CHANGES 2/94 - CORCORAN AMBULANCE ABANDONS AREA SERVICE 2/94 - AREA SECTIONED AND SERVICE AREAS AWARDED TO DELANO AMBULANCE (KERN COUNTY) AND TULARE DISTRICT AMBULANCE 1/95 - TULARE DISTRICT AMBULANCE SOLD TO SIERRA LIFESTAR, COUNTY AWARDS SERVICE TO SIERRA LIFESTAR.</p>

GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <b>TULARE COUNTY</b>
<b>Area or subarea (Zone) Name or Title:</b> AREA 12 - DELANO
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. DELANO AMBULANCE (KERN COUNTY) OPERATION SINCE 4/80
<b>Area or subarea (Zone) Geographic Description:</b> AREA BORDERING KERN COUNTY AND CITY OF DELANO
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). LALS - ALL EMERGENCIES
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <u>GRANDFATHERED</u> OPERATION SINCE 4/80 9/24/85 - MINOR BOUNDARY CHANGES 3/12/91 - MINOR BOUNDARY CHANGES GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <p style="text-align: center;">TULARE COUNTY</p>
<b>Area or subarea (Zone) Name or Title:</b> <p style="text-align: center;">AREA 13 - SYNANON</p>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">EXETER DISTRICT AMBULANCE - OPERATION SINCE 2/9/88</p>
<b>Area or subarea (Zone) Geographic Description:</b> <p style="text-align: center;">REMOTE MOUNTAIN AREA BORDERING NATIONAL PARKS</p>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> <p style="text-align: center;">EXCLUSIVE</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <p style="text-align: center;">LALS - ALL EMERGENCIES</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <p style="margin-left: 20px;"> <u>GRANDFATHERED</u>  SYNANON AMBULANCE IN OPERATION 4/80  3/12/85 - SYNANON AMBULANCE DISCONTINUES SERVICE. AREA SERVICE DESIGNATED TO WOODLAKE AMBULANCE.  2/9/88 - WOODLAKE AMBULANCE DISCONTINUES SERVICE. AREA SERVICE DESIGNATED TO EXETER DISTRICT AMBULANCE  GRANDFATHER DATE- 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE. </p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> TULARE COUNTY
<b>Area or subarea (Zone) Name or Title:</b> AREA 14 - CAMP NELSON
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. CAMP NELSON AMBULANCE (VOLUNTEER) COMMENCED 7/17/84
<b>Area or subarea (Zone) Geographic Description:</b>  Remote mountain area bordering national forest.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  EXCLUSIVE
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  LALS - ALL EMERGENCIES
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  GRANDFATHERED 7/17/84 - AREA 14 CREATED FROM AREA 9. CAMP NELSON AMBULANCE LICENSED SERVICE THE AREA. 9/24/85 - MINOR BOUNDARY CHANGES GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> TULARE COUNTY</p>
<p><b>Area or subarea (Zone) Name or Title:</b> AREA 15 - POSO</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. KERN COUNTY EMS</p>
<p><b>Area or subarea (Zone) Geographic Description:</b>  REMOTE MOUNTAIN AREA BORDERING KERN COUNTY</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE AREA SERVED BY AGREEMENT BY KERN COUNTY EMS FROM KERN COUNTY BASE AND KERN COUNTY PROTOCOLS</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  GRANDFATHERED 12/29/87 - AREA 15 (POSO) CREATED FROM AREA 9. AGREEMENT REACHED WITH KERN COUNTY TO SERVICE THE AREA. GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> TULARE COUNTY</p>
<p><b>Area or subarea (Zone) Name or Title:</b> AREA 16 - CALIFORNIA HOT SPRINGS</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. CALIFORNIA HOT SPRINGS AMBULANCE (VOLUNTEER) OPERATION COMMENCED 3/8/88</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> REMOTE MOUNTAIN AREA</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. EXCLUSIVE</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). LALS - ALL EMERGENCIES</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  <u>GRANDFATHERED</u> 3/8/88 - AREA 16 CALIFORNIA HOT SPRINGS CREATED FROM AREA 9. CALIFORNIA HOT SPRINGS AMBULANCE LICENSED TO SERVICE THE AREA. GRANDFATHER DATE - 7/27/93. NO CHANGES IN SCOPE AND MANNER OF SERVICE TO ZONE WITH UNINTERRUPTED SERVICE.</p>

**SYSTEM ASSESSMENT FORM**

**E. FACILITIES/CRITICAL CARE**

**MINIMUM STANDARD:**

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

**RECOMMENDED GUIDELINES:**

The local EMS agency should have written agreements with acute care facilities in its services area.

**CURRENT STATUS:**

Emergency medical Services agency has written agreements with acute care facilities and continually assesses capabilities.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

### CURRENT STATUS:

Protocols for prehospital triage have been established (see 2.06 and pages following).

Protocols for hospital transfers have also been established (see 1.07 and pages following).

### COORDINATION WITH OTHER EMS AGENCIES:

Protocols relating to other counties were developed with cooperation from those counties (Kern and Fresno).

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

5.03 The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

### CURRENT STATUS:

Standard met. (See pages following 1.07 - "Inter-facility Transfer of Emergency Department Patients" and "Inter-facility Transfer Agreement"). The department continues to attempt to promote the signing of transfer agreements. However, the facilities must sign the agreements.

### COORDINATION WITH OTHER EMS AGENCIES:

Policies and procedures have been coordinated with other Emergency Medical Services agencies as appropriate and achievable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

**CURRENT STATUS:**

Agency designates and monitors receiving hospitals.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordinated with other Emergency Medical Services agencies as required.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

### RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

### CURRENT STATUS:

Agency encourages hospital preparation for mass casualty management and frequent exercises. Agency assists as asked and needed, and ensures that procedures for coordinating hospital communication and patient flow are in place.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

### CURRENT STATUS:

Each hospital has their individual evacuation plans, as required by law.

Emergency Medical Services agency receives a copy of the hospital disaster plans and ensures coordination between system providers.

### COORDINATION WITH OTHER EMS AGENCIES:

Plan coordinated as needed with other counties.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### MINIMUM STANDARD:

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

### CURRENT STATUS:

There are a limited number of eligible base hospitals, each of which has been designated as a base hospital. Therefore, no multiple selection or application process applies. Tulare County does not qualify as a Trauma Care System due to population size.

### COORDINATION WITH OTHER EMS AGENCIES:

No coordination with other Emergency Medical Services agencies required.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: TRAUMA CARE SYSTEM

#### MINIMUM STANDARD:

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
  - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
  - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
  - e) a plan for monitoring and evaluation of the system.

#### CURRENT STATUS:

Tulare County does not qualify for Trauma Care System. Trauma care is managed in Tulare County via our Major Injury Management System (MIMS). MIMS system design is based on criteria listed above as standard. (See assessment 1.07)

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**

Tulare County does not qualify for Trauma Care System. Trauma care is managed in Tulare County via our Major Injury Management System (MIMS). Planning input for the MIMS system comes from prehospital and hospital providers and consumers.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: PEDIATRIC EMERGENCY MEDICAL AND CRITICAL CARE SYSTEM

#### MINIMUM STANDARD:

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

#### CURRENT STATUS:

No local pediatric emergency medical care systems are in place or contemplated in the near term.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Not applicable.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)  
\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
- a) staffing,
  - b) training,
  - c) equipment,
  - d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
  - e) quality assurance/quality improvement, and
  - f) data reporting to the local EMS agency.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Not applicable. No pediatric care system.

### COORDINATION WITH OTHER EMS AGENCIES:

### NEED(S):

Not applicable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**

No pediatric emergency medical services systems.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEMS**

**MINIMUM STANDARD:**

- 5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:
- a) the number and role of system participants,
  - b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
  - c) identification of patients who should be triaged or transferred to a designated center,
  - d) the role of non-designated hospitals including those which are outside of the primary triage area, and
  - e) a plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

No specialty care plans are currently being developed.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

5.14 In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**

No specialty care systems being planned.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### F. DATA COLLECTION/SYSTEM EVALUATION

#### MINIMUM STANDARD:

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

#### RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

#### CURRENT STATUS:

Limited quality assurance processes are currently in effect. Plan is to develop comprehensive Quality Assurance Program that meets standard. (See assessment 1.02 and pages following.)

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

To expand current Quality Assurance Program.

#### OBJECTIVE:

To develop a comprehensive Quality Assurance Program fiscal year 1995-96.

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

**CURRENT STATUS:**

Meets standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

### RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

### CURRENT STATUS:

Current system meets minimum standard as system response and clinical aspects of prehospital care are audited by agency and hospitals. Planned development of comprehensive Quality Assurance Program will likely expand audits and provide records linkage.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To expand Quality Assurance Program.

### OBJECTIVE:

To develop comprehensive Quality Assurance Program.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

### CURRENT STATUS:

Dispatch criteria protocol has been established as mechanism for establishing and monitoring appropriateness of dispatch directions. (See pages following assessment 2.06)

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

### RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

### UNIVERSAL LEVEL:

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

### CURRENT STATUS:

Agency currently has a limited data management system. System to meet standard will be planned in conjunction with development of comprehensive Quality Assurance Program. State standards for data collection will be integrated.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable at this time.

### NEED(S):

To plan and expand present data management system in conjunction with expansion of the Quality Assurance Program.

### OBJECTIVE:

To develop comprehensive data management system.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### CURRENT STATUS:

The evaluations are currently performed by the Emergency Medical Services agency through interaction with the Emergency Medical Care Committee, hospitals and responders. A formal evaluation program will be established in conjunction with development of a comprehensive Quality Assurance Program. (See assessment 1.02 and pages following)

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To expand the current Quality Assurance Program and formalize an evaluation program to evaluate Emergency Medical Services system design and operations.

### OBJECTIVE:

To develop a comprehensive Quality Assurance Program fiscal year 1995-96.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

6.07 The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.

**CURRENT STATUS:**

Agency has resources and authority to require provider participation in evaluation program through ordinance and licensing of responders.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

Agency works continuously with the Emergency Medical Care Committee and appointed sub-committees to evaluate and improve system design and operations. An annual report summarizing system progress and priorities is written jointly and presented to Board of Supervisors. A copy is furnished to the State Emergency Medical Services Authority.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To formalize system evaluation through comprehensive Quality Assurance Program. (See assessment 6.06)

### OBJECTIVE:

Meets reporting standard.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**MINIMUM STANDARD:**

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

**RECOMMENDED GUIDELINES:**

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

**CURRENT STATUS:**

Tulare County does not have an ALS system. Data management system will be developed in conjunction with development of a Quality Assurance system and will seek to include prehospital, base hospital and receiving hospital data for LALS treatment. (See assessment 1.02)

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

**OBJECTIVE:**

Develop expanded Quality Assurance/Data Management System.

Work toward ALS system.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### ENHANCED LEVEL: TRAUMA CARE SYSTEM

#### MINIMUM STANDARD:

- 6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:
- a) a trauma registry,
  - b) a mechanism to identify patients whose care fell outside of established criteria, and
  - c) a process of identifying potential improvements to the system design and operation.

#### CURRENT STATUS:

As noted in 1.07, Tulare County has a MIMS system rather than a Trauma Care system. The system evaluation criteria noted as standard are utilized in the MIMS system.

Trauma data is collected by base station hospitals. However, the local Emergency Medical Services agency does not compile collective reports. This is to be considered under the development of a Quality Assurance Program.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard for non-trauma care system.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

### RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

### CURRENT STATUS:

As noted in 1.07, Tulare County has a MIMS system rather than a Trauma Care system and, as noted in 1.02, plans development of comprehensive Quality Assurance Program. Emergency Medical Services agency will assure that Major Injury Centers provide required data for the quality assurance program.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

### OBJECTIVE:

Comprehensive Quality Assurance Program.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### G. PUBLIC INFORMATION AND EDUCATION

#### MINIMUM STANDARD:

- 7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:
- a) understanding of EMS system design and operation,
  - b) proper access to the system,
  - c) self help (e.g., CPR, first aid, etc.),
  - d) patient and consumer rights as they relate to the EMS system,
  - e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
  - f) appropriate utilization of emergency departments.

#### RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

#### CURRENT STATUS:

Agency promotes development and dissemination of information materials that address the noted issues. Most material distributed by other agencies, providers and facilities.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)  
\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

### RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

### CURRENT STATUS:

Agency works to promote injury control and preventative medicine. Medical Director has formed a Child Injury Prevention Committee which educates and addresses such issues as; child drownings, sports injuries, etc.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

### RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

### CURRENT STATUS:

Emergency Medical Services agency and local Office of Emergency Services are in the same division and work closely to promote citizen disaster preparedness activities. Local jurisdictions are included.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

### RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

### CURRENT STATUS:

Emergency Medical Services agency works with the local Red Cross and educational institutions to promote availability and training of citizens in use of first aid and CPR. The local Emergency Medical Services agency is not staffed to provide training, only coordinate through other agencies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### H. DISASTER MEDICAL RESPONSE

#### MINIMUM STANDARD:

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

#### CURRENT STATUS:

Emergency Medical Services agency and Office of Emergency Services are in the same division and there is close coordination of activities. Emergency Medical Services agency is closely involved in development of medical response plans for catastrophic disasters. Medical disaster plans are developed in conjunction with Emergency Medical Care Committee and Disaster Sub-Committee.

#### COORDINATION WITH OTHER EMS AGENCIES:

Plans are coordinated where necessary with Emergency Medical Services agencies in adjacent counties.

#### NEED(S):

Meets objective.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

### CURRENT STATUS:

Multi-Hazard Functional Plan is the basis for Medical Response Plans for catastrophic disasters. A procedure regarding Hazardous Materials Releases is on file and was prepared in conjunction with County Office of Emergency Services and Environmental Health.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 1 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 1 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

PURPOSE:

The purpose of this document is to provide hospitals and emergency rooms with basic guidelines which will assist them in the effective management of victims of hazardous materials releases. We anticipate that these guidelines may serve as a tool by which a hospital or emergency room might assess its capability to effectively manage such patients.

INTRODUCTION:

Managing a hazardous materials release or treating the victims of such a release requires the coordination of many resources. Optimally when there is a significant release of a hazardous chemical, a number of persons and agencies will respond. Fire and police officers often arrive first at the scene and may obtain important information about the nature of the chemicals released. Special "Haz Mat" (Hazardous Materials) units may arrive and provide additional guidance about how to stabilize the scene and how to triage any victims. On-scene decontamination of victims may be required. EMT's may be called to stabilize and transport victims. If there are more than a few seriously affected victims, the Base Station may become involved in routing victims to particular medical facilities. Finally, local hospital emergency rooms will accept and care for the victims. Additionally, the medical staff in emergency rooms may be called on to provide medical guidance to workers still in the field.

With regard to the management of contaminated victims, it is essential for health care providers to distinguish clearly between toxic chemicals that have a serious potential for contaminating the environment, emergency room and/or hospital personnel, and those which do not. Examples of the first type include known potent chemical carcinogens or radioactive substances. An example of the second is sodium hydroxide (lye). Most hazardous materials episodes fall in this latter category, and in these cases field decontamination with plenty of water (taking care to contain the run-off water) removes the risk to bystanders because the material will be rapidly diluted. In such a case, there will be no need to dress up the gurneys and paper down the hospital corridors, or gown and glove all health personnel and rope off the emergency room entry. It is important that response personnel and emergency room staff understand the difference between a "simple" contamination episode, and the much more complex (but rare) situation involving highly contaminating or environmentally toxic materials, such as polychlorinated biphenyls, extremely potent pesticides, radio-nucleotides or unknown substances.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 2 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 2 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

A. Emergency Information and Toxicology Resources

Helpful information resources which provide service at no charge include the following:

1. Local Police and Fire Departments:

They may request dispatch of "Haz Mat" units as appropriate to the field and enlist the help of other agencies.

Phone: 911

2. Fresno Regional Poison Control Center:

Phone: (209) 445-1222  
1(800) 346-5922

3. Tox-Info Center

(San Francisco General Hospital Poison Center)

This center provides toxicology information 24 hours a day to hospitals and health care providers.

Phone: 1(800) 233-3360

4. Tox-Center, Northridge Hospital

This center, affiliated with Northridge Hospital's Emergency Department, acts as an information resource to hospitals and health care providers regarding hazardous materials exposures. Staff at the Tox-Center have information regarding appropriate protective gear and decontamination procedures for particular hazardous material exposures, and can provide expert advice regarding clinical toxicology and treatment.

Phone: 1(800) 682-9000

5. Hazard Evaluation Service and Information System (HESIS)

This program, administered by the California Department of Health Services, provides non-emergency information about hazardous industrial chemicals.

Phone: (400) 540-3014 (8 a.m. - 5 p.m.; Mon-Fri)

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07

Effective: 02-01-89

Page: 3 of 12

PPM SEC.: 60-07

EFFECTIVE: 01-01-91

PAGE: 3 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

B. Training Considerations

Hospitals and emergency rooms which anticipate managing hazardous materials victims on a regular basis should arrange specific training in toxicology and use of protective equipment for their medical, nursing and other ancillary staff. Of note, a federal regulation (Superfund Amendments and Reauthorization Act, Title III, 1986) requires training for all persons who regularly work with hazardous materials or who use protective equipment. Many fire and police departments within the county are already gearing up to provide such training for their staff members. It may prove helpful for hospitals to coordinate training efforts with their local emergency response agencies.

C. Communications and On-Line Information Resources

A listing of information resources and their phone numbers (such as those listed above) should be posted or otherwise made readily available for all ER staff.

A HEAR radio system will be very helpful for allowing continued communication in the event of a natural disaster.

D. Other Planning

1. Survey of Surrounding Area

An important part of any chemical disaster pre-planning is to survey the area surrounding the hospital to determine which types of hazardous materials are used by local industries. It is noteworthy that the JCAH Accreditation Manual of Hospital, 1986, calls for hospitals to participate in community planning whenever feasible (Section 3.1.1.1.). Furthermore, participation between hospitals and local planning agencies (especially Fire Departments) in establishing a local disaster plan is required by recently passed California state legislation (Health & Safety Code DW 20, Chapter 6.95) and by the Federal Superfund Amendments and Reauthorization Act (SARA), Title III, 1986.

In order to obtain more detailed information on specific chemicals used by nearby industries, emergency departments can obtain from these industries copies of their Material Safety Data Sheets (MSDSs) and keep them on file. MSDSs contain basic chemical, reactivity, and toxicology data, and must by law be kept on file by an employer for each hazardous substance used in the facility.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 4 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 4 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

In an emergency, the SARA legislation requires any employer or facility to provide immediately any information contained on MSDSs to health care providers who need the information to care for an affected patient. The information must be provided without regard for "trade secrets", and may be provided by telephone or otherwise. In a non-emergency situation, such information can be provided in writing, and the health care provider or agency must then take some care to safeguard, "trade secret" information. For this purpose in a non-emergency situation, an employer or facility providing "trade secret" information is permitted to insist that some kind of confidentiality agreement be entered into by the hospital or health care provider.

2. Contamination

In general, considerations for hazardous chemical contamination are similar to those used for radiation contamination. If the hospital emergency room has already developed plans or protocols for dealing with radiation contamination, these same plans will be useful for other types of contamination as well. The following comments apply to victims who have a level of contamination which is known or suspected to be significant on entering the Emergency Department.

a. Physical Space

For purposes of triage, patient observation and decontamination of patients with known or suspected significant contamination on arrival, pre-select an area of the hospital ordinarily used for other purposes (such as the ambulance dock, physical therapy department, or hydrotherapy department) which has a door opening directly onto the street or ambulance area and which is readily available to the emergency room. If a separate space is not available, plan to cover a floor area immediately adjacent to the entrance way to the Emergency Department or other designated area with plastic sheeting or absorbent paper and/or towels, and secure with masking tape. Plan to make the area large enough for gurneys, disposal hampers, and working space for attendants. Plan how potentially contaminated areas can be roped off, marked with security tape, or otherwise secured.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 5 of 12

PPM SEC.: 60-07  
EFFECTIVE: 02-01-91  
PAGE: 5 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

Ideally, such an area should have a "dedicated" ventilation system which exhausts to the outside of the building and does not recirculate to other areas. Alternatively in an emergency intake and exhaust vents and all windows can be closed and secured. Vents can be sealed by taping plastic sheets over them.

A protocol for security during such episodes should be prepared, and should include a mechanism for notifying hospital security staff. In order to prevent contamination of other areas of the hospital, the contamination area should be capable of having access controlled. Plan to mark off the area, and establish entry and exit control points if necessary. In extreme situations, it may be necessary to establish a "hot line" and a "perimeter control line", as is done in the field by first responders for haz mat episodes. Attached as APPENDIX A are two (2) diagrams indicating a typical field arrangement set up by police or fire personnel around a contaminated site.

A protocol for involving the hospital engineering staff should be developed. Engineering will assist with security and will probably be responsible for overseeing clean-up of contaminated areas and equipment.

Ideally, contaminated patients arriving at the hospital should be showered, if possible, and the waste water kept for disposal. A holding tank for containing contaminated waste water should ideally be available to this restricted area.

b. Supplies for Managing Contamination

Emergency supplies which should be sorted in this area and checked on a quarterly or other periodic basis include:

- 1) Protective material for staff: caps, gowns, masks, aprons, shoe covers, gloves, goggles. At least some of the aprons, gloves and shoe covers should be impervious to small amounts of organic solvents, acids, and corrosives. In the event of a substantial exposure, such as might result from a large chemical cloud, a large number of persons may have to don scrub suits before entering the hospital.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 6 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 6 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

- 2) Floor and wall coverings: plastic or paper, plenty of tape. Floor and wall coverings may be required particularly when the contamination involves radioactivity, heavy metals, or extremely hazardous oily substances not miscible in water. Diking and absorbent materials may also be needed. Kitty litter and pillows often serve as effective absorbents.
- 3) Security tape or rope for securing potentially contaminated areas.
- 4) Patient washing materials. This should include sponges, absorbent pads, soap and detergent, pans, and so forth. In most cases, a soap-water wash-down will suffice to decontaminate the victim.
- 5) Miscellaneous items, such as heavy-duty plastic bags for holding contaminated clothing or equipment, bandage scissors, and specimen boxes or jars.
- 6) Extra medical supplies or equipment which could be taken out of service temporarily if contaminated during the course of caring for a contaminated victim: including crash cart with ambubags, etc., defibrillator, EKG monitoring equipment, IV stands.
- 7) Some facilities may wish to have on hand easily inflatable wading pools and 55-gallon trash cans for washing off contaminated patients and holding the waste water.

3. Written Protocols or Guidelines Should be Prepared

- a. Exposure to unidentified substance occurs
  - 1) via ingestion
  - 2) via inhalation
  - 3) via contamination of skin, eyes, or clothing
- b. Inhalation of simple respiratory asphyxiants--oxygen-depleted atmospheres, nitrogen, carbon dioxide, organic solvents.
- c. Inhalation of cellular/metallic asphyxiants--carbon monoxide (carboxy hemoglobin level and smoking history to be taken) arsenic, mercaptans, organic solvent vapors, phosphine, sulfates.

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 7 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 7 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

- d. Inhalation of simple respiratory asphyxiants--oxygen-depleted atmospheres, nitrogen, carbon dioxide, organic solvents.
  - e. Inhalation of chemical irritants--including oxidizing agents, acid mists, ammonia, carbonyls, chlorine, corrosives, fluorine, formaldehyde, nitrogen oxides.
  - f. Cyanide or hydrogen sulfide exposure (cyanide kit to be available).
  - g. Exposure to agents causing methemoglobinemia--nitrites, sulfites, anilines and other organic nitro compounds (methylene blue to be available).
  - h. Exposure to hydrofluoric acid (injectable calcium or magnesium gel or paste to be available).
  - i. Special chemical exposures. (Need for guidelines/protocols for a particular substance would be suggested by previous experience with that substance or by future likelihood of exposures, as evidence, for example, by the presence of a nearby chemical plant using it.)
  - j. Radiation Exposure
4. A decontamination drill should be held to test selected protocols and the planning process. Plan to involve paramedics, police and fire departments, and local "Haz Mat" units in such a drill. To be effective, a drill should involve actual movement of patients and activation of communication resources.

E. Managing Victims

In a life-threatening emergency, a decision to delay patient care because of concerns about contamination and possible exposure of hospital staff will require considerable clinical judgement. In reality, a delay in starting treatment because of such concerns will only rarely be required. When EMT's or Haz Mat personnel are called to the scene of a chemical release, it is a general rule that contaminated victims are decontaminated in the field whenever possible. Thus, victims brought in by EMT's or transported from a scene where Haz Mat or Fire Department personnel has coordinated transportation will only rarely be contaminated on arrival at the hospital. However,

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 8 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 8 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

victims transported by private vehicle might pose a risk of secondary contamination to the emergency department. Risk is highest if the victim has grossly contaminated skin or clothing.

1. Pre-Hospital Care

Emergency room staff should be familiar with existing prehospital treatment protocols or guidelines related to hazardous materials exposure used by EMT's.

The most important step for the emergency physician is to get information about what toxins are involved and what estimated dose the victim received. This information will often have been obtained by EMT's, fire, police, or haz mat personnel responding to the episode. If this information does not accompany the victim to the Emergency Department, then the ED staff can call the agency responsible for scene management of the particular incident.

2. Determine if the Victim is Contaminated and Begin Treatment

If the victim is contaminated, notify the charge person in the Emergency Department and take steps to protect personnel who will be attending the patient (e.g., donning of gloves, apron, mask, and shoe covers). Have the patient brought into the area designated for managing contamination, if this can be done quickly. Emergency room staff will notify hospital security and hospital engineering about the extent of the contamination problem

Attention to the basic ABC's of life support (airway, breathing and circulation) will be the next priority. After the victim is stable with regard to this basic level of care, turn attention to decontaminating the victim and double-bagging or otherwise disposing of contaminated clothing and equipment. Also, turn attention to the specific medical management required.

**DO NOT DELAY LIFE-SAVING TREATMENT!**

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 9 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 9 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

3. Hospital Personnel--Access to Contamination Area

Personnel must not be allowed to indiscriminately enter or leave the restricted treatment area if contamination is known or suspected. Those persons involved in triage monitoring, and decontamination should wear shoe covers and other protective clothing appropriate to the degree of contamination. All personnel leaving the controlled area should be checked, their protective clothing bagged or otherwise disposed of, and released only when determined not to be contaminated. Hospital security and hospital engineering staff will assist with securing a potentially contaminated area and with limiting the extent of the contamination.

4. Clean-Up Procedure

Procedures for post-emergency clean-up, including disposal of contaminated water, should be addressed by written protocol.

Hazardous waste must be disposed of properly, and not mixed with non-hazardous trash.

If radiation contamination is present, clean-up procedures should include a survey for radiation contamination of all surfaces and material including floors, and hallway tables, instruments, and water used for surface cleaning. This assessment should be performed by the radiation safety officer within 24 hours. This officer must certify, in writing, that there is no significant residual contamination.

5. Contaminated Corpses

In dealing with the problem of contaminated corpses, the important objectives are to limit the spread of contamination within the hospital and to protect transport personnel and personnel in the coroner's office or other pathology staff. A corpse with known suspected significant contamination can sometimes be easily decontaminated in the emergency room, particularly if a contamination zone has already been established and other decontamination activities are being carried out. Depending on the nature of the contaminant, the clothing can be removed and double bagged and the body can be washed as appropriate.

The contaminated corpse should be double body-bagged. The body bag should have a prominent label indicating that the corpse is contaminated and the nature of the contaminant. Emergency room staff should place on

TULARE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM  
POLICIES AND PROCEDURES MANUAL

Supersedes:  
PPM Sec. 60-07  
Effective: 02-01-89  
Page: 11 of 12

PPM SEC.: 60-07  
EFFECTIVE: 01-01-91  
PAGE: 10 of 10

GUIDELINES FOR HOSPITALS AND EMERGENCY ROOMS  
IN MANAGING VICTIMS OF HAZARDOUS MATERIALS RELEASES

---

the label, or otherwise arrange to have accompanying the body, a telephone number of a contact person in the Emergency Room or from the field who can be called by the coroner or pathologist for more information about the nature of the contamination. If the data is a coroner's case, as it likely will be, then hospital staff should notify the Tulare County Sheriff's Office about the contamination.

6. Reporting

With regard to hazardous materials victims, hospitals are subject to two (2) major reporting requirements: an occupational illness or injury reporting requirement, and one for pesticide poisoning.

a. Occupational Illness or Injury

Illness or injuries occurring in the course of employment must be reported by the treating physician in a "Physician's First Report of Occupational Illness or Injury".

b. Pesticide Poisoning

The State of California mandates that illnesses due to pesticide poisoning, even if not occupational in origin, must be reported by telephone within 24 hours to the local health officer for the area in which the poisoning occurred. A follow-up written report, submitted on a "Physician's First Report of Occupational Illness or Injury" or comparable form must be submitted within one week of the telephone report. In Tulare County phone notification of pesticide illnesses are made to Environmental Health as the designee of the Health Officer.

The addresses and phone numbers for Environmental Health and the local health officer are:

Environmental Health

Environmental Health Department  
Hazardous Materials Section  
County of Tulare  
County Civic Center  
Visalia, CA 93291  
(209) 733-6441

Health Officer

Tulare County Health Officer  
Department of Health Services  
County of Tulare  
1062 South "K" Street  
Tulare, CA 93274  
(209) 685-2500

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

### CURRENT STATUS:

EMSA Agency and legal requirements, e.g., OSHA, compel that EMS providers be properly trained and equipped for response to hazardous materials incidents. (See 8.02)

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

### CURRENT STATUS:

Incident Command System is the basis for local medical response plans for catastrophic disasters.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

### CURRENT STATUS:

Medical response disaster procedures currently meet standard. Improved procedures are currently being updated along with other disaster procedures under the new State Office of Emergency Services OASIS system and the State SEMS system (Statewide Emergency Management System). Written medical response procedures will be incorporated in the multi-hazard functional plan and OASIS operating instructions through EMS/OES agencies as completed.

### COORDINATION WITH OTHER EMS AGENCIES:

Procedures will be developed in conjunction with agencies in adjoining counties, as necessary. A Regional Medical Response Plan is being developed by Fresno County Emergency Medical Services.

### NEED(S):

### OBJECTIVE:

Standard met.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

### RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

### CURRENT STATUS:

Procedures being updated in accordance with OASIS and SEMS systems. Emergency Medical Services and Office of Emergency Services are in the same division. Emergency requests are communicated according to the Standard Emergency Management System regulations.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

### OBJECTIVE:

Develop written procedures for early assessment of needs and communication of emergency requests.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

**MINIMUM STANDARD:**

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

**CURRENT STATUS:**

CALCORD has been identified as the frequency for interagency communication during a disaster.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination is attempted with other Emergency Medical Services agencies to avoid frequency overlap.

**NEED(S):**

Meets objective.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

### CURRENT STATUS:

Emergency Medical Services agency in conjunction with local Office of Emergency Services has identified sources of appropriate disaster medical resources to respond to likely incidents and disasters.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

### RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

### CURRENT STATUS:

There are no DMAT teams in the area. DMAT teams from outside the area would be utilized if needed under disaster conditions, under mutual aid system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

No current prospects or medical sentiment for establishing DMAT teams.

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

### CURRENT STATUS:

Mutual Medical Aid agreements are in the process of being explored. Medical aid during a disaster would be secured working through the Regional Disaster Medical Coordinator utilizing the State Master Mutual Aid system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Not applicable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

### CURRENT STATUS:

Casualty collection points have been designated by the Emergency Medical Services agency in conjunction with the Office of Emergency Services.

### COORDINATION WITH OTHER EMS AGENCIES:

These are included in the Tulare County MHFP in which surrounding counties have a copy.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

**CURRENT STATUS:**

Standard met. CCP's are designated.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

### CURRENT STATUS:

Responders are trained as required by Federal regulation under the jurisdiction of OSHA.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**MINIMUM STANDARD:**

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

**RECOMMENDED GUIDELINES:**

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

**CURRENT STATUS:**

Emergency Medical Services agency works closely with all hospitals to ensure that disaster plans are integrated with county medial response/Office of Emergency Services plans. Joint exercises are practiced.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets objective.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

### CURRENT STATUS:

The emergency system for inter-hospital communications is the HEAR radio system. The system and operational procedures are tested monthly.

In the event of disaster, medical scene management plan provides for the Hear radio to serve as communication between the Base Hospitals and the Receiving Hospitals in their catchment area. HEAR also serves as a tactical frequency at the disaster site.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

### CURRENT STATUS:

All pre-hospital response agencies and hospitals have developed guidelines for management of significant medical incidents and their staff have been trained. Development has been done in conjunction with EMS and OES agencies. Disaster medical response training is a requirement for LALS certification.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**MINIMUM STANDARD:**

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

**CURRENT STATUS:**

Tulare County has a Continuation of Call Agreement with other responders in Region V. The other responders from outside the region would function under the California State Master Mutual Aid Agreement. Fresno County Emergency Medical Services is preparing a Region V Response Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Standard met.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**ENHANCED LEVEL: SPECIALTY CARE SYSTEMS**

**MINIMUM STANDARD:**

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

**CURRENT STATUS:**

Tulare County coordinates with surrounding county facilities. No specialty care systems in Tulare County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Fresno and Kern Emergency Medical Services.

**NEED(S):**

Objective met.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SYSTEM ASSESSMENT FORM**

**ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS/AMBULANCE REGULATION**

**MINIMUM STANDARD:**

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

**CURRENT STATUS:**

Waiver of exclusivity is provided in the applicable ordinance.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

Meets standard.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**SECTION 3: SYSTEM RESOURCES AND OPERATIONS**

**TABLE 2: System Organization and Management**

EMS System: Tulare County

Reporting Year: 1994

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

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

a. Basic Life Support (BLS)	_____ %
b. Limited Advanced Life Support (LALS)	_____ 100 %
c. Advanced Life Support (ALS)	_____ %
  
2. Type of agency \_\_\_\_\_ b \_\_\_\_\_

a - Public Health Department
b - County Health Services Agency
c - Other (non-health) County Department
d - Joint Powers Agency
e - Private Non-profit Entity
f - Other:
  
3. The person responsible for day-to-day activities of EMS agency reports to \_\_\_\_\_ b \_\_\_\_\_

a - Public Health Officer
b - Health Services Agency Director/Administrator (Director, Health Services)
c - Board of Directors
d - Other:
  
4. Indicate the non-required functions which are performed by the agency
 

Implementation of exclusive operating areas (ambulance franchising)	_____ <u>X</u> _____
Designation of trauma centers/trauma care system planning	_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____ <u>X</u> _____
Enforcement of local ambulance ordinance	_____ <u>X</u> _____
Enforcement of ambulance service contracts	_____ <u>X</u> _____
Operation of ambulance service	_____

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

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

5. EMS agency budget for FY 1994/95

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$41,920</u>
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	<u>    8,408    </u>
Travel	<u>    2,586    </u>
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	
Other: _____	
Other: _____	

**TOTAL EXPENSES** \$52,914

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant \$ \_\_\_\_\_

Office of Traffic Safety (OTS) \_\_\_\_\_

State general fund \_\_\_\_\_

County general fund 51,414

Other local tax funds (e.g., EMS district) \_\_\_\_\_

County contracts (e.g. multi-county agencies) \_\_\_\_\_

Certification fees 1,500

Training program approval fees \_\_\_\_\_

Training program tuition/Average daily attendance funds (ADA)

Job Training Partnership ACT (JTPA) funds/other payments \_\_\_\_\_

Base hospital application fees \_\_\_\_\_

Base hospital designation fees \_\_\_\_\_

Trauma center application fees \_\_\_\_\_

Trauma center designation fees \_\_\_\_\_

Pediatric facility approval fees \_\_\_\_\_

Pediatric facility designation fees \_\_\_\_\_

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

Other critical care center application fees	_____
Type:	
Other critical care center designation fees	_____
Type:	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants:	_____
Other fees:	_____
Other (specify):	_____
<b>TOTAL REVENUE</b>	<b>\$52,914</b> _____

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

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

6. Fee structure for FY 1994/95

         We do not charge any fees

  X   Our fee structure is:

First responder certification	\$ <u>                    </u>
EMS dispatcher certification	<u>                                </u>
EMT-I certification	<u>                                5</u>
EMT-I recertification	<u>                                5</u>
EMT-defibrillation certification	<u>                                5</u>
EMT-defibrillation recertification	<u>                                5</u>
EMT-II certification	<u>                                5</u>
EMT-II recertification	<u>                                5</u>
EMT-P accreditation	<u>                                </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>                                5</u>
MICN/ARN recertification	<u>                                5</u>
EMT-I training program approval	<u>                                </u>
EMT-II training program approval	<u>                                </u>
EMT-P training program approval	<u>                                </u>
MICN/ARN training program approval	<u>                                </u>
Base hospital application	<u>                                </u>
Base hospital designation	<u>                                </u>
Trauma center application	<u>                                </u>
Trauma center designation	<u>                                </u>
Pediatric facility approval	<u>                                </u>
Pediatric facility designation	<u>                                </u>

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

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service license

\$ 100

Ambulance vehicle permits

25 per vehicle

Other:

\_\_\_\_\_

Other:

\_\_\_\_\_

Other:

\_\_\_\_\_

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1994/95.

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

EMS System: TULARE COUNTY

Reporting Year: 1995

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Emergency Programs Manager	.2 FTE	\$ 21.21	30%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director					
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

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

**Refer To Assessment 1:01**

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

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Data Evaluator/Analyst	Staff Services Analyst	.5 FTE	\$ 17.63	31%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk					
Other	Director, Health Services	.05 FTE	\$5,262	31%	

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

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

EMS System: Tulare County

Reporting Year: 1994/95

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	750	73		48	
Number of newly certified this year	125	1		14	
Number of recertified this year	98	29		11	
Total number of accredited personnel on July 1			0		
Number of certificate reviews resulting in:	0	0		0	
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: Not Applicable
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 76
  - b) Number of public safety (defib) certified (non-EMT-I) 95
3. Do you have a first responder training program? [ ] yes [X] no

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1994

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

1. Number of primary Public Service Answering Points (PSAP) 5
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 4
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes no
  - a. Radio primary frequency CALCORD - 156.075
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
yes no
  - d. Do you participate in OASIS? yes no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes no
    - 1) Within the operational area? yes no
    - 2) Between the operational area and the region and/or state? yes no

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

EMS System: Tulare County

Reporting Year: 1994

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

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas	<u>10</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>100 %</u>
3. Total number responses	*
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>12,950</u>
b) Number non-emergency responses (Code 1: normal)	<u>Not Available</u>
4. Total number of transports	_____
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>*12,400 (est.)</u>
b) Number non-emergency transports (Code 1: normal)	<u>Not Available</u>

**Early Defibrillation Programs**

**5. Number of public safety defibrillation programs	<u>3</u>
a) Automated	<u>3</u>
b) Manual	_____
6. Number of EMT-Defibrillation programs	<u>0</u>
a) Automated	_____
b) Manual	_____

**\*\*\*Air Ambulance Services**

7. Total number of responses	<u>0</u>
a) Number of emergency responses	_____
b) Number of non-emergency responses	_____
8. Total number of transports	<u>0</u>
a) Number of emergency (scene) responses	_____
b) Number of non-emergency responses	_____

\* Code 3 calls only. Code 2 not available.

\*\* Public safety program certifies personnel who may be EMT-I or Non-EMT-I.

\*\*\* No Air Ambulance Service primarily located in Tulare County.

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont)**

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.

	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
1. BLS and CPR capable first responder.	Not Applicable	Not Applicable	Not Applicable	Not Applicable
2. Early defibrillation responder.	Not Applicable	Not Applicable	Not Applicable	Not Applicable
3. Advanced life support responder.	7 Minutes and 10 Minutes	15 Minutes and 26 Minutes	45 Minutes	None
4. Transport Ambulance.	7 Minutes and 10 Minutes	15 Minutes and 26 Minutes	45 Minutes	None

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

EMS System: Tulare County

Reporting Year: 1994

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

**Trauma care system**

Trauma patients:

- |  |                      |
|--|----------------------|
| a) Number of patients meeting trauma triage criteria                                   | <u>Not Available</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>Not Available</u> |
| c) Number of major trauma patients transferred to a trauma center                      | <u>Not Available</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | <u>Not Available</u> |

**Emergency departments:**

- |   |                   |
|---|-------------------|
| Total number of emergency departments         | <u>6</u>          |
| a) Number of referral emergency services      | <u>          </u> |
| b) Number of standby emergency services       | <u>1</u>          |
| c) Number of basic emergency services         | <u>5</u>          |
| d) Number of comprehensive emergency services | <u>0</u>          |

**Receiving Hospitals**

Number of receiving hospitals with written agreements None

Number of base hospitals with written agreements None



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

EMS System: Tulare County

County: Tulare

Reporting Year:

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

### SYSTEM RESOURCES

#### 1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See attached.
- b. How are they staffed? Staffed as needed at time of emergency.
- c. Do you have a supply system for supporting them for 72 hours?      yes [ ]      no [x]

#### 2. CISD

Do you have a CISD provider with 24 hour capability?      yes [x]      no [ ]

#### 3. Medical Response Team

- a. Do you have any team medical response capability?      yes [ ]      no [x]
- b. For each team, are they incorporated into your local response plan?      yes [ ]      no [ ]
- c. Are they available for statewide response?      yes [ ]      no [ ]
- d. Are they part of a formal out-of-state response system?      yes [ ]      no [ ]

#### 4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?      yes [x]      no [ ]  
*Visalia Fire Department*
- b. At what HazMat level are they trained? specialist
- c. Do you have the ability to do decontamination in an emergency room? Hospital responsibility.      yes [ ]      no [x]
- d. Do you have the ability to do decontamination in the field?      yes [x]      no [ ]

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes [x]      no [ ]
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      8

# SECTION 4: RESOURCE DIRECTORY

## TABLE 8: RESOURCE DIRECTORY -- Providers

EMS System: Tulare County County: Tulare Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> American Ambulance 2017 East Noble Visalia, CA 93292-1520 (209)732-3926		<b>Primary Contact:</b> David Cooper Paul Main			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [6] BLS <input type="checkbox"/> EMT-D [12] LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>5</u>

<b>Name, address &amp; telephone:</b> Mobile Life Support 310 North Church Visalia, CA 93291 (Including Porterville) (209)730-3025		<b>Primary Contact:</b> Kathy Housewright			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7] BLS <input type="checkbox"/> EMT-D [11] LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Tulare County

County: Tulare

Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> Exeter District Ambulance 215 Crespi No. 2 Exeter, CA 93221 (209)594-5250			<b>Primary Contact:</b> Don White		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [10] BLS <input type="checkbox"/> EMT-D [10] IALS <input type="checkbox"/> ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>District</u>	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal; <input checked="" type="checkbox"/> hospital district	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>3</u>

<b>Name, address &amp; telephone:</b> Dinuba Fire Department 496 East Tulare Street Dinuba, CA 93618 (209)591-3152			<b>Primary Contact:</b> Myles Chute		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D [12] IALS <input type="checkbox"/> ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>4</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Tulare County

County: Tulare

Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> California Hot Springs Ambulance Route 4, Box 681 Calif Hot Springs, CA 93207 (805)548-6604		<b>Primary Contact:</b> Ralph Wallace			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

<b>Name, address &amp; telephone:</b> Three Rivers Ambulance Post Office Box 253 Three Rivers, CA 93271 (209)561-4264		<b>Primary Contact:</b> Sandy Owen			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Tulare County

County: Tulare

Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> Imperial Ambulance 22 North Cottage Porterville, CA 93257 (209)784-8500 (Including Lindsay)		<b>Primary Contact:</b> Dan Fiori			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 6

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _ _ _

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Tulare County

County: Tulare

Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> LifeStar Ambulance 140 North West Street Tulare, CA 93274 (209)686-2498 (Including Pixley Station)			<b>Primary Contact:</b> Don Schultz		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>6</u>

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Tulare County County: Tulare Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> Camp Nelson Volunteer Ambulance Assoc. 1500 A Nelson Drive Camp Nelson, CA 93631 (209)782-2709		<b>Primary Contact:</b> Joan Price			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7] BLS <input type="checkbox"/> EMT-D [10] IALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> IALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Tulare County County: Tulare Reporting Year: 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
College of the Sequoias (Junior College) 915 South Mooney Boulevard Visalia, CA 93277		Dr. Lynn Mirviss (209)730-3762
Student Eligibility: *  Open	Cost of Program [basic/refresher]:  \$52 Basic \$85 Refresher	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>77</u> Refresher: <u>24</u> Cont. Education: _____ Expiration Date: <u>1996</u>  Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date:  Number of courses: Initial training: Refresher: Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Tulare County County: Tulare Reporting Year: 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Porterville College (Junior College) 900 South Main Porterville, CA 93257		Valerie Lombardi (209)781-3130
Student Eligibility: *  Open to Public (Must be EMT-I)	Cost of Program [basic/refresher]:  \$134.50 Basic	**Program Level: <u>EMT-II</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: _____ Expiration Date: _____  No training program for EMT-IIs in 1994.  Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

Training Institution Name / Address		Contact Person telephone no.
Porterville College (Junior College) 900 South Main Porterville, CA 93257		Valerie Lombardi (209)781-3130
Student Eligibility: *  Open	Cost of Program [basic/refresher]:  \$82.50 Basic \$25 Refresher	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>73</u> Cont. Education: _____ Expiration Date: <u>1996</u>  Number of courses: _____ Initial training: <u>1</u> Refresher: <u>1</u> (3 Combined - Initial Training/Refresher) Cont. Education: _____

\* Open to general public or restricted to certain personnel only.

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Tulare County County: Tulare Reporting Year: 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Kaweah Delta District Hospital 400 West Mineral King Avenue Visalia, CA 93291		John Alford (209)625-7462
Student Eligibility: *  Nursing	Cost of Program \$450 (Initial)  Basic _____  Refresher _____	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: <u>9</u> Refresher: <u>16</u> Cont. Education: _____ Expiration Date: _____  No training program for EMT-IIs in 1994.  Number of courses: _____ Initial training: <u>4</u> Refresher: <u>8</u> Cont. Education: _____

Training Institution Name / Address		Contact Person telephone no.
Kaweah Delta District Hospital 400 West Mineral King Avenue Visalia, CA 93291		John Alford (209)625-7462
Student Eligibility: *  EMT-II	Cost of Program  Basic <u>\$25</u>  Refresher _____	**Program Level: <u>EMT-II</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>29</u> Cont. Education: _____ Expiration Date: _____

\* Open to general public or restricted to certain personnel only.

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Tulare County County: Tulare

Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> Alta District Hospital 500 East Adelaide Way Dinuba, CA 93618		<b>Primary Contact:</b> Robert Montion (209)591-4171		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Memorial Hospital at Exeter 215 North Crespi St. Exeter, CA 93221		<b>Primary Contact:</b> Sally Brewer (209)592-2151		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

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

**TAB 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Tulare County

County: Tulare

Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> Kaweah Delta District Hospital 400 West Mineral King Avenue Visalia, CA 93291		<b>Primary Contact:</b> Thomas Gray, MD (John Alford) (209)625-7215			
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

\* Tulare County has a MIMS (Major Injury Management System).

<b>Name, address &amp; telephone:</b> Sierra View District Hospital 465 West Putnam Porterville, CA 93257		<b>Primary Contact:</b> Maria Forner (209)784-8885			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

\* Tulare County has a MIMS (Major Injury Management System)

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

**TAB 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Tulare County

County: Tulare

Reporting Year: 1994

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

<b>Name, address &amp; telephone:</b> Tulare District Hospital 869 Cherry Tulare, CA 93274		<b>Primary Contact:</b> Steve Vaughn (209)685-3462			
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

\* Tulare County has a MIMS (Major Injury Management System).

<b>Name, address &amp; telephone:</b> Lindsay Hospital 740 N. Sequoia Ave. Lindsay, CA 93247		<b>Primary Contact:</b> John Riddle, MD (209)562-4955			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

\* Tulare County has a MIMS (Major Injury Management System).

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

**TAB 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Tulare County

County: Tulare

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> CALIFORNIA DEPARTMENT OF FORESTRY 1968 SOUTH LOVERS LANE VISALIA, CA 93277				<b>Primary Contact:</b> RICHARD STOVER (209) 732-5954	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>0</u> EMD Training <u>1</u> EMT-D <u>0</u> ALS <u>2</u> BLS <u>0</u> LALS <u>6</u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: <u>0</u>	

<b>Name, address &amp; telephone:</b> TULARE DISTRICT HOSPITAL 869 CHERRY TULARE, CA 93274				<b>Primary Contact:</b> BILL WHEATLEY (209) 685-3450	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>5</u> EMD Training <u>0</u> EMT-D <u>0</u> ALS <u>1</u> BLS <u>0</u> LALS <u>0</u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>District</u> <u>Hospital</u>	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: <u>0</u>	

**TABLE 11: RESOURCES DIRECTORY – Dispatch Agency**

EMS System: TULARE COUNTY

County: TULARE

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> TULARE COUNTY SHERIFF OFFICE 2404 WEST BURREL AVENUE VISALIA, CA 93291		<b>Primary Contact:</b> SANDY HARRIS (209) 733-6211		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      22 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> <u>0</u>

<b>Name, address &amp; telephone:</b> TULARE COUNTY CONSOLIDATED AMBULANCE DISPATCH 2017 E NOBLE VISALIA, CA 93292		<b>Primary Contact:</b> RON OSBOURN (209) 730-3010		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 11 EMD Training      0 EMT-D      0 ALS 11 BLS                      1 LALS      0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> <u>0</u>

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: TULARE COUNTY

County: TULARE

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> DINUBA POLICE DEPARTMENT 496 E TULARE DINUBA, CA 93618			<b>Primary Contact:</b> MYLES CHUTE, FIRE CHIEF (209) 591-5931														
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">1</td> <td>EMD Training</td> <td style="text-align:center;">0</td> <td>EMT-D</td> <td style="text-align:center;">0</td> <td>ALS</td> </tr> <tr> <td style="text-align:center;">0</td> <td>BLS</td> <td style="text-align:center;">0</td> <td>LALS</td> <td style="text-align:center;">6</td> <td>Other</td> </tr> </table>			1	EMD Training	0	EMT-D	0	ALS	0	BLS	0	LALS	6	Other
1	EMD Training	0	EMT-D	0	ALS												
0	BLS	0	LALS	6	Other												
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> <u>0</u>													

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>														
<b>Written Contract:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">_____</td> <td>EMD Training</td> <td style="text-align:center;">_____</td> <td>EMT-D</td> <td style="text-align:center;">_____</td> <td>ALS</td> </tr> <tr> <td style="text-align:center;">_____</td> <td>BLS</td> <td style="text-align:center;">_____</td> <td>LALS</td> <td style="text-align:center;">_____</td> <td>Other</td> </tr> </table>			_____	EMD Training	_____	EMT-D	_____	ALS	_____	BLS	_____	LALS	_____	Other
_____	EMD Training	_____	EMT-D	_____	ALS												
_____	BLS	_____	LALS	_____	Other												
<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____													

# TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Tulare County

County: Tulare

Date: December 1994

NOTE: Information on Table 11a is to be completed for each county.

### County Office of Emergency Services (OES) Coordinator:

Ronald W. Probasco  
Work Telephone No.: (209)685-2528  
Home Telephone No.: (209)625-4514  
Office Pager No.: (209)778-2077  
FAX No.: (209)685-2643  
24-HR No.: (209)685-2500

### Alternate's Name:

Patricia Crawford (Emergency Programs Manager)  
Work Telephone No.: (209)685-2530  
Home Telephone No.: (209)732-9441  
Office Pager No.: (209)778-4490  
FAX No.: (209)685-2643  
24-HR No.: (209)685-2500

### County EMS Disaster Medical Services (DMS) Coordinator:

Michael L. MacLean, M.D.  
Work Telephone No.: (209)685-2528  
Home Telephone No.: \_\_\_\_\_  
Office Pager No.: (209)778-4549  
FAX No.: (209)685-2643  
24-HR No.: (209)685-2500

### Alternate's Name:

Patricia Crawford (Emergency Programs Manager)  
Work Telephone No.: (209)685-2530  
Home Telephone No.: (209)732-9441  
Office Pager No.: (209)778-4490  
FAX No.: (209)685-2643  
24-HR No.: (209)685-2500

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

Michael L. MacLean, M.D.

Work Telephone No.: (209)685-2528

Home Telephone No.: \_\_\_\_\_

Office Pager No.: (209)778-4549

FAX No.: (209)685-2643

24-HR No.: (209)685-2500

**Alternate's Name:**

Camilo Guiang, M.D.

Work Telephone No.: (209)685-2500

Home Telephone No.: (209)625-2836

Office Pager No.: (209)778-9058

FAX No.: (209)685-2514

24-HR No.: (209)685-2500

Medical/Health EOC telephone no.: (209)730-2663

Amateur Radio contact name: Walt Smith

Who is the RDMHC for your region? Edward DeFoe, M.D.

Medical/Health EOC FAX No.: None

Medical/Health radio frequency used: 468.025/463.025

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

# TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

OES Region: 5

County: Tulare

Date: December 1994

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

## Regional OES Coordinator:

Roy Manning  
Work Telephone No.: (209)445-5672  
Home Telephone No.: (209)658-7803  
Office Pager No.: (209)476-6126  
FAX No.: (209)445-5987  
24-hour No.: (209)445-5672

## Alternate's Name:

Paul Calkins  
Work Telephone No.: (209)445-5672  
Home Telephone No.: (209)275-0903  
Office Pager No.: (209)971-5375  
FAX No.: (209)445-5987  
24-HR No.: (209)445-5672

## Regional Disaster Coordinator:

Roy Manning  
Work Telephone No.: (209)445-5672  
Home Telephone No.: (209)658-7803  
Office Pager No.: (209)476-6126  
FAX No.: (209)445-5987  
24-hour No.: (209)445-5672

## Alternate's Name:

Paul Calkins  
Work Telephone No.: (209)445-5672  
Home Telephone No.: (209)275-0903  
Office Pager No.: (209)971-5375  
FAX No.: (209)445-5987  
24-HR No.: (209)445-5672

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional Disaster Medical Health Coordinator:**

Edward DeFoe, M.D.  
 \_\_\_\_\_  
 Work Telephone No.: (209)445-3202  
 \_\_\_\_\_  
 Home Telephone No.: (209)261-9531  
 \_\_\_\_\_  
 Office Pager No.: 764-3666 (Digital)  
 \_\_\_\_\_  
 FAX No.: (209)445-3370  
 \_\_\_\_\_  
 24-hour No.: (209)456-7800  
 \_\_\_\_\_

**Alternate's Name:**

Gene Kallsen, M.D.  
 \_\_\_\_\_  
 Work Telephone No.: (209)445-3387  
 \_\_\_\_\_  
 Home Telephone No.: (209)434-2508  
 \_\_\_\_\_  
 Office Pager No.: 764-4511 (Digital/Alpha)  
 \_\_\_\_\_  
 FAX No.: (209)445-3205  
 \_\_\_\_\_  
 24-HR No.: (209)456-7800  
 \_\_\_\_\_

**Regional Ambulance Transportation Coordinator:**

None Appointed (See RDMHC)  
 \_\_\_\_\_  
 Work Telephone No.: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Telephone No.: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Pager No.: \_\_\_\_\_  
 \_\_\_\_\_  
 FAX No.: \_\_\_\_\_  
 \_\_\_\_\_  
 24-hour No.: \_\_\_\_\_  
 \_\_\_\_\_

**Alternate's Name:**

\_\_\_\_\_  
 \_\_\_\_\_  
 Work Telephone No.: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Telephone No.: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Pager No.: \_\_\_\_\_  
 \_\_\_\_\_  
 FAX No.: \_\_\_\_\_  
 \_\_\_\_\_  
 24-HR No.: \_\_\_\_\_  
 \_\_\_\_\_

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur

CASUALTY COLLECTION POINT LISTING

COUNTY Tulare

VISALIA	NAME/ADDRESS/ZIP CODE	THOMAS BROS. MAP, PACE AND COORDINATES * UNINCORPORATED AREA YES/NO	DESCRIBE LOCATION AND ACCESS	ENTER YES/NO										PATIENT CAPACITY NUMBER IN UNDER COVER **	NAME/ADDRESS AND PHONE NUMBER OF NEAREST HOSPITAL	DISTANCE TO HOSPITAL ***
				PAVED SURFACE	COVERED	HELO LDNG AREA	2 STORY/MORE AREA	POWER LINES	CORN. OBSTRUCTIONS	SECURITY PROBLEMS	SEISMIC AREA	OPEN	COVER			
	Crestwood School 3001 W. Whitendale Visalia, CA 93277	No	Crestwood Elementary School, Southwest Visalia City	Yes	Yes	Yes	No	Yes	No	No	No	6860	500	Visalia Community Hosp. 1633 So. Court Visalia, CA 93277 (209)733-1333	5 miles	
	Mt. Whitney High School	No	Mt. Whitney High School, South Side Visalia City	Yes	Yes	Yes	No	Yes	No	No	No	6860	1000	Visalia Community Hosp. 1633 So. Court Visalia, CA 93277 (209)733-1333	2 miles	
	Redwood High School 1001 W. Main Visalia, CA 93277	No	Redwood High School, Central Visalia City	Yes	Yes	Yes	No	Yes	No	No	No	6860	1000	Kaweah Delta District Hospital 400 W. Mineral King Ave Visalia, CA 93291 (209)625-2211	2 miles	
	Golden West High School 1717 No. McAuliff Road Visalia, CA 93291	No	Golden West High School, Northeast Visalia	Yes	Yes	Yes	No	Yes	No	No	No	6860	1000	Kaweah Delta District Hospital 400 W. Mineral King Ave Visalia, CA 93291 (209)625-2211	8 miles	

Enclosure D-4, Page 5

CASUALTY COLLECTION POINT LISTING

COUNTY Tulare

NAME/ADDRESS/ZIP CODE	THOMAS BROS. MAP, PAGE AND COORDINATES	UNINCORPORATED AREA YES/NO	DESCRIBE LOCATION AND ACCESS	ENTER YES/NO										PATIENT CAPACITY NUMBER IN UNDER OPEN COVER	NAME/ADDRESS AND PHONE NUMBER OF NEAREST HOSPITAL	DISTANCE HOSPITAL
				PAVED SURFACE	COVERED	HELD LONG AREA	2 STORY/MORE ORST.	POWER LINES	COMM. OBSTRUCTIONS	SECURITY PROBLEMS	SEISMIC AREA					
<u>Tulare:</u>																
Tulare Union High School 755 E. Tulare Avenue Tulare, CA 03274	No		Tulare Union High School, Central Tulare	Yes	Yes	Yes	No	Yes	No	No	No	6135	1000	Tulare District Hospital 869 Cherry Tulare, CA 93274 (209)688-0821	2 miles	
Tulare Western High School 824 W. Maple Avenue Tulare, CA 93274	No		Tulare Western High School, North West Tulare City	Yes	Yes	Yes	No	Yes	No	No	No	6135	1000	Tulare District Hospital 869 Cherry Tulare, CA 93274 (209)688-0821	4 miles	
<u>Porterville:</u>																
Porterville High School 465 W. Olive Avenue Porterville, CA 93257	No		Porterville High School, Porterville City	Yes	Yes	Yes	No	Yes	No	No	No	5653	1000	Sierra View District Hospital 465 W. Putnam Avenue Porterville, CA 93257 (209)784-1110	2 miles	
Monache High School 960 No. Newcoma Porterville, CA 93257	No		Monache High School Northwest Porterville City	Yes	Yes	Yes	No	Yes	No	No	No	5653	1000	Sierra View District 465 W. Putnam Avenue Porterville, CA 93257 (209)784-1110	4 miles	

CASUALTY COLLECTION POINT LISTING

COUNTY Tulare

NAME/ADDRESS/ZIP CODE	THOMAS BROS. MAP, PAGE AND COORDINATES	UNINCORPORATED AREA YES/NO	DESCRIBE LOCATION AND ACCESS	ENTER YES/NO										PATIENT CAPACITY NUMBER IN UNDER COVER	NAME/ADDRESS AND PHONE NUMBER OF NEAREST HOSPITAL	DISTANCE HOSPITAL
				PAVED SURFACE	COVERED	HELD LDNG AREA	2 STORY/MORE OBST.	POWER LINES	COMM. OBSTRUCTIONS	SECURITY PROBLEMS	SEISMIC AREA	OPEN	COVER			
<u>Lindsay:</u> Veterans Memorial Building 775 No. Elmwood Lindsay, CA 93247		No	Memorial Building located in Lindsay City near the Hospital	Yes	Yes	Yes	No	Yes	No	No	No	3584	500	Lindsay District Hosp. 740 No. Sequoia Lindsay, CA 93247 (209)562-4955	5 miles	
<u>Dinuba:</u> Dinuba High School 340 East Kern Dinuba, CA 93618		No	Dinuba High School located in the City of Dinuba	Yes	Yes	Yes	No	Yes	No	No	No	5280	1000	Alta Hospital District 500 E. Adelaide Way Dinuba, CA 93618 (209)591-4171	2 miles	
<u>Exeter:</u> Exeter Union High School 820 San Juan Exeter, CA 93221		No	Exeter Union High School, located in the City of Exeter	Yes	Yes	Yes	No	Yes	No	No	No	2998	1000	Exeter Memorial Hosp. 215 Crespi Exeter, CA 93221 (209)592-2151	2 miles	

Enclosure D-4, Page 7

CASUALTY COLLECTION POINT LISTING

COUNTY Tulare

NAME/ADDRESS/ZIP CODE	THOMAS BROS. MAP, PAGE AND COORDINATES	UNINCORPORATED AREA YES/NO	DESCRIBE LOCATION AND ACCESS	ENTER YES/NO										PATIENT CAPACITY NUMBER IN UNDER OPEN COVER	NAME/ADDRESS AND PHONE NUMBER OF NEAREST HOSPITAL	DISTANCE TO HOSPITAL
				PAVED SURFACE COVERED	HELLO LDNG AREA	2 STORY/MORE AREA	POWER LINES	COMM. OBST.	SECURITY PROBLEMS	SEISMIC AREA						
<u>Woodlake:</u>																
Woodlake Union High School 400 W. Whitney Avenue Woodlake, CA 93286	No		Woodlake Union High School, located in the City of Woodlake	Yes	Yes	Yes	No	Yes	No	No	No	2331	1000	Exeter Memorial Hosp. 215 Crespi Exeter, CA 93221 (209)592-2151	11 miles	
<u>Farmersville:</u>																
Snowden Elementary School 301 So. Farmersville Farmersville, CA 93223	No		Snowden Elementary School, located in the City of Farmersville	Yes	Yes	Yes	No	Yes	No	No	No	2946	500	Exeter Memorial Hosp. 215 Crespi Exeter, CA 93221 (209)592-2151	5 miles	
<u>Earlimart:</u>																
Earlimart Junior High School 599 E. Suttler Avenue Earlimart, CA 93219	No		Earlimart Jr. High School, located in the City of Earlimart	Yes	Yes	Yes	No	Yes	No	No	No	1000	500	Delano Community Hosp. 1408 Garces Highway Delano, CA 93215 (805)725-4800	9 miles	

CASUALTY COLLECTION POINT LISTING

COUNTY Tulare

NAME/ADDRESS/ZIP CODE	THOMAS BROS. MAP, PAGE AND COORDINATES	UNINCORPORATED AREA YES/NO	DESCRIBE LOCATION AND ACCESS	ENTER YES/NO								PATIENT CAPACITY NUMBER IN UNDER OPEN COVER	NAME/ADDRESS AND PHONE NUMBER OF NEAREST HOSPITAL	DISTANCE HOSPITAL	
				PAVED SURFACE	COVERED	HELICOPTER LANDING AREA	2 STORY/MORE OBST.	POWER LINES	COMM. OBSTRUCTIONS	SECURITY PROBLEMS	SEISMIC AREA				
<p>Three Rivers:                      Three Rivers Union School                      41932 Highway 198                      Three Rivers, CA 93271</p>		Yes	Elementary School located in the community of Three Rivers	Yes	Yes	Yes	No	Yes	No	No	No	500	200	Exeter Memorial Hosp. 215 Crespi Exeter, CA 93221 (209)592-2151	21 miles

\*As per State Instructions we have omitted this information as it is only for flight patterns in accessing larger cities.

\*\*All areas have fences.

\*\*\*The actual number of patients certainly would depend on the number of medical personnel to deliver care. Areas in the schools in and out of cover would handle the population as indicated.

Enclosure D-4, Page 9

## **SECTION 5**

### **DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

The process for development of the EMS Plan has included all areas of the emergency medical community. The Tulare County Emergency Medical Services Agency works very closely with the Emergency Medical Care Committee (EMCC) in all facets of planning, development and functioning of EMS systems.

The plans and projects outlined have all been determined after input from responders, base hospitals, receiving hospitals, physicians, fire personnel, law enforcement, community colleges and members of the general public.

This plan document has been reviewed and adopted by the Tulare County Board of Supervisors and Emergency Medical Care Committee.

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

**IN THE MATTER OF APPROVAL OF THE )  
TULARE COUNTY EMERGENCY MEDICAL )  
SERVICE PLAN REVISION )**

**RESOLUTION NO. 95-0617  
AGREEMENT NO.**

UPON MOTION OF SUPERVISOR **Harness** , SECONDED BY SUPERVISOR  
**Maze** , THE FOLLOWING WAS ADOPTED BY THE BOARD OF SUPERVISORS, AT AN  
OFFICIAL MEETING HELD **May 16, 1995.** BY THE FOLLOWING VOTE:

**AYES:** Supervisors Sanders, Richmond, Maze, Harness and Maples  
**NOES:** None  
**ABSTAIN:** None  
**ABSENT:** None

**ATTEST: THOMAS F. CAMPANELLA  
COUNTY ADMINISTRATIVE OFFICER/  
CLERK BOARD OF SUPERVISORS**



BY: *Deane Alonzo*  
Deputy Clerk

\*\*\*\*\*

1. The Board approved the Tulare County Emergency Medical Services Plan 1995 revision to replace the Tulare County Emergency Medical Services Plan of 1985 - 86.

Health  
CAO (SS)  
FN 10440

5/17/95  
da

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



November 17, 1995

Patty Crawford  
Tulare County EMS  
Hilman Health Center  
1062 South 'K' Street  
Tulare, CA 93274

Dear Ms. Crawford:

We have completed our review of *Tulare County's Emergency Medical Services Plan: 1994-95*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding Section 1.10, "Special Populations." Tulare County has no formal pediatric emergency medical and critical care system in place. Evaluating the need for one, especially at this time, may be a good idea. The Authority is providing consultation visits to local EMS agencies to help integrate newly developed EMSC guidelines into the local EMS system. I encourage you to schedule an EMSC consultation visit within the next six months. EMSA is able to provide technical assistance at no cost to your agency through a federal EMSC grant from the Maternal and Child Health Bureau. Funds will not be available to do this type of technical assistance in the future. Please contact Carol Biancalana at (916) 322-4336, extension 309 to set up a visit.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph E. Morales".

Joseph E. Morales, M.D., MPA  
Director