

Central California Emergency Medical Services Agency

A Division of Fresno County  
Department of Community Health

February 5, 2007

Sandy Salaber  
EMS Systems Analyst  
EMS Authority  
1930 9th Street  
Sacramento, CA 95814

Dear Ms. Salaber:

Included with this letter is the 2007 EMS Plan update for the Central California EMS Agency. The plan update includes the updates to the County of Tulare.

If you have any questions, please contact me at (559) 445-3387.

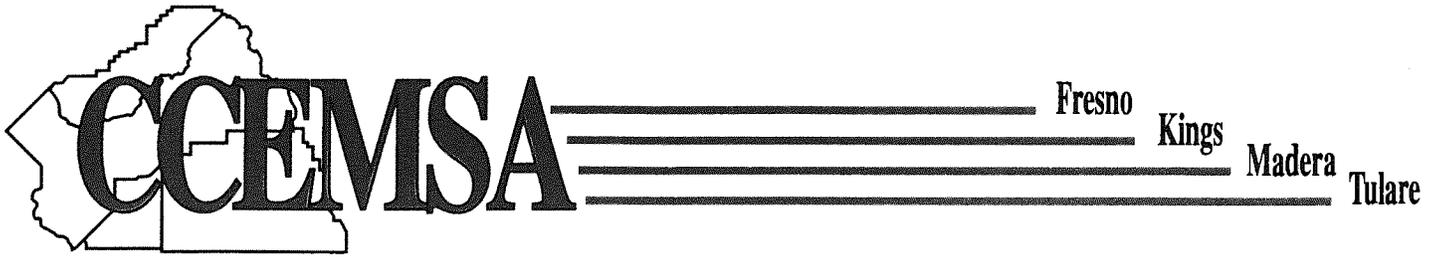
Sincerely,

Daniel J. Lynch  
Director

DJL:rb

Enclosure

cc: Daniel Smiley, EMS Authority (letter only)



Central California Emergency Medical Services Agency

A Division of Fresno County  
Department of Community Health

April 16, 2007

Sandy Salaber, EMS Systems Analyst  
EMS Authority  
State of California  
1930 9th St., Suite 100  
Sacramento, CA 95814-7043

Dear Ms. Salaber:

Included with this letter are updates and corrections to the EMS Plan Update that was submitted to you in February 2007. The documents include the items that you requested on your email to me dated February 26, 2007.

If you have any further questions or comments, please contact me by email or by phone at (559) 445-3387.

Sincerely,

Daniel J. Lynch  
Director

DJL:rb

Enclosures

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# Central California Emergency Medical Services Agency

## REGIONAL EMERGENCY MEDICAL SERVICES PLAN UPDATE



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**February 2007**

**Central California Emergency Medical Services Agency**  
*A Division of Fresno County Department of Community Health*

Director of Emergency Medical Services.....Daniel Lynch

Emergency Medical Services Medical Director .....Jim Andrews, M.D.

**Table 1 - System Organization and Management**

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

**Planning Activities**

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

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

**System Finances**

1.16 Funding Mechanism		X			
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**Medical Direction**

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

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems		X	X Not implemented in all counties	X	X
1.25 On-Line Medical Direction		X	X	X	

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26 Trauma System Plan	X			X	

**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

1.27 Pediatric System Plan	X				
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan		X Not implemented in all counties		X	X
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*Staffing / Training*

<b>Local EMS agency</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
2.01 Assessment of Needs		X		X	X
2.02 Approval of Training		X			X
2.03 Personnel		X		X	

**Dispatchers**

2.04 Dispatch Training		X	X	X	X
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**First Responders (non-transporting)**

2.05 First Responder Training		X	Action needed to complete	X	X
2.06 Response		X		X	X
2.07 Medical Control		X			

**Transporting Personnel**

2.08 EMT-I Training		X	Action needed to complete	X	X
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**Hospital**

2.09 CPR Training		X			
2.10 Advanced Life Support		X	Action needed to complete		X

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

*Communications*

<b>Communications Equipment</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
3.01 Communication Plan*		X	X	X	X
3.02 Radios		X	X	X	
3.03 Interfacility Transfer*		X		X	
3.04 Dispatch Center		X			
3.05 Hospitals		X	Action needed to complete	X	X
3.06 MCI/Disasters		X		X	X

**Public Access**

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

**Resource Management**

3.09 Dispatch Triage		X	X	X	X
3.10 Integrated Dispatch		X	X		

*Response / Transportation*

<b>Universal Level</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
4.01 Service Area Boundaries*		X	X	X	X
4.02 Monitoring		X	X	X	X
4.03 Classifying Medical Requests		X		X	X
4.04 Prescheduled Responses		X			

4.05 Response Time Standards*		X	X Not implemented in all counties	X	X
4.06 Staffing		X		X	X
4.07 First Responder Agencies		X		X	X
4.08 Medical & Rescue Aircraft*		X		X	X
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X		X	X
4.11 Specialty Vehicles*		X	X	X	X
4.12 Disaster Response		X		X	X
4.13 Intercounty Response*		X	X	X	X
4.14 Incident Command System		X		X	X
4.15 MCI Plans		X			

**Enhanced Level: Advanced Life Support**

4.16 ALS Staffing	X - Tulare County	X	X - Fresno, Kings and Madera Counties		X
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X		X	X

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X		X	X
4.20 "Grandfathering"		X Not implemented in all counties			
4.21 Compliance		X		X	X

4.22 Evaluation		X			X
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*Facilities / Critical Care*

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	Action needed to complete	X	X
5.02 Triage & Transfer Protocols*		X		X	X
5.03 Transfer Guidelines*		X			X
5.04 Specialty Care Facilities*		X			X
5.05 Mass Casualty Management		X	X	X	
5.06 Hospital Evacuation*	X			X	

**Enhanced Level: Advanced Life Support**

5.07 Base Hospital Designation*		X			
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**Enhanced Level: Trauma Care System**

5.08 Trauma System Design		X			X
5.09 Public Input		X			

**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

5.10 Pediatric System Design		X		X	X
5.11 Emergency Departments	X				X
5.12 Public Input	X				

**Enhanced Level: Other Specialty Care Systems**

5.13 Specialty System Design		X			X
5.14 Public Input		X			

*Data Collection / System Evaluation*

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X	X	X
6.02 Prehospital Records		X			X
6.03 Prehospital Care Audits		X	Action needed to complete	X	X
6.04 Medical Dispatch		X		X	
6.05 Data Management System*		X	Action needed to complete	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		X	Action needed to complete	X	X
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**Enhanced Level: Trauma Care System**

6.10 Trauma System Evaluation		X		X	X
6.11 Trauma Center Data		X	Action needed to complete	X	X

*Public Information and Education*

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

*Disaster Medical Response*

<b>Universal Level</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
8.01 Disaster Medical Planning*		X		X	
8.02 Response Plans		X	Action needed to complete	X	
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*		X	Action needed to complete	X	
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X		X	X
8.08 Inventory of Resources		X	Action needed to complete	X	X
8.09 DMAT Teams	X			X	
8.10 Mutual Aid Agreements*	X			X	X
8.11 CCP Designation*		X			X

8.12 Establishment of CCPs		X			X
8.13 Disaster Medical Training		X	X	X	X
8.14 Hospital Plans		X	X	X	
8.15 Interhospital Communications		X		X	X
8.16 Prehospital Agency Plans		X	X	X	X

**Enhanced Level: Advanced Life Support**

8.17 ALS Policies		X			
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Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.18 Specialty Center Roles		X			

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

8.19 Waiving Exclusivity		X Not implemented in all counties			
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Central California EMS Agency  
EMS Plan UPDATE - 2007

Summary

With the addition of Tulare County to the EMS region, this update will include a significant amount of changes in the Central California EMS Agency system. The following chart will provide a detailed listing of each criterion that has incurred a change from the last update.

Section	Change	County	Discussion
1.04 Medical Director	Meets Recommended Guidelines	Region	<u>Tulare County</u> - The EMS Medical Director for the region is a Board Certified Emergency Physician. <u>Region</u> - The EMS Medical Director oversees a the Medical Control Committee that is composed of physicians with appropriate specialties, and non-physician providers who all represent trauma, pediatrics and other areas related to EMS.
1.06 Annual EMS Plan	Meets minimum standards	Region	This is the first annual update provided by the EMS agency in a few years. It is the intent of CCEMSA to provide annual updates.
1.08 ALS Planning	Meets minimum Standards	Tulare County	In April 2006, paramedics began the provision of services in Tulare County. Effective February 1, 2007, no EMT-II units will be allowed to operate on the Valley Floor of Tulare County. The only EMT-II ambulances are volunteer based and are located in the mountains of Tulare County.
1.12 Review & Monitoring 1.13 Coordination	Meets minimum standards	Tulare County	In March 2004, Tulare County was included in the Central California EMS Agency with Fresno, Kings, and Madera Counties.
1.14 Policy and Procedure	Meets minimum standards	Tulare County	With the exception of the Destination Policy, Helicopter Policy and the trauma policy, the remaining policies in Tulare County have been replaced by CCEMSA policies. These remaining policies are still being worked on.
1.24 ALS Systems	Meets minimum standards	Tulare County	In April 2006, paramedics began the provision of services in Tulare County. Effective February 1, 2007, no EMT-II units will be allowed to operate on the Valley Floor of Tulare County. The only EMT-II ambulances are volunteer based and are located in the mountains of Tulare County.

1.26 Trauma <i>system plan</i>	Does Not Currently Meet Standard	Tulare County	The ambulance providers transport to the closest of three hospitals, which do not have any type of trauma designation. It is the intention of CCEMSA to include the Tulare County system in the trauma system being used by Fresno, Kings, and Madera Counties. The target date is July 2007.
1.27 Pediatrics	Does Not Currently Meet Standard	Tulare County	The ambulance providers transport to the closest of three hospitals, which do not have any type of pediatric designation. It is the intention of CCEMSA to include the Tulare County system in the destination policy that being used by Fresno, Kings, and Madera Counties. The target date is July 2007. It is also a goal to get the Tulare County Emergency departments to a higher level of pediatric care through EMS-C.
1.28 Exclusive Operating Areas	Meets minimum standards	Region	<u>Fresno County</u> – Since the last EMS plan Update, the Reedley EOA was approved by the State EMS Authority and implemented in July 2005. The EMS Agency is still working with the remaining 5 providers in Fresno for the designation of additional EOAs. <u>Madera County</u> – Since the last EMS Plan Update, the Madera Mountain EOA was approved by the State EMS Authority and implemented in June 2005. <u>Tulare County</u> – In 2004, and prior to the joining of the EMS Region, the Porterville EOA was discontinued at the recommendation of the State EMS Authority. The Porterville area is currently a non-exclusive operating area.
2.04 Dispatch Training	Does Not Currently Meet Standard	Tulare County	Currently only one of the four EMS Dispatch Centers in Tulare County receives training that meets the EMS Dispatch Guidelines. In March 2007, there will be a consolidation of the dispatch centers that will bring the number of EMS dispatch centers to two. It is anticipated that the remaining two dispatch centers will join together and that all dispatchers will be trained to the recommended guidelines.
2.11 Accreditation Process	Meets minimum standard	Tulare County	Since the addition of paramedics in Tulare County, the accreditation process is provided by the EMS Agency.

3.05 Hospital Communications	Meets minimum standard	Region	Hospital to hospital communications has been implemented through Status-Net, which is an electronic hospital-to-hospital computer based communication system.
4.05 Response time standards	Meets minimum standard	Region	Response time standard are not established in all parts of metropolitan areas of Tulare County. In Addition, first responder response time has decreased in the rural areas as fiscal impacts force agencies to downgrade to volunteer staffing.
4.13 Intercounty Response	Meets Recommended Guidelines	Region	Agreements are in place that includes the use of mutual aid response.
<i>Enhanced</i> 4.16 ALS staffing	Does Not Currently Meet Standard	Tulare County	Limited Advanced Life Support personnel are used in volunteer ambulance agencies in the mountain areas of Tulare County.
5.08 Trauma System Design	Meets minimum standard	Tulare County	In 2004 and prior to the start-up of the CCEMSA, Tulare County completed its trauma plan and submitted it to the State. The trauma plan addressed the minimum area of the trauma guidelines.
5.09 Public Input to Trauma Care System	Meets minimum requirement	Tulare County	In 2004 and prior to the start-up of the CCEMSA, Tulare County completed its trauma plan and submitted it to the State. The trauma plan addressed the minimum area of the trauma guidelines. The trauma plan was open to public draft and a public hearing.
5.10 Pediatric System Design	Meets minimum requirements	Tulare County	Policy and procedures have been implemented in Tulare County related to the care and transport of pediatric patients. It is also anticipate that the regions destination policies will be implemented by late spring, which provides a definitive destination of pediatric patients.
5.11 Pediatric Emergency Departments	Does not meet minimum standard	Tulare County	No action has been taken to work with hospitals emergency departments. The CCEMSA will be working with hospitals on this issue.
5.12 Public Input for Pediatric Emergency Care	Does not meet minimum standards	Tulare County	No action has been taken to work with hospitals emergency departments. The CCEMSA will be working with hospitals on this issue.

6.01 QA/QI Program	Meets Recommended Guidelines	Tulare County	The Regional Policy on QA/QI has been implemented in Tulare County.
6.05 Data Management System	Meets minimum guidelines	Tulare County	Tulare has been integrated into the regions data management system. In March 2007, Tulare County will be implementing electronic clip boards and patient information will be recorded electronically.
6.06 System Design Evaluation	Meets minimum guidelines	Tulare County	Tulare County has been integrated into the planning and evaluation process of the regional EMS agency.
6.08 Reporting	Does not meet minimum standards	Region	The EMS Agency has not submitted a report in over two years. This will be corrected this year.
6.09 ALS Audit	Meets minimum guidelines	Tulare County	The Regional Policy on QA/QI has been implemented in Tulare County.
6.10 Trauma System Evaluation	Meets minimum guidelines	Tulare County	Tulare has been integrated into the trauma audit committee. Trauma destination policies are anticipated to be implemented in late spring 2007.
8.09 DMAT Teams	Does Not Currently Meet Standard	Region	The EMS Agency does not currently interact with the DMAT teams, except through information exchanged through the State EMS Authority.

The following pages are the tables that represent that System Resources and Operations.

### *Section III - System Resources and Operations*

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This Section describes the resources available within the EMS system and provides certain indicators of system operation.

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: Central California EMS Agency

Reporting Year: 2007

**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: Fresno

- |   |             |
|---|-------------|
| a. Basic Life Support (BLS)             | <u>-0-</u>  |
| b. Limited Advanced Life Support (LALS) | <u>-0-</u>  |
| c. Advanced Life Support (ALS)          | <u>100%</u> |

County: Kings

- |   |             |
|---|-------------|
| a. Basic Life Support (BLS)             | <u>-0-</u>  |
| b. Limited Advanced Life Support (LALS) | <u>-0-</u>  |
| c. Advanced Life Support (ALS)          | <u>100%</u> |

County: Madera

- |   |             |
|---|-------------|
| a. Basic Life Support (BLS)             | <u>-0-</u>  |
| b. Limited Advanced Life Support (LALS) | <u>-0-</u>  |
| c. Advanced Life Support (ALS)          | <u>100%</u> |

County: Tulare

- |   |            |
|---|------------|
| a. Basic Life Support (BLS)             | <u>-0-</u> |
| b. Limited Advanced Life Support (LALS) | <u>10%</u> |
| c. Advanced Life Support (ALS)          | <u>90%</u> |

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

2.	Type of agency	<u>a.*</u>
	a - <u>Public Health Department</u>	
	b - County Health Services Agency	*Fresno County Department
	c - Other (non-health) County Department	of Community Health under
	d - Joint Powers Agency	contract to Kings, Madera
	e - Private Non-profit Entity	and Tulare Counties
	f - Other: _____	
3.	The person responsible for day-to-day activities of EMS agency reports to:	
	a - Public Health Officer	<u>d.</u>
	b - Health Services Agency Director/Administrator	
	c - Board of Directors	
	d - Other: <u>Fresno - Director of Community Health; Kings - Public Health Officer; Madera - Director of Public Health, Tulare – Health Agency Director</u>	
4.	Indicate the non-required functions which are performed by the agency	
	Implementation of exclusive operating areas (ambulance franchising)	<u>Yes</u>
	Designation of trauma centers/trauma care system planning	<u>Yes</u>
	Designation/approval of pediatric facilities	<u>Yes</u>
	Designation of other critical care centers	<u>Yes</u>
	Development of transfer agreements	<u>Yes</u>
	Enforcement of local ambulance ordinance	<u>Yes</u>
	Enforcement of ambulance service contracts	<u>Yes</u>
	Operation of ambulance service	<u>No</u>
	Continuing education	<u>Yes</u>
	Personnel training	<u>Yes</u>
	Operation of oversight of EMS dispatch center	<u>Yes</u>
	Non-medical disaster planning	<u>No</u>
	Administration of critical incident stress debriefing (CISD) team	<u>Yes</u>
	Administration of disaster medical assistance team (DMAT)	<u>No</u>
	Administration of EMS Fund (Develop but not administer)	<u>No</u>

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

	[Senate Bill (SB) 12/612]	
	Other: Regional Disaster Medical Health Coordinator	<u>Yes</u>
	Other: Administration of local EMS training and certification of EMS Dispatchers and Base Hospital Physicians	<u>Yes</u>
	Other: Assist with the training of Emergency Resident Physicians and National Park Ranger Parkmedics	<u>Yes</u>
5.	EMS agency budget for FY <u>2006-07</u>	
	A. EXPENSES	
	Salaries and benefits (all but contract personnel)	<u>\$2,561,201</u>
	Contract Services (e.g. medical director)	<u>\$120,000</u>
	Operations (e.g. copying, postage, facilities)	<u>\$1,212,415</u>
	Travel, Education, Garage	<u>\$99,433</u>
	Fixed assets	<u>N/A</u>
	Indirect expenses (overhead)	<u>\$0</u>
	Ambulance subsidy (Separate budget from EMS Agency)	<u>\$298,000</u>
	EMS Fund payments to physicians/hospital Dispatch center operations (non-staff)	<u>Managed by each County</u> <u>See Below</u>
	Training program operations	<u>\$255,415</u>
	Other: Communications System including dispatch center operations	<u>\$174,635</u>
	<b>TOTAL EXPENSES</b>	<b><u>\$4,721,179</u></b>
	B. SOURCES OF REVENUE	
	Special project grant(s) [from EMSA]	<u>-0-</u>
	Preventive Health and Health Services (PHHS) Block Grant	<u>-0-</u>

Office of Traffic Safety (OTS) -0-

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

State general fund	<u>\$377,319</u>
County general fund	<u>-0-</u>
Other local tax funds (e.g., EMS district)	<u>-0-</u>
County contracts (e.g. multi-county agencies)	<u>\$124,326</u>
Certification fees	<u>\$27,447</u>
Training program approval fees	<u>-0-</u>
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	<u>\$227,968</u>
Base hospital application fees	<u>-0-</u>
Base hospital designation fees	<u>-0-</u>
Trauma center application fees	<u>-0-</u>
Trauma center designation fees	<u>-0-</u>
Pediatric facility approval fees	<u>-0-</u>
Pediatric facility designation fees	<u>-0-</u>
Other critical care center application fees	<u>-0-</u>
Type: <u>n/a</u>	
Other critical care center designation fees	<u>-0-</u>
Type: <u>n/a</u>	
Ambulance service/vehicle fees	<u>-0-</u>
Contributions	<u>-0-</u>
EMS Fund (SB 12/612)*	<u>\$375,000</u>

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

Other grants:	<u>\$2,030,294</u>
Other fees:	<u>\$618,205</u>
Other (specify): Realignment (with County General Fund match)	<u>\$940,620</u>
<b>TOTAL REVENUE</b>	<b><u>\$4,721,179</u></b>

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

6. Fee structure for FY 2006-07

We do not charge any fees

Our fee structure is:

First responder certification	<u>-0-</u>
EMS dispatcher certification	<u>\$48</u>
EMT-I certification	<u>\$17</u>
EMT-I recertification	<u>\$17</u>
EMT-defibrillation certification	<u>-0-</u>
EMT-defibrillation recertification	<u>-0-</u>
EMT-II certification	<u>\$17</u>
EMT-II recertification	<u>\$17</u>
EMT-P accreditation	<u>\$52</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$52</u>
MICN/ARN recertification	<u>\$52</u>
EMT-I training program approval	<u>-0-</u>
EMT-II training program approval	<u>-0-</u>
EMT-P training program approval	<u>-0-</u>
MICN/ARN training program approval	<u>-0-</u>
Base hospital application	<u>-0-</u>
Base hospital designation	<u>-0-</u>

Trauma center application	<u>-0-</u>
Trauma center designation	<u>-0-</u>
Pediatric facility approval	<u>-0-</u>
Pediatric facility designation	<u>-0-</u>
Other critical care center application	<u>-0-</u>
Type: <u>n/a</u>	
Other critical care center designation	<u>-0-</u>
Type: <u>n/a</u>	
Ambulance service license	<u>\$50</u>
Ambulance vehicle permits	<u>\$25</u>
Other: Paramedic Training	<u>\$5,565</u>
Other: MICN Training	<u>\$228</u>
Other: EMS Dispatcher Training	<u>-0-</u>
Other: EMT-1A	<u>-0-</u>
Other: Base Hospital Physician Course	<u>-0-</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2006-07

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

EMS System: Central California EMS Agency

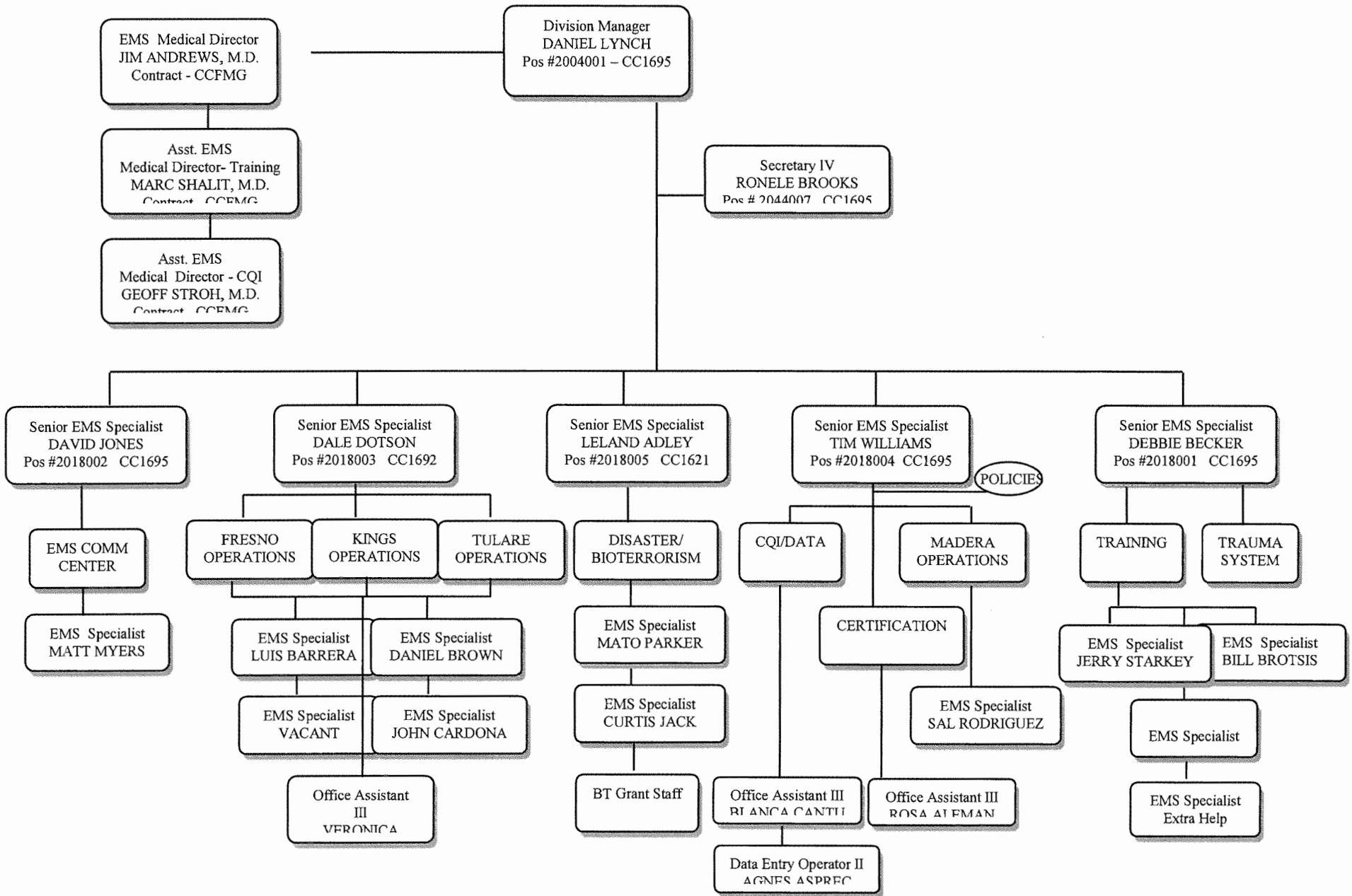
**Reporting Year:** 2007

<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>
EMS Admin./ Coord./Dir.	EMS Division Manager	1	\$36.89/hr	39.4%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	N/A				
ALS Coord./ Field Coord./ Trng Coord.	Senior EMS Specialist Bioterrorism Coordinator	3 1	\$29.25/hr	41.5%	
Program Coord./ Field Liaison (Non-clinical)	EMS Specialist	5	\$27.15	42.3%	
Trauma Coord.	Included in other job				
Med. Director	EMS Medical Director	1	Contract	Contract	
Other MD/ Med. Consult./ Trng. Med. Dir.	Assistant EMS Medical Director	2	Contract	Contract	

**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>
Disaster Med. Planner	EMS Specialist	2	\$27.15/hr	42.3%	BT Grant Staff
	Public Health Nurse	1.5	\$42.20/hr	39.5%	
	Epidemiologist	2	\$30.82/hr	42.3%	
	CD Specialist	2	\$24.46/hr	42.3%	
	Lab Technician	2	\$31.03/hr	42.3%	
	Health Ed Specialist	2	\$23.94/hr	42.3%	
Dispatch Supervisor	EMS Specialist	1	\$21.75/hr	42.3%	
Data Evaluator/ Analyst	EMS Specialist	1	\$27.15/hr	42.3%	
QA/QI Coordinator	Senior EMS Specialist	1	\$19.30/hr	41.5%	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Secretary IV	1	\$14.81/hr	47.5%	
Other Clerical					
Data Entry Clerk	Data Entry Operator	1	\$9.95/hr	43.2%	
Other	Office Assistant III	2	\$11.25/hr	43.2%	

**EMS Division**  
 FRESNO – KINGS – MADERA – TULARE COUNTIES



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

EMS System: Central California EMS Agency

Reporting Year: 2006

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

	EMT - I	EMT-II	EMT - Ps	MICN	EMS Dispatchers
Total certified	1181	11		126	32
Number newly certified this year	272	0		55	16
Number recertified this year	909	11		71	16
Total number of accredited personnel on July 1 of the reporting year			311		
Number of certification reviews resulting in:					
a) formal investigations	1	0	2	0	0
b) probation	0	0	0	0	0
c) suspensions	1	0	2	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 47
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified: 2933
  - b) Number of public safety (defib) certified (non-EMT-I) -0-
3. Do you have a first responder training program? No



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

EMS System: Central California EMS Agency  
County: Kings County  
Reporting Year: 2007

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

1. Number of primary Public Service Answering Points (PSAP): 4
2. Number of secondary PSAPs: 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? yes X
  - a. Radio primary frequency Med 10 – 462.975/467.975 114.8
  - b. Other methods CALCORD 156.075
  - c. Can all medical response units communicate on the same disaster communications system?  
yes X no
  - d. Do you participate in OASIS?  
yes X no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes X no     
    - 1) Within the operational area? yes X no
    - 2) Between the operational area and the region and/or state? yes X no
6. Who is your primary dispatch agency for day to day emergencies? Fresno County EMS
7. Who is your primary dispatch agency for disaster? Fresno County EMS

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

EMS System: Central California EMS Agency  
 County: Madera County  
 Reporting Year: 2007

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

1. Number of primary Public Service Answering Points (PSAP): 4
2. Number of secondary PSAPs: 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? yes X
  - a. Radio primary frequency Med 10 – 462.975/467.975 114.8
  - b. Other methods CALCORD 156.075
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes X no
  - d. Do you participate in OASIS? yes X no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
 1) Within the operational area? yes X no       
 2) Between the operational area and the region and/or state? yes X no
6. Who is your primary dispatch agency for day to day emergencies? Fresno County EMS
7. Who is your primary dispatch agency for disaster? Fresno County EMS

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

EMS System: Central California EMS Agency  
County: Tulare County  
Reporting Year: 2007

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

1. Number of primary Public Service Answering Points (PSAP): 8
2. Number of secondary PSAPs: 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? yes X
  - a. Radio primary frequency Med 9 – 462.950/467.950
  - b. Other methods CALCORD 156.075
  - c. Can all medical response units communicate on the same disaster communications system?  
yes X no
  - d. Do you participate in OASIS? yes X no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
1) Within the operational area? yes X no       
2) Between the operational area and the region and/or state? yes X no
6. Who is your primary dispatch agency for day to day emergencies? Tulare County  
Consolidated Dispatch  
Center
7. Who is your primary dispatch agency for disaster? Tulare County  
Consolidated Dispatch  
Center

7.1 EMS P. provided list

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

EMS System: Central California EMS Agency

Reporting Year: 2007

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

**Transporting Agencies**

1. Number of exclusive operating areas	<u>4</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>62.15%</u>
3. Total number responses	
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>105,266</u>
b) Number non-emergency responses (Code 1: normal)	<u>48,816</u>
4. Total number of transports	
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>88,661</u>
b) Number of non-emergency transports (Code 1: normal)	<u>38,919</u>

**Early Defibrillation Providers**

5. Number of public safety defibrillation providers	
a) Automated	<u>0</u>
b) Manual	<u>0</u>
6. Number of EMT-Defibrillation providers	
a) Automated	<u>23</u>
b) Manual	<u>0</u>

**Air Ambulance Services/Air Rescue Services**

7. Total number of responses	
a) Number of emergency responses	<u>1828</u>
b) Number of non-emergency responses	<u>320</u>
8. Total number of transports	
a) Number of emergency (scene) responses	<u>515</u>
b) Number of non-emergency responses	<u>216</u>

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont'd.)**

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Emergency (lights and sirens) responses only

Enter the response times in the appropriate boxes.	<b>METRO/ URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEM- WIDE</b>
1. BLS and CPR capable first responder.	5 min or less 90% of the time	15 min or less 90% of the time	Immediate dispatch and best effort	Standards by area only
2. Early defibrillation responder.	5 min or less 90% of the time	15 min or less 90% of the time	n/a	Standards by area only
3. Advanced life support responder.	n/a	n/a	n/a	n/a
4. Transport Ambulance.	10 min or less 95% of the time	15 min or less 95% of the time	60 min or less 95% of the time	Standards by area only

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

EMS System: Central California EMS Agency

Reporting Year: 2007

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

**Trauma**

Trauma patients:

a) Number of patients meeting trauma registry criteria	<u>1428</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>988</u>
c) Number of major trauma patients transferred to a trauma center	<u>118</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>22</u>

**Emergency Departments**

Total number of emergency departments

a) Number of referral emergency services	<u>2</u>
b) Number of standby emergency services	<u>6</u>
c) Number of basic emergency services	<u>6</u>
d) Number of comprehensive emergency services	<u>4</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>3</u>
2. Number of base hospitals with written agreements	<u>1</u>

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

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

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

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Refer to Fresno County CCP List - attached
  - b. How are they staffed? Multi-agency staffing - as necessary
  - 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 X
  - c. Are they available for statewide response?      yes \_\_\_      no X
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_      no X
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X      no \_\_\_
  - b. At what HazMat level are they trained?      Level A
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no \_\_\_
  - 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?      15



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**

**Fresno County Casualty Collection Points (CCP)**

Clovis	Clark Intermediate School 902 Fifth Street (@ Clovis Avenue)
Coalinga	West Hills College 300 W Cherry Lane (@ Elm Street)
Firebaugh	Los Deltas High School Morris Kyle Drive (@ Hwy 33)
Fowler	Fowler High School 701 E Main Street (@ Adams)
Fresno	Fresno District Fairgrounds East Kings Canyon Road (@ Maple)  Chandler Air Field Kearney Blvd and Thorne Avenue  Fresno Air Terminal 5175 East Clinton (@ Chestnut Ave)
Kerman	Kerman Union High School 205 S First Street (@ Stanislaus Street)
Kingsburg	Kingsburg High School 1900 18th Avenue (@ Sierra)  Kingsburg City Yard Kern Street and Freeway 99
Mendota	McCabe Elementary School Derrick and Quince
Orange Cove	Citrus Junior High School 222 Fourth Street (@ Adams)
Parlier	Parlier Community Center 1100 Parlier Avenue (@ Mendocino)
Reedley	Reedley College 995 N Reed Avenue (@ Manning)
Sanger	Sanger Fire Department Jensen Avenue and West
Selma	Selma High School 3125 Wright Street (@ Floral)  Jackson Elementary School 2220 Huntsman (@ Wright)

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

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2007

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Refer to Kings County CCP List - attached
  - b. How are they staffed? Multi-agency staffing - as necessary
  - 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 X
  - c. Are they available for statewide response?      yes \_\_\_      no X
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_      no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes \_\_\_ no X
  - b. At what HazMat level are they trained?      n/a
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no \_\_\_
  - 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?      4



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**

**Kings County Casualty Collection Points (CCP)**

Avenal	Avenal High School 601 E Mariposa
Corcoran	Corcoran Unified High School Whittler and Sixth Street
Hanford	Kings County Fairgrounds Tenth Avenue (@ Hanford-Armona Road)
Lemoore	Lemoore Unified High School Bush Street and Lemoore Street

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

EMS System: Central California EMS Agency

County: Madera County

Reporting Year: 2007

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Refer to Madera County CCP List - attached
  - b. How are they staffed? Multi-agency staffing - as necessary
  - 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      (Fresno DMAT currently under development)
  - 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 X
  - c. Are they available for statewide response?      yes \_\_\_      no X
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_      no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes \_\_\_ no X
  - b. At what HazMat level are they trained?      n/a
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no \_\_\_
  - 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?      3



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**

**Madera County Casualty Collection Points (CCP)**

**Cities**

Bass Lake	Bass Lake Elementary School Road 222 and North Shore Road
Chowchilla	Gudgels Aero-Ag Service Chowchilla Airport 800 S Third Street (@ Avenue 25)
	Dairyland School 12861 Avenue 18 2 (@ Road 19)
Madera	Madera County Health Department 14215 Road 28 (@Avenue 14)
	Madera Community Hospital 27600 Avenue 13 2 (@ Hwy 99)
	National Guard Armory 701 E Yosemite Avenue (@ Flume)
	Madera High School 200 S L Street (@ Sixth Street)
	Jefferson Junior high School 1407 Sunset (@ Foster)
	Madera Airport 4020 Aviation Drive (@ Avenue 17)
Oakhurst	Oakhurst Elementary School Road 427 and Road 426

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

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Throughout Tulare County
  - b. How are they staffed? Multi-agency staffing - as necessary
  - 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      (Fresno DMAT currently under development)
  - 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 X
  - c. Are they available for statewide response?      yes \_\_\_      no X
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_      no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X      no \_\_\_
  - b. At what HazMat level are they trained?      n/a
  - c. Do you have the ability to do decontamination in an emergency room?      yes X      no \_\_\_
  - 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?      9



## *SECTION IV - Resource Directories*

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The following tables represent the available resources through-out the Counties of Fresno, Kings, Madera, and Tulare

**Note:** These tables are included in the EMS Plan and shall be updated each year, as necessary, in the annual workplan.

**Tables 11a and 11b, Disaster Medical Responders, shall be updated as changes occur and submitted to the Emergency Medical Services Authority immediately.**

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> American Ambulance Service <b>Address:</b> 2911 E Tulare Ave Fresno, Ca. 93721		<b>Primary Contact:</b> Todd Valeri, General Manager <b>Bus. Ph.:</b> (559) 443-5900 <b>Em. Ph.:</b> (559) 456 -7800			
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: PS <u>-0-</u> PS-Defib <u>0</u> BLS <u>161</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>124</u>
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Total: <u>61</u> ALS: <u>48</u> LALS: <u>0</u> BLS: <u>13</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 12  
 Trans Freq: .....458.300  
 Rec'v Freq: .....453.300  
 PL: .....156.7  
 Secondary Channel: .....Blue Net  
 Trans Freq: .....155.175  
 Rec'v Freq: .....155.175  
 PL: .....136.5  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	13	3	10
ALS .....	48	24	34
Reserve..... (partially or non-equipped vehicles)	0	0	0
Helicopter/Fixed Wing..... (Air Rescue / Air Ambulance)	0	0	0
Non-Ambulance .....	3	1	3
(support vehicles, Neo-Nate units)			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	0	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: Rescue, Disaster  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> California Highway Patrol <b>Address:</b> 3770 N Pierce Ave Fresno, Ca. 93727		<b>Primary Contact:</b> Andrea Brown, Prehospital Liaison <b>Bus. Ph.:</b> (559) 488-4121 <b>Em. Ph.:</b> (559) 456 -7800			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" 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 checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS <u>0</u> PS-Defib <u>0</u> BLS <u>11</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>4</u>
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: Total: <u>2</u> ALS: <u>1 Helicopter</u> LALS: <u>0</u> BLS: <u>1 fixed wing</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 12  
 Trans Freq: .....458.300  
 Rec'v Freq: .....453.300  
 PL: .....156.7  
 Secondary Channel: .....Blue Net  
 Trans Freq: .....42.180  
 Rec'v Freq: .....42.340  
 PL: .....146.2  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	2	0	2
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: Rescue,  
 List any restrictions for use: Mountain Night Flights

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Clovis City Fire Department <b>Address:</b> 1233 5 <sup>th</sup> Street Clovis, CA 93612		<b>Primary Contact:</b> Mark Aston, Fire Chief <b>Bus. Ph.:</b> (559) 324-2200 <b>Em. Ph.:</b> (559) 456-7800			
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 type="checkbox"/> Transport <input checked="" 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: PS: <u>6</u> PS-Defib: <u>0</u> BLS: <u>68</u> EMT-D: <u>0</u> LALS: <u>0</u> ALS: <u>0</u>
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 checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Clovis Fire 1  
 Trans Freq: ..... 153.830  
 Rec'v Freq: ..... 154.235  
 PL: ..... 136.5  
 Secondary Channel: .....Clovis Fire 2  
 Trans Freq: ..... 154.070  
 Rec'v Freq: ..... 154.070  
 PL: ..... 136.5  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Clovis Fire KXX376  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: ..... Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	18	18

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: Rescue, Hazmat  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Coalinga City Fire Department <b>Address:</b> 300 W Elm Avenue Coalinga, CA 93210-1991		<b>Primary Contact:</b> Daniel Hernandez, Fire Chief <b>Bus. Ph.:</b> (559) 935-1652 <b>Em. Ph.:</b> (559) 935-1651			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>7</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>6</u>
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 checked="" 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: Total: <u>2</u> ALS: <u>2</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 15  
 Trans Freq: .....466.575  
 Rec'v Freq: .....461.575  
 PL:.....156.7  
 Secondary Channel: .....Coalinga Fire Dept  
 Trans Freq: .....458.750  
 Rec'v Freq: .....453.750  
 PL:.....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.:.....Fresno EMS – WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: YES  
 Restrictions to providing mutual aid: NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	2	0	2
Reserve..... (partially or non-equipped vehicles)	0	0	0
Helicopter/Fixed Wing..... (Air Rescue / Air Ambulance)	0	0	0
Non-Ambulance..... (support vehicles, Neo-Nate units)	0	0	0

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	1	1	1

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: Rescue, Hazmat  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Firebaugh City Fire Department		<b>Primary Contact:</b> John G. Borba, Fire Chief	
<b>Address:</b> 1575 Eleventh St. Firebaugh, CA 93622		<b>Bus. Ph.:</b> (559) 659-2043	<b>Em. Ph.:</b> (559)
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 type="checkbox"/> Transport <input checked="" 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
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 checked="" 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 personnel providing services: PS <u>20</u> PS-Defib <u>0</u> BLS <u>8</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
			Number of ambulances: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Firebaugh City Fire  
 Trans Freq: .....  
 Rec'v Freq: .....  
 PL:.....  
 Secondary Channel: .....Firebaugh Fire Dept  
 Trans Freq: .....  
 Rec'v Freq: .....  
 PL:.....  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.:.....  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: YES  
 Restrictions to providing mutual aid: NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	5	5	5

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Fresno City Fire Department		<b>Primary Contact:</b> Randy Bruegman, Fire Chief	
<b>Address:</b> 450 M Street Fresno, CA 93721		<b>Bus. Ph.:</b> (559) 662-4000	<b>Em. Ph.:</b> (559) 456-7800
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 type="checkbox"/> Transport <input checked="" 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
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 checked="" 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 personnel providing services: PS <u>100</u> PS-Defib <u>0</u> BLS <u>237</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
			Number of ambulances: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Fresno City Fire 1  
 Trans Freq: ..... 153.950  
 Rec'v Freq: ..... 154.370  
 PL: ..... 173.8  
 Secondary Channel: .....Fresno City Fire 2  
 Trans Freq: ..... 154.205  
 Rec'v Freq: ..... 153.845  
 PL: ..... 173.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... YES  
 Available for out of county response: YES  
 Restrictions to providing mutual aid: NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	28	25	28

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: Water Rescue, Hazmat  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Fresno County Fire District <b>Address:</b> 210 S Academy Ave Sanger, CA 93657		<b>Primary Contact:</b> Becky Robertson, Fire Chief <b>Bus. Ph.:</b> (559) 485-7500 <b>Em. Ph.:</b> (559) 268-6488			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>328</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
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 type="checkbox"/> county; <input checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Fresno County Fire 1  
 Trans Freq: ..... 159.195  
 Rec'v Freq: ..... 154.445  
 PL: ..... 110.9  
 Secondary Channel: .....Fresno County Fire 2  
 Trans Freq: ..... 159.060  
 Rec'v Freq: ..... 153.890  
 PL: ..... 110.9  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno County Fire  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
(partially or non-equipped vehicles)			
Helicopter/Fixed Wing .....	0	0	0
(Air Rescue / Air Ambulance)			
Non-Ambulance .....	0	0	0
(support vehicles, Neo-Nate units)			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	73	63	73

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Hume Lake Fire Department <b>Address:</b> 64144 Hume Lake Road Hume, CA 93628		<b>Primary Contact:</b> Jim Huffman, Fire Chief  <b>Bus. Ph.:</b> (559) 335-2000 <b>Em. Ph.:</b> (559)			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>12</u> PS-Defib <u>0</u> BLS <u>15</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
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 type="checkbox"/> county; <input checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....

Trans Freq: .....

Rec'v Freq: .....

PL: .....

Secondary Channel: .....

Trans Freq: .....

Rec'v Freq: .....

PL: .....

Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....

Calcord Radio Freq. in Vehicles: ..... YES

Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO

Available for out of county response: YES

Restrictions to providing mutual aid: NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	6	6	6

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None

List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Kingsburg City Fire Department <b>Address:</b> 1460 Marion Street Kingsburg, CA 93631		<b>Primary Contact:</b> Jim Proctor, Fire Chief Bus. Ph.: (559) 897-5457 Em. Ph.: (559) 897-2931			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>12</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>6</u>
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 checked="" 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: Total: <u>3</u> ALS: <u>2</u> LALS: <u>0</u> BLS: <u>1</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 16  
 Trans Freq: .....468.625  
 Rec'v Freq: .....463.625  
 PL: .....114.8  
 Secondary Channel: .....Kingsburg Fire Dept  
 Trans Freq: .....154.175  
 Rec'v Freq: .....154.175  
 PL: .....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS – WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	1	0	1
ALS .....	2	1	2
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	4	4	4

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> North Central Fire District		<b>Primary Contact:</b> Lonnie Downs, Fire Chief	
<b>Address:</b> 15850 W Kearney Blvd Kerman, CA 93630		<b>Bus. Ph.:</b> (559) 846-5353	<b>Em. Ph.:</b> (559) 275-5255
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 type="checkbox"/> Transport <input checked="" 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
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 type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal
			If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
			Number of personnel providing services: PS <u>0</u> PS-Defib <u>0</u> BLS <u>42</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
			Number of ambulances: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....North Central Fire 1  
 Trans Freq: ..... 154.190  
 Rec'v Freq: ..... 154.190  
 PL: ..... 100.0  
 Secondary Channel: .....North Central Fire 2  
 Trans Freq: .....  
 Rec'v Freq: .....  
 PL: .....  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....North Central Fire  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	5	5

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: Rescue, Hazmat  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Sanger City Fire Department <b>Address:</b> 1700 Seventh Street Sanger, CA 93657		<b>Primary Contact:</b> Clyde Clinton, Fire Chief <b>Bus. Ph.:</b> (559) 875-6568 <b>Em. Ph.:</b> (559) 875-6565			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>11</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>11</u>
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 checked="" 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: Total: <u>3</u> ALS: <u>3</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 16  
 Trans Freq: .....468.625  
 Rec'v Freq: .....463.625  
 PL: .....114.8  
 Secondary Channel: .....Sanger Fire Dept  
 Trans Freq: .....  
 Rec'v Freq: .....  
 PL: .....  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS – WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	3	1	2
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing.....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	1	1	1
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	3	3	3

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

Name: <b>Selma City Fire Department</b>		Primary Contact: <b>Jeff Kestley, Fire Chief</b>	
Address: <b>2857 A Street Selma, CA 93662</b>		Bus. Ph.: <b>(559) 896-2511</b>	Em. Ph.: <b>(559) 896-2525</b>
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 type="checkbox"/> Transport <input checked="" 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
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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
			Number of personnel providing services: PS <u>0</u> PS-Defib <u>0</u> BLS <u>14</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>12</u>
			Number of ambulances: Total: <u>4</u> ALS: <u>3</u> LALS: <u>0</u> BLS: <u>1</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 16  
 Trans Freq: .....468.625  
 Rec'v Freq: .....463.625  
 PL: .....114.8  
 Secondary Channel: .....Selma Fire Dept  
 Trans Freq: .....154.415  
 Rec'v Freq: .....154.415  
 PL: .....136.5  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS – WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	1	0	1
ALS .....	2	1	2
Reserve .....	1	0	0
(partially or non-equipped vehicles)			
Helicopter/Fixed Wing.....	0	0	0
(Air Rescue / Air Ambulance)			
Non-Ambulance .....	0	0	0
(support vehicles, Neo-Nate units)			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	3	3	3

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Sequoia Safety Council <b>Address:</b> 500 E. 11 <sup>th</sup> Ave Reedley, CA 93654		<b>Primary Contact:</b> Scott Brockett, General Manager <b>Bus. Ph.:</b> (559) 638-9995 <b>Em. Ph.:</b> (559) 456-7800			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>16</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>13</u>
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: Total: <u>5</u> ALS: <u>5</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 16  
 Trans Freq: .....468.625  
 Rec'v Freq: .....463.625  
 PL: .....114.8  
 Secondary Channel: .....Med Channel 10  
 Trans Freq: .....462.975  
 Rec'v Freq: .....467.975  
 PL: .....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS – WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	1	0	1
ALS .....	3	2	3
Reserve .....	1	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	1	1	1
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	3	3	3

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2007

<b>Name:</b> Skylife Air Ambulance <b>Address:</b> P.O. Box 4 Clovis, Ca. 93613		<b>Primary Contact:</b> Lisa Epps, Director Bus. Ph.: (559) 456-7878 Em. Ph.: (559) 292-5248			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" 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 checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS <u>0</u> PS-Defib <u>0</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>9</u> Flight RN <u>9</u>
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" 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 checked="" type="checkbox"/> no	Number of ambulances: Total: <u>2</u> ALS: <u>2 Helicopter</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 12  
 Trans Freq: .....458.300  
 Rec'v Freq: .....453.300  
 PL: .....156.7  
 Secondary Channel: .....Blue Net  
 Trans Freq: .....155.175  
 Rec'v Freq: .....155.175  
 PL: .....136.5  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	2	1	2
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	0	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: Rescue,  
 List any restrictions for use: Mountain Night Flights

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2007

<b>Name:</b> American Ambulance Service <b>Address:</b> 2911 E Tulare Ave Fresno, Ca. 93721		<b>Primary Contact:</b> Todd Valeri, General Manager <b>Bus. Ph.:</b> (559) 443-5900 <b>Em. Ph.:</b> (559) 456-7800			
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: PS <u>-0-</u> PS-Defib <u>0</u> BLS <u>18</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>17</u>
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Total: <u>9</u> ALS: <u>9</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 15  
 Trans Freq: .....466.575  
 Rec'v Freq: .....461.575  
 PL: .....156.7  
 Secondary Channel: .....Blue Net  
 Trans Freq: .....155.175  
 Rec'v Freq: .....155.175  
 PL: .....136.5  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	9	7	8
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2007

<b>Name:</b> Avenal District Ambulance Service <b>Address:</b> P.O. Box 747 Avenal, Ca. 93721		<b>Primary Contact:</b> Ken Brown, President  <b>Bus. Ph.:</b> (559) 924-1740 <b>Em. Ph.:</b> (559) 730-3010			
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: PS <u>-0-</u> PS-Defib <u>0</u> BLS <u>10</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>11</u>
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Total: <u>3</u> ALS: <u>3</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 15  
 Trans Freq: .....466.575  
 Rec'v Freq: .....461.575  
 PL: .....156.7  
 Secondary Channel: .....Med Channel 10  
 Trans Freq: .....467.975  
 Rec'v Freq: .....463.975  
 PL: .....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	2	1	2
Reserve .....	1	1	1
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2007

<b>Name:</b> Hanford City Fire Dept <b>Address:</b> 350 W Grangeville Ave Hanford, Ca. 93250		<b>Primary Contact:</b> Tim Ironimo, Fire Chief Bus. Ph.: (559) 585-2545 Em. Ph.: (559) 582-3211			
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 type="checkbox"/> Transport <input checked="" 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: PS: <u>-0-</u> PS-Defib: <u>0</u> BLS: <u>21</u> EMT-D: <u>0</u> LALS: <u>0</u> ALS: <u>0</u>
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 checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Hanford City Fire 1  
 Trans Freq: .....465.575  
 Rec'v Freq: .....460.575  
 PL: .....146.2  
 Secondary Channel: .....  
 Trans Freq: .....  
 Rec'v Freq: .....  
 PL: .....  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Hanford City Fire  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	5	3	4

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2007

<b>Name:</b> Lemoore City Fire Dept <b>Address:</b> 210 Fox Street Lemoore, Ca. 93245		<b>Primary Contact:</b> John Gibson, Fire Chief Bus. Ph.: (559) 924-6797 Em. Ph.: (559) 924-6798			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>-0-</u> PS-Defib <u>0</u> BLS <u>12</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
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 checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Kings County Fire 1  
 Trans Freq: .....465.600  
 Rec'v Freq: .....460.600  
 PL: .....146.2  
 Secondary Channel: .....Kings County Fire 2  
 Trans Freq: .....465.625  
 Rec'v Freq: .....460.625  
 PL: .....146.2  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Kings Co Communications  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
(partially or non-equipped vehicles)			
Helicopter/Fixed Wing .....	0	0	0
(Air Rescue / Air Ambulance)			
Non-Ambulance .....	0	0	0
(support vehicles, Neo-Nate units)			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	3	3	3

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2007

Name: <b>Lemoore Naval Air Station</b>		Primary Contact: <b>Michael Thweat</b>	
Address: <b>937 Franklin Ave Lemoore, Ca. 93246</b>		Bus. Ph.: <b>(559) 998-1108</b>	Em. Ph.: <b>(559) 456-7800</b>
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"/> 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
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
			If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
			Number of personnel providing services: PS <u>0</u> PS-Defib <u>0</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>8</u>
			Number of ambulances: Total: <u>3</u> ALS: <u>2</u> LALS: <u>0</u> BLS: <u>1</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): ..... Med Channel 15  
 Trans Freq: ..... 466.575  
 Rec'v Freq: ..... 461.575  
 PL: ..... 156.7  
 Secondary Channel: ..... Med Channel 10  
 Trans Freq: ..... 462.975  
 Rec'v Freq: ..... 467.975  
 PL: ..... 114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Fresno EMS – WGK-501  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... YES

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	1	0	1
ALS .....	2	2	2
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Madera County

Reporting Year: 2007

<b>Name:</b> Madera County Fire Dept <b>Address:</b> 14225 Road 28 Madera, CA 93638		<b>Primary Contact:</b> Roscoe Rowney, Fire Chief <b>Bus. Ph.:</b> (559) 661-5497 <b>Em. Ph.:</b> (209) 966-3621			
<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 type="checkbox"/> Transport <input checked="" 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> PS 0 PS-Defib 0 BLS 213 EMT-D 0 LALS 0 ALS 0
<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 type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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> Total: 0 ALS: 0 LALS: 0 BLS: 0

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Madera County Fire 1  
Trans Freq: ..... 159.390  
Rec'v Freq: ..... 151.460  
PL: ..... 131.8  
Secondary Channel: .....Med Channel 14  
Trans Freq: ..... 456.425  
Rec'v Freq: ..... 451.425  
PL: ..... 179.9  
Primary Dispatch/Communications Center  
Location and Radio I.D.: ..... 5366 Hwy 49, Mariposa CDF  
Calcord Radio Freq. in Vehicles: ..... YES  
Cell Phone capability: ..... Dispatch: ..... YES  
Vehicles: ..... NO  
Available for out of county response: ..... YES  
Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	31	7

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Madera County

Reporting Year: 2007

<b>Name:</b> Pistoresi Ambulance Service <b>Address:</b> 113 N R Street Madera, Ca. 93637		<b>Primary Contact:</b> Monte Pistoresi, Owner <b>Bus. Ph.:</b> (559) 673-8004 <b>Em. Ph.:</b> (559) 456-7800			
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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>12</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>10</u>
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: Total: <u>8</u> ALS: <u>7</u> LALS: <u>0</u> BLS: <u>1</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 14  
 Trans Freq: .....456.425  
 Rec'v Freq: .....451.425  
 PL: .....179.9  
 Secondary Channel: .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	1	0	1
ALS .....	9	4	5
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing.....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	1	1	1
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	0	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** Central California EMS Agency

**County:** Madera County

**Reporting Year:** 2007

<b>Name:</b> Sierra Ambulance Service		<b>Primary Contact:</b> Ed Guzman, General Manager	
<b>Address:</b> P.O. 2307 Oakhurst, Ca. 93644		<b>Bus. Ph.:</b> (559) 642-0650	<b>Em. Ph.:</b> (559) 456 -7800
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
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
			If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Number of personnel providing services:	
		PS <u>0</u> PS-Defib <u>0</u>	
		BLS <u>12</u> EMT-D <u>0</u>	
		LALS <u>0</u> ALS <u>10</u>	
		Number of ambulances:	
		Total: <u>6</u>	
		ALS: <u>6</u>	
		LALS: <u>0</u>	
		BLS: <u>0</u>	

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 14  
 Trans Freq: .....456.425  
 Rec'v Freq: .....451.425  
 PL: .....179.9  
 Secondary Channel: .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	6	3	5
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance .....	1	1	1
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> American Ambulance of Visalia <b>Address:</b> 2017 E Noble Visalia, Ca. 93292		<b>Primary Contact:</b> Paul Main, President <b>Bus. Ph.:</b> (559) 730-3015 <b>Em. Ph.:</b> (559) 687-3313			
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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>8</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>9</u>
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: Total: <u>9</u> ALS: <u>9</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....141.3  
 Secondary Channel: .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....162.2  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Tulare County Consolidated Dispatch  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	9	5	6
Reserve .....	0	0	0
(partially or non-equipped vehicles)			
Helicopter/Fixed Wing .....	0	0	0
(Air Rescue / Air Ambulance)			
Non-Ambulance .....	0	0	0
(support vehicles, Neo-Nate units)			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Camp Nelson Ambulance <b>Address:</b> P.O. Box 2108 Camp Nelson, Ca. 93208		<b>Primary Contact:</b> Michele Ray <b>Bus. Ph.:</b> (559) 734-1948 <b>Em. Ph.:</b> (559) 734-7477			
<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> PS <u>0</u> PS-Defib <u>0</u> BLS <u>1</u> EMT-D <u>0</u> LALS <u>2</u> ALS <u>0</u>
<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> Total: <u>1</u> ALS: <u>0</u> LALS: <u>1</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Tulare County Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.010  
 PL: ..... 131.8  
 Secondary Channel: .....Tulare County Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Tulare County Fire/CDF  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: ..... Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
LALS.....	1	1	1
Reserve.....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing.....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> California Department of Forestry --Tulare/Kings Unit		<b>Primary Contact:</b> Chief Marquez			
<b>Address:</b> Lovers Lane Visalia, Ca. 93232		<b>Bus. Ph.:</b> (559) 734-1948	<b>Em. Ph.:</b> (559) 734-7477		
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 type="checkbox"/> Transport <input checked="" 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: PS <u>0</u> PS-Defib <u>300</u> BLS <u>100</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
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 type="checkbox"/> county; <input checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Tulare County Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.010  
 PL: ..... 131.8  
 Secondary Channel: .....Tulare County Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Tulare County Fire/CDF  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
LALS.....	0	0	0
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	37	37	37

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Dinuba City Fire Department <b>Address:</b> 496 E Tulare Ave Dinuba, CA 93618		<b>Primary Contact:</b> Miles Chute, Fire Chief <b>Bus. Ph.:</b> (559) 591-5931 <b>Em. Ph.:</b> (559)			
<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 type="checkbox"/> Transport <input checked="" 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> PS <u>0</u> PS-Defib <u>0</u> BLS <u>14</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>14</u>
<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> Total: <u>3</u> ALS: <u>3</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Dinuba City Fire 1  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.085  
 PL: ..... 146.2  
 Secondary Channel: .....  
 Trans Freq: .....  
 Rec'v Freq: .....  
 PL: .....  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Dinuba City Police/Fire  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: ..... Dispatch: .....YES  
 Vehicles: .....YES  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
ALS .....	3	1	3
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	2	2	2

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Farmersville City Fire Department <b>Address:</b> 909 W Visalia Road Farmersville, Ca. 93223		<b>Primary Contact:</b> Mario Kristic <b>Bus. Ph.:</b> (559) 747-0458 <b>Em. Ph.:</b> (559) 734-7477			
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 type="checkbox"/> Transport <input checked="" 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: PS <u>0</u> PS-Defib <u>15</u> BLS <u>5</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
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 checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): ..... Tulare County Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.010  
 PL: ..... 131.8  
 Secondary Channel: ..... Tulare County Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Tulare County Fire/CDF  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
LALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	4	4	4

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Imperial Ambulance		<b>Primary Contact:</b> Trent Fiori, President			
<b>Address:</b> 22 N Cottage Ave Porterville, Ca. 93257		<b>Bus. Ph.:</b> (559) 784-8500	<b>Em. Ph.:</b> (559) 687-3313		
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: PS <u>0</u> PS-Defib <u>0</u> BLS <u>23</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>2</u>
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: Total: <u>7</u> ALS: <u>5</u> LALS: <u>0</u> BLS: <u>2</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....141.3  
 Secondary Channel: .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....162.2  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Tulare County Consolidated Dispatch  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	2	0	2
ALS .....	5	2	3
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance..... <small>(support vehicles, Neo-Nate units)</small>	0	0	0

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> LifeStar Ambulance <b>Address:</b> 234 North M Street Tulare, Ca. 93274		<b>Primary Contact:</b> Don Schultz, Owner <b>Bus. Ph.:</b> (559) 687-3313 <b>Em. Ph.:</b> (559) 687-3314			
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: PS: <u>0</u> PS-Defib: <u>0</u> BLS: <u>7</u> EMT-D: <u>0</u> LALS: <u>0</u> ALS: <u>15</u>
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: Total: <u>7</u> ALS: <u>7</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): ..... Med Channel 9  
 Trans Freq: ..... 467.950  
 Rec'v Freq: ..... 462.950  
 PL: ..... 141.3  
 Secondary Channel: ..... Med Channel 9  
 Trans Freq: ..... 467.950  
 Rec'v Freq: ..... 462.950  
 PL: ..... 162.2  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Tulare County Consolidated Dispatch  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	7	3	4
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance .....	2	1	2
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0
BLS .....	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Lindsey City Fire Department <b>Address:</b> 251 E. Honolulu Street Lindsey, Ca. 93247		<b>Primary Contact:</b> Ramon A. Figueroa, Director <b>Bus. Ph.:</b> (559) 562-2511 <b>Em. Ph.:</b> (559) 734-7477			
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 type="checkbox"/> Transport <input checked="" 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: PS: <u>0</u> PS-Defib: <u>2</u> BLS: <u>10</u> EMT-D: <u>0</u> LALS: <u>0</u> ALS: <u>0</u>
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 checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): ..... Tulare County Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.010  
 PL: ..... 131.8  
 Secondary Channel: ..... Tulare County Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Tulare County Fire/CDF  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
LALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	4	4	4

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Mobile Life Support (AMR) <b>Address:</b> 3350 W Mineral Kings Road Visalia, Ca. 93291		<b>Primary Contact:</b> TJ Fisher, Operations Manager <b>Bus. Ph.:</b> (559) 688-2550 <b>Em. Ph.:</b> (559) 687-3313			
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: PS <u>2</u> PS-Defib <u>0</u> BLS <u>23</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>19</u>
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Total: <u>8</u> ALS: <u>7</u> LALS: <u>0</u> BLS: <u>1</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....141.3  
 Secondary Channel: .....Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....162.2  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Tulare County Consolidated Dispatch  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: .....Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
ALS .....	7	4	5
Reserve..... <small>(partially or non-equipped vehicles)</small>	0	0	0
Helicopter/Fixed Wing..... <small>(Air Rescue / Air Ambulance)</small>	0	0	0
Non-Ambulance ..... <small>(support vehicles, Neo-Nate units)</small>	1	1	1

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	0	0	0

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Porterville City Fire Department <b>Address:</b> 40 W Cleveland Ave Porterville, Ca. 93257		<b>Primary Contact:</b> Chief Guiden <b>Bus. Ph.:</b> (559) 782-7526 <b>Em. Ph.:</b> (559) 687-3313			
<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 type="checkbox"/> Transport <input checked="" 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> PS <u>0</u> PS-Defib <u>0</u> BLS <u>15</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>0</u>
<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> Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Porterville City Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.010  
 PL: ..... 131.8  
 Secondary Channel: .....Porterville City Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Porterville City Police  
 Calcord Radio Freq. in Vehicles: .....YES  
 Cell Phone capability: ..... Dispatch: .....YES  
 Vehicles: .....NO  
 Available for out of county response: .....YES  
 Restrictions to providing mutual aid: .....NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
LALS.....	0	0	0
Reserve.....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing.....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	4	4	4

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Tulare City Fire Department		<b>Primary Contact:</b> Michael Threlkeld, Fire Chief			
<b>Address:</b> 800 South Blackstone Ave Tulare, Ca. 93274		<b>Bus. Ph.:</b> (559) 684-4300	<b>Em. Ph.:</b> (559) 684-4265		
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 type="checkbox"/> Transport <input checked="" 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	<b>Number of personnel providing services:</b> PS <u>0</u> PS-Defib <u>0</u> BLS <u>20</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>17</u>
	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 checked="" 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

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Tulare City Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.335  
 PL: ..... 162.2  
 Secondary Channel: .....Tulare City Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Tulare City Police  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<b><u>TOTAL EQUIPPED</u></b>	<b><u>MINIMUM STAFFED</u></b>	<b><u>MAXIMUM STAFFED</u></b>
BLS .....	0	0	0
LALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	3	3	3

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Visalia City Fire Department <b>Address:</b> 309 S Johnson Ave Tulare, Ca. 93291		<b>Primary Contact:</b> George Sandoval, Fire Chief <b>Bus. Ph.:</b> (559) 713-4266 <b>Em. Ph.:</b> (559) 684-4265			
<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 type="checkbox"/> Transport <input checked="" 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> PS <u>0</u> PS-Defib <u>0</u> BLS <u>49</u> EMT-D <u>0</u> LALS <u>0</u> ALS <u>15</u>
<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> Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): .....Visalia City Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.325  
 PL: ..... 131.8  
 Secondary Channel: .....Visalia City Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Visalia City Police  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
LALS .....	0	0	0
Reserve .....	0	0	0
<small>(partially or non-equipped vehicles)</small>			
Helicopter/Fixed Wing .....	0	0	0
<small>(Air Rescue / Air Ambulance)</small>			
Non-Ambulance .....	0	0	0
<small>(support vehicles, Neo-Nate units)</small>			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	9	9	9

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2007

<b>Name:</b> Woodlake City Fire Department <b>Address:</b> 216 E. Naranjo Woodlake, Ca. 93286		<b>Primary Contact:</b> Bus. Ph.: (559) 564-2181 Em. Ph.: (559) 734-7477			
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 type="checkbox"/> Transport <input checked="" 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: PS: <u>15</u> PS-Defib: <u>0</u> BLS: <u>4</u> EMT-D: <u>0</u> LALS: <u>0</u> ALS: <u>0</u>
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 checked="" 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: Total: <u>0</u> ALS: <u>0</u> LALS: <u>0</u> BLS: <u>0</u>

**ADDITIONAL INFORMATION:**

**RADIO COMMUNICATIONS**

Pri (dispatch) Channel (Radio I.D.): ..... Tulare County Fire  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.010  
 PL: ..... 131.8  
 Secondary Channel: ..... Tulare County Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Tulare County Fire/CDF  
 Calcord Radio Freq. in Vehicles: ..... YES  
 Cell Phone capability: ..... Dispatch: ..... YES  
 Vehicles: ..... NO  
 Available for out of county response: ..... YES  
 Restrictions to providing mutual aid: ..... NO

**AMBULANCE TRANSPORT UNITS**

	<u>TOTAL EQUIPPED</u>	<u>MINIMUM STAFFED</u>	<u>MAXIMUM STAFFED</u>
BLS .....	0	0	0
LALS .....	0	0	0
Reserve .....	0	0	0
(partially or non-equipped vehicles)			
Helicopter/Fixed Wing .....	0	0	0
(Air Rescue / Air Ambulance)			
Non-Ambulance .....	0	0	0
(support vehicles, Neo-Nate units)			

**FIRST RESPONDER UNITS (Non-Transport)**

ALS .....	0	0	0
BLS .....	2	2	2

**SPECIALIZED RESOURCES**

List all special/additional resources routinely available: None  
 List any restrictions for use: None

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
American Ambulance Service 2911 E. Tulare, Fresno Ca. 93721		Doug Archer (559) 443-5900
<b>Student Eligibility: *</b> <u>Open to General Public</u>	<b>Cost of Program</b> Basic \$450.00 Refresher <u>N/A</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education 61-0002 Expiration Date: 6/30/2010  Number of courses: 1 per year

Training Institution Name / Address		Contact Person telephone no.
CSU Fresno 2345 E San Ramon, Fresno, Ca. 93740		Diana Cormier, RN (559) 278-4014
<b>Student Eligibility: *</b> <u>Open to enrolled students</u>	<b>Cost of Program</b> Basic \$300 Refresher <u>n/a</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0023 Expiration Date: 6/30/2010  Number of courses: 1 or 2 per year

\* 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:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Clovis Unified School District      169 David E Cook Way., Clovis, Ca. 93611		Pamela Hildebrant                      (559) 327-9150
<b>Student Eligibility: *</b> <u>Currently Enrolled Students</u>	<b>Cost of Program</b> Basic <u>Included in tuition</u>  Refresher <u>n/a</u>	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0033 Expiration Date: 2/28/09
		Number of courses: 1 per year

Training Institution Name / Address		Contact Person telephone no.
Fresno City College                      2930 E Annadale, Fresno, Ca. 93706		Dennis Byrns                              (559) 441-5678
<b>Student Eligibility: *</b> <u>Open to general public</u>	<b>Cost of Program</b> Basic <u>Cost per unit</u>  Refresher <u>Cost per Unit</u>	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0020 Expiration Date: 6/30/2010
		Number of courses: 2 per year

\* 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:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Fresno City College Training Institute 1901 E Shields Ave #243, Fresno, Ca. 93726		Mark Allen (559) 256-0196
<b>Student Eligibility: *</b> <u>Open</u>	<b>Cost of Program</b> Basic \$500 Refresher \$200	**Program Level: <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education 61-0029 Expiration Date: 6/30/2010  Number of courses: 4 Per year

Training Institution Name / Address		Contact Person telephone no.
Fresno County Fire Dept 210 South Academy, Sanger, Ca. 93657		Capt David Akers (559) 485-7500
<b>Student Eligibility: *</b> <u>Fresno County Fire Personnel Only</u>	<b>Cost of Program</b> Basic n/a Refresher n/a	**Program Level: <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date:  Number of courses: 1 per year

\* 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:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Fresno Unified School Dist. 2500 Stanislaus, Fresno, Ca. 93721		Mark Wilson (559) 457-6000
<b>Student Eligibility: *</b> <u>Open to General Public</u>	<b>Cost of Program</b> Basic <u>None</u> Refresher <u>None</u>	**Program Level: <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education 61-0034 Expiration Date: 6/30/2010  Number of courses: 1 per year

Training Institution Name / Address		Contact Person telephone no.
Central California EMS Agency 1221 Fulton Mall, Fresno, Ca. 93775		Debra Becker (559) 445-3387
<b>Student Eligibility: *</b> <u>EMT-1</u> <u>CPR</u> <u>1 year experience</u> <u>Entrance testing</u>	<b>Cost of Program</b> Basic <u>\$4600.00</u> Refresher <u>n/a</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0001 Expiration Date: 6/30/2010  Number of courses: 1 per year

\* 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:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Central California EMS Agency 1221 Fulton Mall, Fresno, Ca. 93775		Debra Becker (559) 443-5900
<b>Student Eligibility: *</b> Base Hospital Nurses	<b>Cost of Program</b> Basic \$226.00 Refresher <u>No Cost</u>	<b>**Program Level:</b> <u>Mobile Intensive Care Nurse</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date:  Number of courses: 2 per year

Training Institution Name / Address		Contact Person telephone no.
Kingsburg City Fire Dept. 1460 Marion St., Kingsburg, Ca. 93631		Bob McGee (559) 897-5475
<b>Student Eligibility: *</b> <u>Kingsburg City Fire Personnel Only</u>	<b>Cost of Program</b> Basic \$0.00 Refresher \$0.00	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education 61-0024 Expiration Date: 6/30/2010  Number of courses: 1 per year

\* 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:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
North Central Fire District      15850 W. Kearney Blvd, Kerman, Ca. 93630		Kevin Reynolds      (559) 275-5531
<b>Student Eligibility: *</b> <u>NCFD personnel only</u>	<b>Cost of Program</b> Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0015 Expiration Date: 6/30/2010  Number of courses: 2 per year

Training Institution Name / Address		Contact Person telephone no.
Orange Cove Fire Dept.      500 Center Street., Orange Cove, Ca. 93646		David Byl      (559) 638-8901
<b>Student Eligibility: *</b> <u>Sanger City Fire Personnel Only</u>	<b>Cost of Program</b> Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0026 Expiration Date: 8/31/2010  Number of courses: 1 per year

\* 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:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Selma City Fire Dept. 2861 A Street, Selma, Ca. 93662		Mike Kain (559) 896-2511
<b>Student Eligibility: *</b> Selma City Fire personnel only	<b>Cost of Program</b> Basic n/a Refresher n/a	**Program Level: <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0030 Expiration Date: 6/30/2010  Number of courses: 1 per year

\* 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:** Central California EMS Agency

**County:** Kings County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
West Hills College 555 College Ave, Lemoore, Ca. 93245		Joe LauLetta (559) 925-3000
<b>Student Eligibility: *</b> <u>Open to all agencies</u>	<b>Cost of Program</b> Basic <u>n/a</u> Refresher <u>n/a</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0035 Expiration Date: 6/30/2010  Number of courses: 1 per year

Training Institution Name / Address		Contact Person telephone no.
Hanford City Fire Dept. 350 W. Grangeville, Hanford, Ca. 93230		Tim Ieronimo, Fire Chief (559) 585-2545
<b>Student Eligibility: *</b> <u>Hanford City Fire personnel only</u>	<b>Cost of Program</b> Basic <u>n/a</u> Refresher <u>n/a</u>	**Program Level: <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0018 Expiration Date: 6/30/2010  Number of courses: 1 per year

\* 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:** Central California EMS Agency

**County:** Kings County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Kings County Fire Dept. 280 Campus Drive, Hanford, Ca. 93230		Clay Smith (559) 582-3211 x 2885
<b>Student Eligibility: *</b> <u>Naval Air Station personnel only</u>	<b>Cost of Program</b> Basic n/a Refresher n/a	<b>**Program Level:</b> <u>EMT-1A</u> <b>Number of students completing training per year:</b> Initial training: Refresher: Cont. Education Expiration Date:  Number of course: 2 per year

\* 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:** Central California EMS Agency

**County:** Madera County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Madera Adult School 26355 Ave 13, Madera, Ca. 93637		Julio Enriquez (559) 675-4425
<b>Student Eligibility: *</b>  <u>Open to General Public</u>	<b>Cost of Program</b>  Basic \$15.00 per unit  Refresher \$0.00	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0031 Expiration Date: 6/30/2010  Number of courses: 2 per year

Training Institution Name / Address		Contact Person telephone no.
Yosemite Community Education Center 50200 Road 427, Oakhurst, Ca.93644		Anthony Misner (559) 683-8801
<b>Student Eligibility: *</b>  <u>Open to public</u>	<b>Cost of Program</b>  Basic \$125  Refresher \$75	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0010 Expiration Date: 6/30/2010  Number of courses: 5 per year

\* 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:** Central California EMS Agency

**County:** Kings County

**Reporting Year:** 2007

**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 915 S Mooney Blvd, Visalia, Ca. 93277		(559) 675-4425
<b>Student Eligibility: *</b> <u>Open to General Public</u>	<b>Cost of Program</b> Basic \$104.00 Refresher \$26.00	**Program Level: <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0044 Expiration Date: 6/30/2009  Number of courses: 2 per year

Training Institution Name / Address		Contact Person telephone no.
Dinuba City Fire Dept. 496 E Tulare Ave, Dinuba, Ca.93618		Frank Guerra (559) 591-5931
<b>Student Eligibility: *</b> <u>Open to public</u>	<b>Cost of Program</b> Basic \$500 Refresher \$250	**Program Level: <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0043 Expiration Date: 6/30/2009  Number of courses: 1 per year

\* 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:** Central California EMS Agency

**County:** Tulare County

**Reporting Year:** 2007

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Tulare City Fire Dept                      800 S Blackstone, Tulare, Ca. 93274		John Binaski                                      (559) 684-4300
<b>Student Eligibility: *</b> <u>Fire Personnel</u>	<b>Cost of Program</b> Basic <u>\$0.00</u> Refresher <u>\$0.00</u>	<b>**Program Level:</b> <u>EMT-1A</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 61-0032 Expiration Date: 6/30/2009  Number of courses: 2 per year

\* 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:** Central California EMS Agency

**County:** Fresno

**Reporting Year:**2007

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

<b>Name:</b> Community Medical Centers - Clovis		<b>Primary Contact:</b> Tim Joslin, CEO		
<b>Address:</b> 2755 Herndon Avenue Clovis, California 93612				
<b>Telephone:</b> (559) 324-3000				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input checked="" type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: * <input type="checkbox"/> Yes <input 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:</b> Coalinga Regional Medical Center		<b>Primary Contact:</b>		
<b>Address:</b> 1191 Phelps Avenue Coalinga, California 93210				
<b>Telephone:</b> (559) 935-6400				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input checked="" type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Fresno

**Reporting Year:**2007

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

<b>Name:</b> Community Medical Center - Fresno		<b>Primary Contact:</b> Tim Joslin, CEO		
<b>Address:</b> Post Office Box 1232 Fresno, California 93715				
<b>Telephone:</b> (559) 442-6000				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input checked="" type="checkbox"/>	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:**** Trauma Receiving Center

<b>Name:</b> Kaiser Permanente Medical Center - Fresno		<b>Primary Contact:</b> Daphne Crilly, Director		
<b>Address:</b> 7300 North Fresno Street Fresno, California 93720-2942				
<b>Telephone:</b> (559) 448-4500				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input checked="" type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Fresno

**Reporting Year:**2007

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

<b>Name:</b> Saint Agnes Medical Center		<b>Primary Contact:</b> Mathew Abraham		
<b>Address:</b> 1301 East Herndon Fresno, California 93720				
<b>Telephone:</b> (559) 449-3000				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input checked="" type="checkbox"/>	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:**** Trauma Receiving Center

<b>Name:</b> Selma Community Hospital		<b>Primary Contact:</b> Rick Rawson		
<b>Address:</b> 1141 Rose Ave Selma, Ca. 93662				
<b>Telephone:</b> (559) 891-1000				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input checked="" type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Fresno

**Reporting Year:**

2007

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

<b>Name:</b> Sierra Kings District Hospital		<b>Primary Contact:</b> Administrator		
<b>Address:</b> 372 West Cypress Reedley, California 93654				
<b>Telephone:</b> (559) 638-8155				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input checked="" type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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:</b> University Medical Center - Fresno		<b>Primary Contact:</b> Bruce Kinder		
<b>Address:</b> 445 South Cedar Avenue Fresno, California 93722				
<b>Telephone:</b> (559) 459-3000				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input checked="" type="checkbox"/>	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 type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, what level:****  Level I

- \* 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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Fresno

**Reporting Year:**2007

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

<b>Name:</b> Veterans Administration Medical Center - Fresno		<b>Primary Contact:</b> James C. DeNiro		
<b>Address:</b> 2615 East Clinton Fresno, California 93703		Medical Center Director		
<b>Telephone:</b> (559) 225-6100				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input checked="" type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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:</b> Kingsburg District Hospital		<b>Primary Contact:</b>		
<b>Address:</b> 1200 Smith Street Kingsburg, California 93703				
<b>Telephone:</b> (559) 897-5841				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input checked="" type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Kings

**Reporting Year:** 2007

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

<b>Name:</b> Central Valley General Hospital		<b>Primary Contact:</b> Rick Rawson		
<b>Address:</b> 1025 North Douty Street Hanford, California 93230				
<b>Telephone:</b> (559) 583-2100				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input checked="" type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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:</b> Corcoran District Hospital		<b>Primary Contact:</b> Jimmy M. Knight Administrator		
<b>Address:</b> 1310 Hanna Avenue Corcoran, California 93212				
<b>Telephone:</b> (559) 992-5051				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input checked="" type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Kings

**Reporting Year:**2007

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

<b>Name:</b> Hanford Community Medical Center		<b>Primary Contact:</b> Rick Rawson		
<b>Address:</b> 450 North Greenfield Avenue Hanford, California 93230				
<b>Telephone:</b> (559) 582-9000				
<b>Written Contract:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input checked="" type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	<b>Base Hospital:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pediatric Critical Care Center: *</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>EDAP: **</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>PICU: ***</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Burn Center:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Trauma Center:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If Trauma Center, what level:****</b>

- \* 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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Madera

**Reporting Year:**2007

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

<b>Name:</b> Children's Hospital Central California		<b>Primary Contact:</b> Bill Haug, CEO		
<b>Address:</b> 9300 Children's Blvd Madera, Ca. 93638				
<b>Telephone:</b> (559)				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP: ** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: *** <input checked="" type="checkbox"/> Yes <input 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:</b> Madera Community Hospital		<b>Primary Contact:</b> John Frye, Administrator		
<b>Address:</b> 1250 East Almond Avenue Madera, California 93635				
<b>Telephone:</b> (559) 676-5555				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input checked="" type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Tulare

**Reporting Year:** 2007

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

<b>Name:</b> Kaweah Delta District Hospital		<b>Primary Contact:</b> Lindsey Mann		
<b>Address:</b> 400 W. Mineral King Visalia, Ca. 93291				
<b>Telephone:</b> (559) 624-2000				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP: ** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: *** <input checked="" type="checkbox"/> Yes <input 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:</b> Sierra View District Hospital		<b>Primary Contact:</b>		
<b>Address:</b> 465 W Putnam Avenue Porterville, California 93257				
<b>Telephone:</b> (559) 784-1110				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input checked="" type="checkbox"/> Comprehensive emergency service: <input type="checkbox"/>	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:****

- \* 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.

**TABLE 10: RESOURCES DIRECTORY - Facilities**

**EMS System:** Central California EMS Agency

**County:** Tulare

**Reporting Year:** 2007

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

<b>Name:</b> Tulare District Hospital <b>Address:</b> 869 Cherry Street Tulare, Ca. 93274 <b>Telephone:</b> (559) 688-0821		<b>Primary Contact: Susan Morris</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service: <input type="checkbox"/> Standby emergency service: <input type="checkbox"/> Basic emergency service: <input type="checkbox"/> Comprehensive emergency service: <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP: ** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: *** <input checked="" type="checkbox"/> Yes <input 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

**TABLE 11: RESOURCES DIRECTORY -- EMS Dispatch Agency**

**EMS System:** Central California EMS Agency

**County:** Fresno County

**Reporting Year:** 2007

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

<b>Name:</b> Fresno County EMS Communications <b>Address:</b> 4555 East Hamilton Fresno Ca. 93702		<b>Primary Contact:</b> Daniel J. Lynch, EMS Division Manager Bus. Ph.: (559) 456-7878 Em. Ph.: (559) 456 -7800			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Type of Service:</b> <input checked="" type="checkbox"/> Day to Day Service <input checked="" type="checkbox"/> Disaster Service	<b>Dispatch Services:</b> <input checked="" type="checkbox"/> Ground Ambulance <input checked="" type="checkbox"/> Helicopter Services <input checked="" type="checkbox"/> Rescue Services <input checked="" type="checkbox"/> Disaster Vehicle	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Dispatcher Level of training:</b> PS - Non-EMD: <u>0</u> PS - EMD: <u>0</u> EMT - EMD: <u>52</u>
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" 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>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Equipment responsibility and oversight:</b> EMT-P Ambulances: <u>65</u> BLS Ambulances: <u>11</u> Air Ambulances: <u>2</u> ALS Rescue Helicopter: <u>1</u> First Responder Units: <u>3</u> Disaster Response Vehicle: <u>1</u> Rescue Response Vehicles: <u>2</u>

**ADDITIONAL INFORMATION:**

RADIO COMMUNICATIONS

Primary (dispatch) Channel (Radio I.D.): .....Fresno County Med Channel 12  
 Trans Freq: .....458.300  
 Rec'v Freq: .....453.300  
 PL: .....156.7  
 Secondary Channel: .....Fresno County Med Channel 11  
 Trans Freq: .....458.3000  
 Rec'v Freq: .....453.3000  
 PL: .....156.7  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501

Priority Dispatch Utilization.....YES  
 Pre-arrival Instruction Utilization.....YES  
 Multi-County Dispatch Center.....YES  
 If yes, which Counties? Kings County  
 Madera County

**TABLE 11: RESOURCES DIRECTORY -- EMS Dispatch Agency**

**EMS System:** Central California EMS Agency

**County:** Kings County

**Reporting Year:** 2007

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

<b>Name:</b> Fresno County EMS Communications		<b>Primary Contact:</b> Daniel J. Lynch, EMS Division Manager			
<b>Address:</b> 4555 East Hamilton Fresno Ca. 93702		Bus. Ph.: (559) 456-7878	Em. Ph.: (559) 456 -7800		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Type of Service:</b> <input checked="" type="checkbox"/> Day to Day Service <input checked="" type="checkbox"/> Disaster Service	<b>Dispatch Services:</b> <input checked="" type="checkbox"/> Ground Ambulance <input checked="" type="checkbox"/> Helicopter Services <input checked="" type="checkbox"/> Rescue Services <input checked="" type="checkbox"/> Disaster Vehicle	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Dispatcher Level of training:</b> PS - Non-EMD: <u>0</u> PS - EMD: <u>0</u> EMT - EMD: <u>52</u>
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" 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>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Equipment responsibility and oversight:</b> EMT-P Ambulances: <u>15</u> BLS Ambulances: <u>0</u> Air Ambulances: <u>1</u> ALS Rescue Helicopter: <u>0</u> First Responder Units: <u>0</u> Disaster Response Vehicle: <u>0</u> Rescue Response Vehicles: <u>0</u>

**ADDITIONAL INFORMATION:**

RADIO COMMUNICATIONS

Primary (dispatch) Channel (Radio I.D.): .....Fresno County Med Channel 15  
 Trans Freq: .....466.575  
 Rec'v Freq: .....461.575  
 PL: .....156.7  
 Secondary Channel: .....Fresno County Med Channel 10  
 Trans Freq: .....467.975  
 Rec'v Freq: .....462.975  
 PL: .....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: .....Fresno EMS - WGK-501

Priority Dispatch Utilization.....YES  
 Pre-arrival Instruction Utilization... ..YES  
 Multi-County Dispatch Center.....YES  
 If yes, which Counties? Kings County  
 Madera County

**TABLE 11: RESOURCES DIRECTORY -- EMS Dispatch Agency**

**EMS System:** Central California EMS Agency

**County:** Madera County

**Reporting Year:** 2007

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

<b>Name:</b> Fresno County EMS Communications <b>Address:</b> 4555 East Hamilton Fresno Ca. 93702		<b>Primary Contact:</b> Daniel J. Lynch, EMS Division Manager Bus. Ph.: (559) 456-7878 Em. Ph.: (559) 456 -7800			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Type of Service:</b> <input checked="" type="checkbox"/> Day to Day Service <input checked="" type="checkbox"/> Disaster Service	<b>Dispatch Services:</b> <input checked="" type="checkbox"/> Ground Ambulance <input checked="" type="checkbox"/> Helicopter Services <input checked="" type="checkbox"/> Rescue Services <input checked="" type="checkbox"/> Disaster Vehicle	<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>Dispatcher Level of training:</b> PS - Non-EMD: <u>0</u> PS - EMD: <u>0</u> EMT - EMD: <u>52</u>
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" 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>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Equipment responsibility and oversight:</b> EMT-P Ambulances: <u>13</u> BLS Ambulances: <u>0</u> Air Ambulances: <u>0</u> ALS Rescue Helicopter: <u>0</u> First Responder Units: <u>0</u> Disaster Response Vehicle: <u>0</u> Rescue Response Vehicles: <u>0</u>

**ADDITIONAL INFORMATION:**

RADIO COMMUNICATIONS

Primary (dispatch) Channel (Radio I.D.): .....Fresno County Med Channel 14  
 Trans Freq: .....456.425  
 Rec'v Freq: .....451.425  
 PL: .....114.8  
 Secondary Channel: .....Madera County Med Channel 9  
 Trans Freq: .....467.950  
 Rec'v Freq: .....462.950  
 PL: .....114.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: Fresno EMS - WGK-501

Priority Dispatch Utilization.....YES  
 Pre-arrival Instruction Utilization.....YES  
 Multi-County Dispatch Center.....YES  
 If yes, which Counties? Kings County  
 Madera County

**TABLE 11: RESOURCES DIRECTORY -- EMS Dispatch Agency**

**EMS System:** Central California EMS Agency

**County:** Tulare County

**Reporting Year:** 2007

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

<b>Name:</b> Tulare County Consolidated Ambulance Dispatch Center		<b>Primary Contact:</b> Steve Harrell, Director of Operations			
<b>Address:</b> Tulare, Ca. 93277		Bus. Ph.: (559) 687-3313		Em. Ph.: (559) 687-3314	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Type of Service: <input checked="" type="checkbox"/> Day to Day Service <input type="checkbox"/> Disaster Service	Dispatch Services: <input checked="" type="checkbox"/> Ground Ambulance <input type="checkbox"/> Helicopter Services <input type="checkbox"/> Rescue Services <input type="checkbox"/> Disaster Vehicle	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	Dispatcher Level of training: PS - Non-EMD: <u>0</u> PS - EMD: <u>16</u> EMT - EMD: <u>0</u>
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	Equipment responsibility and oversight: ALS Ambulances: <u>27</u> BLS Ambulances: <u>5</u> Air Ambulances: <u>0</u> ALS Rescue Helicopter: <u>0</u> First Responder Units: <u>4</u> Disaster Response Vehicle: <u>1</u> Rescue Response Vehicles: <u>0</u>

**ADDITIONAL INFORMATION:**

RADIO COMMUNICATIONS

Primary (dispatch) Channel (Radio I.D.): ..... Tulare County Med Channel 9

Trans Freq: ..... 467.950

Rec'v Freq: ..... 462.950

PL: ..... 141.3

Secondary Channel: ..... Tulare County Med Channel 9-Backup

Trans Freq: ..... 467.950

Rec'v Freq: ..... 462.950

PL: ..... 162.2

Primary Dispatch/Communications Center

Location and Radio I.D.: ..... Visalia - WNQ-996

Priority Dispatch Utilization..... YES

Pre-arrival Instruction Utilization... .. YES

Multi-County Dispatch Center..... NO

If yes, which Counties?

**TABLE 11: RESOURCES DIRECTORY -- EMS Dispatch Agency**

**EMS System:** Central California EMS Agency

**County:** Tulare County

**Reporting Year:** 2007

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

<b>Name:</b> California Department of Forestry Tulare Emergency Command Center		<b>Primary Contact:</b> Chief Marquez			
<b>Address:</b> 1968 S Lovers Lane Tulare, Ca. 93292		Bus. Ph.: (559) 734-1948	Em. Ph.: (559) 734-7477		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Type of Service: <input checked="" type="checkbox"/> Day to Day Service <input checked="" type="checkbox"/> Disaster Service	Dispatch Services: <input checked="" type="checkbox"/> Ground Ambulance <input type="checkbox"/> Helicopter Services <input type="checkbox"/> Rescue Services <input type="checkbox"/> Disaster Vehicle	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	Dispatcher Level of training: PS - Non-EMD: <u>12</u> PS - EMD: <u>0</u> EMT - EMD: <u>0</u>
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 type="checkbox"/> county; <input checked="" 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	Equipment responsibility and oversight: EMT-P Ambulances: <u>6</u> BLS Ambulances: <u>0</u> Air Ambulances: <u>0</u> ALS Rescue Helicopter: <u>0</u> First Responder Units: <u>0</u> Disaster Response Vehicle: <u>0</u> Rescue Response Vehicles: <u>0</u>

**ADDITIONAL INFORMATION:**

RADIO COMMUNICATIONS

Primary (dispatch) Channel (Radio I.D.): ..... Tulare County / CDF Fire 1  
 Trans Freq: .....  
 Rec'v Freq: ..... 154.010  
 PL: ..... 131.8  
 Secondary Channel: ..... Tulare County / CDF Fire 2  
 Trans Freq: .....  
 Rec'v Freq: ..... 151.190  
 PL: ..... 131.8  
 Primary Dispatch/Communications Center  
 Location and Radio I.D.: ..... Tulare CDF

Priority Dispatch Utilization..... YES  
 Pre-arrival Instruction Utilization... .. YES  
 Multi-County Dispatch Center..... NO  
 If yes, which Counties?

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders**

**EMS System:** Central California EMS Agency                      **County:** Fresno                      **Date:** 2007

**NOTE:** Information on table 11a is to be completed for each county

**County Office of Emergency Services (OES) Coordinator**

Ken Austin, OES Coordinator

Work Telephone No.: (559) 445-3391  
Home Telephone No.: (559) 297-0621  
Office Pager No.: (559) 262-6851  
FAX No.: (559) 445-3299  
24-HR No.: (559) 488-3111

**Alternates Name:**

Tim Casagrande -

Work Telephone No.: (559) 445-3391  
Home Telephone No.: (559) 432-5308  
Office Pager No.: (559) 262-2739  
FAX No.: (559) 445-3299  
24-HR No.: (559) 488-3111

**Operational Area Disaster Medical Health Coordinator:**

Daniel Lynch, EMS Division Manager

Work Telephone No.: (559) 445-3387  
Home Telephone No.: (559) 297-1667  
Office Pager No.: (559) 459-8801  
Fax No.: (559) 445-3205  
24-HR No.: (559) 456-7838

**Alternates Name:**

David Jones, EMS Coordinator

Work Telephone No.: (559) 445-3387  
Home Telephone No.: (559) 323-1735  
Office Pager No.: (559) 459-8802  
FAX No.: (559) 445-3205  
24-HR No.: (559) 456-7838

**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**

**County Health Officer's Name:**

Edward Moreno, M.D., MPH, Fresno County Health Officer

Work Telephone No.: (559) 445-3200

Home Telephone No.: (559) 325-8909

Office Pager No.: (559) 262-2797

FAX No.: (559) 445-3370

24-HR No.: (559) 488-3111

**Alternates Name:**

Ken Bird, M.D., Deputy Health Officer

Work Telephone No.: (559) 445-3202

Home Telephone No.: (559) 435-2974

Office Pager No.: (559) 262-2114

FAX No.: (559) 445-3370

24-HR No.: (559) 488-3111

Medical/Health EOC telephone no.: (559) 488-3355

Medical EOC FAX No.:

Amateur Radio Contact name: Ken Austin

Medical/Health radio Frequency used: 462.975 PL 114.8

Who is the RDMHC for your region? Edward Moreno, M.D.

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**

**EMS System:** Central California EMS Agency                      **County:** Kings                      **Date:** 2007

**NOTE:** Information on table 11a is to be completed for each county

**County Office of Emergency Services (OES) Coordinator**

Trudy Malletta - Kings County Fire Department

Work Telephone No.: (559) 582-3211 Ext. 2880

Home Telephone No.:

Office Pager No.: (559) 582-3211 Ext. 2720

FAX No.: (559) 583-1854

24-HR No.: (559) 582-3211 Ext. 2720

**Alternates Name:**

Jim Kilner, Fire Chief

Work Telephone No.: (559) 582-3211 Ext. 2881

Home Telephone No.:

Office Pager No.: (559) 582-3211 Ext. 2720

FAX No.: (559) 583-1854

24-HR No.: (559) 582-3211 Ext. 2720

**Operational Area Disaster Medical Health Coordinator:**

Daniel Lynch, EMS Division Manager

Work Telephone No.: (559) 445-3387

Home Telephone No.: (559) 297-1667

Office Pager No.: (559) 459-8801

Fax No.: (559) 445-3205

24-HR No.: (559) 456-7838

**Alternates Name:**

Dale Dotson, EMS Coordinator

Work Telephone No.: (559) 445-3387

Home Telephone No.: (559) 323-7335

Office Pager No.: (559) 459-8803

FAX No.: (559) 445-3205

24-HR No.: (559) 456-7838

**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**

**County Health Officer's Name:**

Micheal McClean, M.D.

Work Telephone No.: (559) 584-1401

Home Telephone No.:

Office Pager No.:

FAX No.: (559) 582-6927

24-HR No.: (559) 582-3211 Ext. 2726

**Alternates Name:**

Perry Rickard, Public Health Director

Work Telephone No.: (559) 584-1401

Home Telephone No.:

Office Pager No.:

FAX No.: (559) 582-6927

24-HR No.: (559) 582-3211 Ext. 2726

Medical/Health EOC telephone no.: (559) 582-3211 Ext. 2726

Medical EOC FAX No.:

Amateur Radio Contact name: Clay Smith, KCFD

Medical/Health radio Frequency used: 462.950 PL 146.2

Who is the RDMHC for your region? Edward Moreno, M.D.

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**

**EMS System:** Central California EMS Agency                      **County:** Madera                      **Date:** 2007

**NOTE:** Information on table 11a is to be completed for each county

**County Office of Emergency Services (OES) Coordinator**

Frank Bernard, Undersheriff - Madera County OES

Work Telephone No.: (559) 675-7792

Home Telephone No.:

Office Pager No.:

FAX No.: (559) 675-8413

24-HR No.: (559) 675-7769

**Alternates Name:**

John Anderson, Sheriff, Madera County Sheriffs Office

Work Telephone No.: (559) 675-7769

Home Telephone No.:

Office Pager No.:

FAX No.: (559) 675-8413

24-HR No.: (559) 675-7769

**Operational Area Disaster Medical Health Coordinator:**

Daniel Lynch, EMS Division Manager

Work Telephone No.: (559) 445-3387

Home Telephone No.: (559) 297-1667

Office Pager No.: (559) 459-8801

Fax No.: (559) 445-3205

24-HR No.: (559) 456-7838

**Alternates Name:**

Tim Williams, EMS Coordinator

Work Telephone No.: (559) 445-3387

Home Telephone No.: (559) 665-2808

Office Pager No.: (559) 459-8804

FAX No.: (559) 445-3205

24-HR No.: (559) 456-7838

**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**

**County Health Officer's Name:**

Richard B. Arnold, M.D.

Work Telephone No.: (559) 675-7893

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 264-3811

FAX No.: (559) 674-7262

24-HR No.: (559) 675-7769

**Alternates Name:**

Carol Barney - Health Administrator

Work Telephone No.: (559) 675-7893

Home Telephone No.:

Office Pager No.: (559) 662-7749

FAX No.: (559) 674-7262

24-HR No.: (559) 675-7769

Medical/Health EOC telephone no.: (559) 675-7769

Medical EOC FAX No.:

Amateur Radio Contact name: Frank Bernard

Medical/Health radio Frequency used: 462.950 PL 114.8

Who is the RDMHC for your region? Ed Moreno, M.D.

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**

**EMS System:** Central California EMS Agency                      **County:** Tulare                      **Date:** 2007

**NOTE:** Information on table 11a is to be completed for each county

**County Office of Emergency Services (OES) Coordinator**

Doug Kennedy, EOS Coordinator

Work Telephone No.: (559) 737-4660 x2311

Home Telephone No.: (559) 322-5887

Office Pager No.: (559) 972-0160

FAX No.: (559) 624-1071

24-HR No.: (559) 685-2500

**Alternates Name:**

Ray Bullick, Director of Health

Work Telephone No.: (559) 737-4660 x 2640

Home Telephone No.: (559) 627-3841

Office Pager No.: (559) 623-5265

FAX No.: (559) 624-1071

24-HR No.: (559) 685-2500

**Operational Area Disaster Medical Health Coordinator:**

Daniel Lynch, EMS Division Manager

Work Telephone No.: (559) 445-3387

Home Telephone No.: (559) 297-1667

Office Pager No.: (559) 459-8801

Fax No.: (559) 445-3205

24-HR No.: (559) 456-7838

**Alternates Name:**

Dale Dotson, EMS Coordinator

Work Telephone No.: (559) 445-3387

Home Telephone No.: (559) 323-7335

Office Pager No.: (559) 459-8803

FAX No.: (559) 445-3205

24-HR No.: (559) 456-7838

**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**

**County Health Officer's Name:**

Karen Haught, M.D.

Work Telephone No.: (559) 737-4660 x 2578

Home Telephone No.: (559) 636-1814

Office Pager No.: (559) 749-4614

FAX No.: (559) 740-4359

24-HR No.: (559) 685-2500

**Alternates Name:**

Ray Bullick, Director of Health

Work Telephone No.: (559) 737-4660 x 2640

Home Telephone No.: (559) 627-3841

Office Pager No.: (559) 623-5265

FAX No.: (559) 624-1071

24-HR No.: (559) 685-2500

Medical/Health EOC telephone no.:

Medical EOC FAX No.:

Amateur Radio Contact name: Doug Kennedy

Medical/Health radio Frequency used: 462.950

Who is the RDMHC for your region? Ed Moreno, M.D.

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.



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**Central CA – 2006 Update**

<b>Zone</b>	<b>Exclusivity</b>	<b>Type of Exclusivity</b>	<b>Provider</b>	<b>Reviewer Comment</b>
<b>Fresno County</b>				
<u>Northern Fresno County</u> Includes cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin.	Exclusive	Competitive Process: RFP submitted to EMSA 12/2006. New contract to be eff. 01/01/08	American Ambulance Service	Comment: OK
<u>Zone C</u> Includes cities of Coalinga and Huron, and surrounding unincorporated areas.	Non-Exclusive		Coalinga City Fire Dept.	Comment: OK
<u>Zone G</u> Includes cities of Selma and Fowler, the western portion of the City of Parlier, and surrounding unincorporated areas.	Non-Exclusive		Selma City Fire Dept.	Comment: OK
<u>Zone I</u> Includes cities of Sanger, communities of Del Rey, Centerville, and Minkler, and surrounding unincorporated areas.	Non-Exclusive		Sanger City Fire Dept.	Comment: OK

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**EOA ANALYSIS SHEET**  
**Central CA – 2006 Update**

<b>Zone</b>	<b>Exclusivity</b>	<b>Type Exclusivity</b>	<b>Provider</b>	<b>Reviewer Comment</b>
<b>Fresno County</b>				
<u>Zone J</u> Includes cities of Reedley, Orange Cove, eastern portion of City of Parlier, communities of Squaw Valley, Dunlap, Miramonte, and Pinehurst.	Exclusive	Grandfathered	Sequoia Safety Council  Sequoia Safety Council is a non-profit community owned service and has provided uninterrupted service since 1953. In 1886 upgraded to LALS; and in 1987 upgraded to ALS. No other changes.	Comment: OK
<u>Zone K</u> Includes city of Kingsburg and surrounding unincorporated area.	Non-Exclusive		Kingsburg City FD	Comment: OK
<u>Zone N</u> Includes the cities of Kerman, communities of Biola and Rolinda and surrounding unincorporated areas.	Non-Exclusive		American Ambulance Service	Comment: OK Need to request a map of county which clearly outlines boundaries of each zone
<b>Kings County</b>				
All of Kings County, excluding Riverdale Service Area (Zone 01), Kingsburg Service Area (Zone 03), and Lemoore Naval Air Station Service Area (Zone 04)	Exclusive	Competitive Process: New contract implemented in 2000; 5 yr initial agreement with option of one add'l 5 yr period. Expires 10/31/2010	American Ambulance Service	AZS form indicates 3 other zones.  Comment: Confirm if there are 3 add'l zones; if so, need AZS form completed for each zone. Request a map of the county.
<u>Zone 01</u> Community of Riverdale	Non-Exclusive		American Ambulance Service	Added zone to Emergency Ambulance Zones spreadsheet  Comment: OK
<u>Zone 03</u> City of Kingsburg	Non-Exclusive		Kingsburg City Fire Dept.	Added zone to Emergency Ambulance Zone Spreadsheet  Comment: OK
<u>Zone 04</u> Lemoore Naval Air Stn	Exclusive	Federal Government	Lemoore Naval Air Station	LEMSA has military base as a zone; added to spreadsheet Comment: OK

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**EOA ANALYSIS SHEET**  
**Central CA – 2006 Update**

<b>Zone</b>	<b>Exclusivity</b>	<b>Type Exclusivity</b>	<b>Provider</b>	<b>Reviewer Comment</b>
<b>Madera County</b>				
Mountain Zone Includes north-eastern portion of county. Includes communities of Oakhurst, Ahwahee, Coarsegold, North Fork, Bass Lakes and O'Neals.	Exclusive	Grandfathered	Sierra Ambulance Service  Sierra Ambulance Service is a non-profit community owned service and has provided uninterrupted service since 1964. In 1985 upgraded to LALS.	Comment: OK
Valley Zone Includes cities of Madera, Chowchilla, communities of Berenda, Fairmead, Madera/Bonadelle Ranchos, Rolling Hills, Eastside Acres, Raymond, and surrounding unincorporated areas.	Non-Exclusive		Pistoresi Ambulance Service	Although Pistoresi Ambulance service has operated in this area since 1942, it does not meet the criteria for grandfathering. Golden State Ambulance Service also operated in the same until 1982. Because two companies were operating in the same area, this would prohibit the grandfathering of Pisroresi.  Comment: OK
<b>Tulare County</b>				
<u>Zone 1</u> Includes City of Dinuba, communities of Cutler and Orosi, and surrounding unincorporated areas.	Exclusive	Grandfathered	Dinuba City Fire Dept. Has provided uninterrupted service since 1909; 1978 upgraded to LALS; 2007 upgraded to ALS.	Comment: OK
<u>Zone 2</u> Includes City of Visalia, communities of Goshen and Tagus, and surrounding unincorporated areas.	Exclusive	Grandfathered	American Ambulance of Visalia AMR dba Mobile Life Support	02/24/94: AMR purchased Mobile Life Support  Comment: OK

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**EOA ANALYSIS SHEET**  
**Central CA – 2006 Update**

Zone	Exclusivity	Type Exclusivity	Provider	Reviewer Comment
<u>Zone 3</u> Includes City of Woodlake, communities of Lemon Cove and Badger, and surrounding unincorporated areas.	Non -Exclusive		Exeter District Ambulance	Comment: OK
<u>Zone 4</u> Includes community of Three Rivers and surrounding unincorporated area.	Exclusive	Grandfathered	Three Rivers Ambulance Service A non-profit community owned volunteer ambulance service and has provided uninterrupted service since 1963. 1978 upgraded to LALS.	Comment: OK
<u>Zone 5</u> Includes cities of Exeter and Farmersville and surrounding unincorporated areas.	Exclusive	Grandfathered	Exeter Ambulance Service A non-profit community owned ambulance service and has provided uninterrupted service since 1977. 1978 upgraded to LALS; 2007 upgraded to ALS.	Comment: OK
<u>Zone 6</u> Includes city of Tulare, and surrounding unincorporated areas.	Exclusive	Competitive Process Contract awarded in 2001. Expires in 2009	Sierra Life Star Ambulance	AZS form includes Zones 6 and 7  Comment: OK – Request individual AZS form for Zone 6
<u>Zone 7</u> Includes city of Pixley and surrounding unincorporated areas.	Exclusive	Competitive Process Contract awarded in 2001. Expires in 2009.	Sierra Life Star Ambulance	AZS forms includes Zones 6 and 7  Comment: OK – Request individual AZS form for Zone 7
<u>Zone 8</u> Includes City of Lindsay and surrounding unincorporated areas.	Non-Exclusive		Exeter District Ambulance Imperial Ambulance AMR dba Mobile Life Support	Comment: OK

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**EOA ANALYSIS SHEET**  
**Central CA – 2006 Update**

<b>Zone</b>	<b>Exclusivity</b>	<b>Type Exclusivity</b>	<b>Provider</b>	<b>Reviewer Comment</b>
<u>Zone 9</u> Includes city of Porterville, communities of Springville, Terra Bella and surrounding unincorporated areas.	Non-Exclusive		Imperial Ambulance AMR dba Mobile Life Support	Comment: OK
<u>Zone 10</u> Include city of Traver and surrounding unincorporated areas.	Exclusive	Grandfathered	Kingsburg City Fire Dept Provided uninterrupted service prior to 1981. 1987 upgraded to LALS 1990 upgraded to ALS	Comment: OK
<u>Zone 12</u> Includes the unincorporated areas north of Kern County	Exclusive	Grandfathered	Delano Ambulance Provided uninterrupted service prior to 1981.	Comment: OK
<u>Zone 13</u> Includes the communities of Badger, Hartland, and surrounding unincorporated areas.	Non-Exclusive		Exeter District Ambulance	Comment: OK
<u>Zone 14</u> Central Tulare County Includes the wilderness area of Sierra Nat'l Forest and the Tule River Indian Reservation.	Non-Exclusive		Imperial Ambulance AMR dba Mobile Life Support	Prior records have name as Camp Nelson with Camp Nelson Volunteer Ambulance as provider.  Comment: OK
<u>Zone 15</u> Southern Tulare County Includes the wilderness areas of Sierra Nat'l Forest.	Non-Exclusive		Imperial Ambulance AMR dba Mobile Life Support	Comment: OK

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**EOA ANALYSIS SHEET**  
**Central CA – 2006 Update**

<b>Zone</b>	<b>Exclusivity</b>	<b>Type Exclusivity</b>	<b>Provider</b>	<b>Reviewer Comment</b>
<u>Zone 16</u> Southern Tulare County Includes unincorporated rural area of county and wilderness areas of Sierra Nat'l Forest	Non-Exclusive		Imperial Ambulance AMR dba Mobile Life Support	Comment: OK
<u>Zone 17</u> East-central Tulare County Includes the wilderness areas of Sierra Nat'l Forest and Sequoia Nat'l Park.	Non-Exclusive		Sierra Nat'l Forest Sequoia Nat'l Park	New zone: Based on prior map of Tulare County and the description of the zone, it appears this zone continues into the national park. Request new map of Tulare County which clearly outlines the borders of each zone.  Comment: Received map which defines as a zone. OK
<u>Zone 18</u> Southeastern Tulare County Includes wilderness area of Sierra Nat'l Forest.	Non-Exclusive		Sierra Nat'l Forest Sequoia Nat'l Park Ridgecrest Ambulance	New zone: Based on prior map of Tulare County and the description of the zone, it appears this zone continues into the national park. Request new map of Tulare County which clearly outlines the borders of each zone.  Comment: Received map which defines as a zone. OK

**File Review:**

Tulare County

8/12/85 – county to EMSA. If city administers own EMS prehospital prior to June 1, 1980, does not enter into an agreement with the county, the county may not include bidding the city in overall system plan. How are cities affected by that contract for ambulance service after 6/1/80?

11/14/85 – from EMSA to LEMSA – EOA establishment .201 is not superceded by .224, therefore, incorporated areas administer own EMS system prior to 6/1/80 and not having written agreement with LEMSA could be excluded from bidding for EOAs unless they choose to participate. County will include unincorporated and incorporated areas with agreements in developing operating zones & competitive bids.

2/7/91 LEMSA to EMSA – proposed ambulance revisions

5/7/91 – from EMSA to LEMSA. Ambulance ordinance revision comments. Section 6620 re: design of county service areas, but can't be interpreted as county's intent to develop EOA. Designating EOAs does not necessarily imply exclusivity. Identified use of competitive process guidelines. Clarification of EOA grandfathering.

8/26/92 – EMS plan amendment to 85/86 plan. Met w/J. Huntley & incorporated many comments re: EOA establishment. Plan indicated that county determined (all 16

**Confidential Internal Document**  
**EOA ANALYSIS SHEET**  
**Central CA – 2006 Update**

8/26/92 – EMS plan amendment to 85/86 plan. Met w/J. Huntley & incorporated many comments re: EOA establishment. Plan indicated that county determined (all 16 zones) providers operated in same scope and manner since January 1, 1981 so no competitive process. Will establish competitive process. Ordinance – indicates that board, at its discretion may enlarge, divide, etc. service areas.

2/23/93 – From Dan to county. EMSA does not approve ordinances or RFPs beyond EOAs. Must designate EOA in transportation component & competitive process must include specific criteria. If grandfathered, must demonstrate providers meet grandfathering requirements.

3/1/93 – from Tulare EMS to EMSA. Verbal approval of county ordinance re: EOA requirements. Grandfathered information OK to be included in EMS plan rewrite.

6/28/93 – from Tulare EMS to EMSA – indicates Board of Supervisors grandfathered in all current providers.

7/27/93 – Ordinance – divide county into service areas & confirm existing areas. Adjust area 8 (Lindsay); 9 (Porterville), and area 5 (Exeter).

Designate all as EOAs; approved EMS plan amendment.

2/16/01 – Letter to Tulare county from EMSA outlining concerns with EOA zones.

4/24/2002 – Phone conversation with Tulare & EMSA regarding zones. County questioned EOA concerns and provided additional information EMSA.

4/30/02 – Letter from EMSA to Tulare regarding telephone conversation. Issue raised in 2000 when Tulare County was planning to conduct a competitive bid process for zones 6 & 7. Transportation plan had to be revised and zone forms were requested as with all EMS agencies. Acknowledged that Tulare will be providing additional information.

5/7/2002 – Letter from Tulare to EMSA regarding each ambulance zone. Agreed to modify all but, Zone 9 and 15.

5/30/02 – Letter from EMSA to Tulare regarding ambulance zones. In conflict with Tulare's take on Zone 9 and 15. Areas still appear to be nonexclusive. Will put on formal list as nonexclusive.

03/17/03 – Letter from Imperial Ambulance requesting to leave Zone 9 as exclusive.

03/25/03 – Letter to DAG for legal advice on Zone 9.

05/14/03 – Letter to Suellen Anderson, atty for Imperial Ambulance, based upon information provided EMSA believes providers within Zone 9 would not qualify for grandfathering,

Fresno/Kings/Madera

02/22/01 – (Madera County) Letter to Dan Lynch informing Sierra Ambulance Service in Madera Mountain Zone would qualify for grandfathering, however; Pistoresi Ambulance Service in Madera Valley Zone does not appear to qualify. Although Pistoresi Ambulance operated in the valley since 2942, Golden State Ambulance also operated in the area until 1982.

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**EOA ANALYSIS SHEET**  
**Central CA – 2006 Update**

2004: Tulare County joins CCEMSA

01/04/05 – Letter from CCEMSA: amendment to EMS Plan establishing Madera Mountain Zone as an EOA through grandfathering with Sierra Ambulance Service as provider.

02/11/05 – Letter from CCEMSA: amendment to EMS Plan establishing Fresno County Zone J as an EOA through grandfathering with Sequoia Safety Council as provider.

04/12/05 – Letter from EMSA to CCEMSA stated Madera County Mountain Zone appears to qualify for grandfathering. Requested add'l info on Fresno County Zone J and the ambulance provider at Hume Lake Christian Camp.

04/19/05 – Letter from CCEMSA regarding the exclusivity of Fresno County Zone J. Hume Lake Christian Camp appears to have a vehicle that appears to be an ambulance but it is not licensed or recognized as an ambulance.

05/12/05 – Letter from EMSA to CCEMSA stating Fresno County Zone J appears to qualify for grandfathering.

07/07/05 – E-mail from CHP informing Hume Lake Christian Camp currently has one vehicle recognized as an ambulance and license expires 01/10/06.

01/23/05 – Per e-mail from CCEMSA, Fresno County was unaware the camp had a CHP certificate; it was never recognized or license in Fresno County. The vehicle is no longer in service. It was donated to the volunteer fire company, who using it as a first responder.

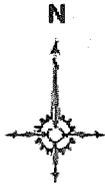
10/20/06 – Letter from EMSA to CCEMSA: EMSA does not approve request for a 5 year extension for American Ambulance Service in the Northern Fresno County Zone.

12/19/06 – Received RFP for Northern Fresno County Zone currently being serviced by American Ambulance Service. Current contract expires 12/31/07.

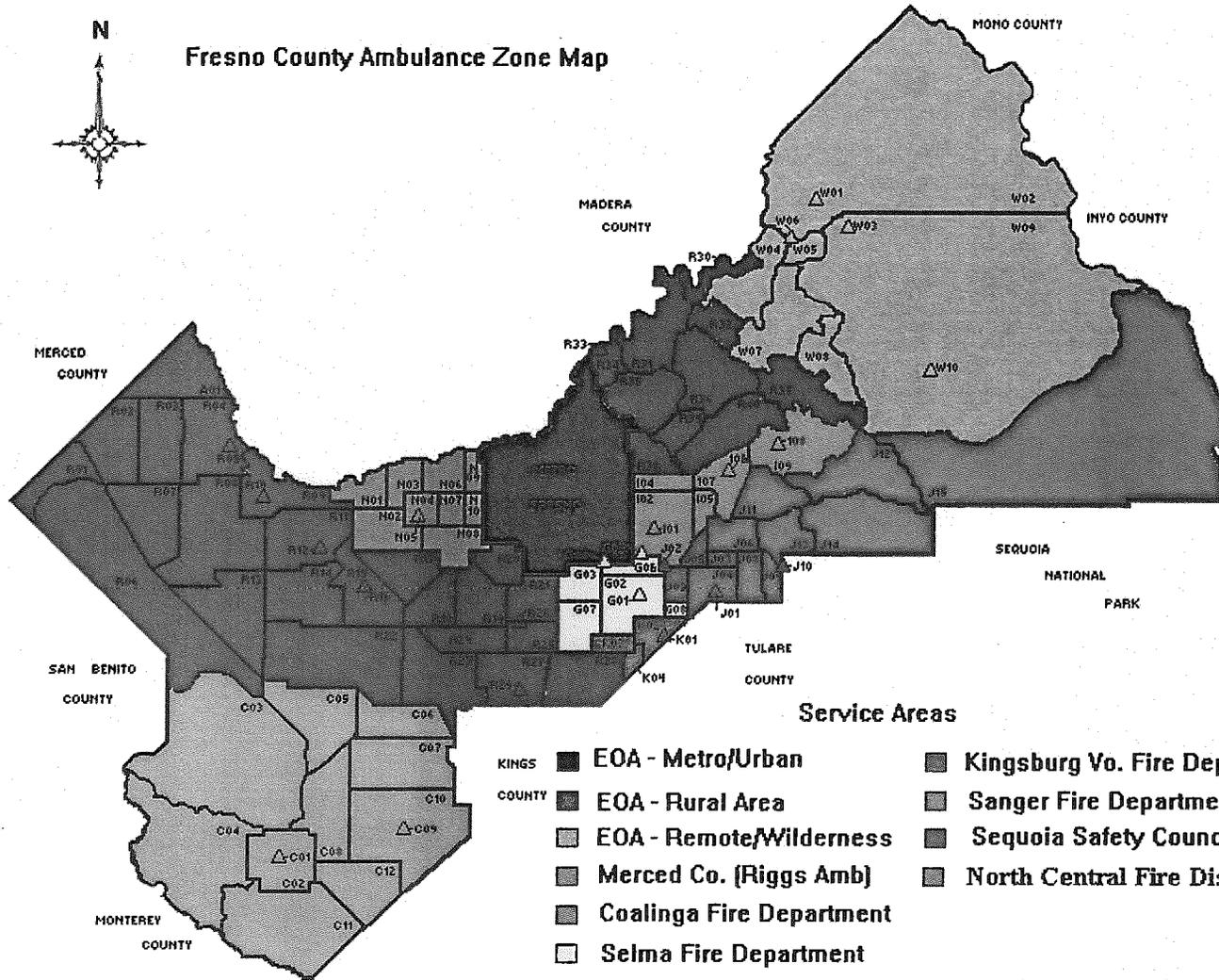
12/19/06 – Letter from EMSA to CCEMSA informing RFP appears to address the requirements.

**Suggested Letter Language:**

05/09/07: No suggested letter language; transportation plan and AZS forms are fine.



# Fresno County Ambulance Zone Map



## Service Areas

- |        |                          |                          |
|--------|--------------------------|--------------------------|
| KINGS  | EOA - Metro/Urban        | Kingsburg Vo. Fire Dept. |
| COUNTY | EOA - Rural Area         | Sanger Fire Department   |
|        | EOA - Remote/Wilderness  | Sequoia Safety Council   |
|        | Merced Co. (Riggs Amb)   | North Central Fire Dist  |
|        | Coalinga Fire Department |                          |
|        | Selma Fire Department    |                          |

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	The Fresno County Exclusive Operating Area
<b>Name of Current Provider(s):</b>	American Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>	The Fresno County Exclusive Operating Area includes the northern portion of the County. It currently includes all or portions of the cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin. The only areas of Fresno County not currently included as part of the exclusive operating area are Coalinga/Huron Service Area (Zone C), Selma/Fowler Service Area (Zone G), Sanger/Pine Flat Reservoir Service Area (Zone I), Reedley/Orange Cove/Parlier Service Area (Zone J), Kingsburg Service Area (Zone K), North Central Fire Protection District (Zone N). However, the Fresno County Exclusive Operating Area may be expanded at the option of the County and the EMS Agency to include these areas, as provided in the EMS Agency's Policies and Procedures.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	<p>Include intent of local EMS agency and Board of Supervisors action.</p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the Fresno County exclusive operating area to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.</p>
<b>Type of Exclusivity, "Emergency" or "Non-Emergency" (5):</b>	<p>Include type of exclusivity (Emergency or Non-Emergency) and a brief definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all ambulance services, etc.)</p> <p>The Fresno County exclusive operating area restricts operations to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.</p>
<b>Method to achieve Exclusivity, if applicable:</b>	<p>If <u>Grandfathered</u>, pertinent facts concerning the current provider's service to zone. Include a brief chronology of all services entering or leaving the zone, including changes, zone area modifications, or other changes to arrangements, method of competition, intervals, and selection process. Attach copy/draft of contract with current providers.</p> <p>A competitive procurement process was used to award the Fresno County Exclusive Operating Area. The original procurement process was in 1984 which awarded a three year contract. Another competitive procurement process which awarded a five year contract with an additional 4 year extension to the provider. The EMS Agency has recently completed a competitive procurement process for a five year contract with the possibility of two contract extensions of three years each. The new contract was implemented on January 1, 1997. A copy of the request for proposals has been provided to the State EMS Authority.</p>

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County - Reedley Exclusive Operating Area
<b>Name of Current Provider(s):</b>	Sequoia Safety Council
<b>Area or subarea (Zone) Geographic Description:</b>	The Reedley Exclusive Operating Area is located in southeastern Fresno County and includes the Cities of Reedley, Orange Cove, the eastern portion of the City of Parlier, and the communities of Squaw Valley, Dunlap, Miramonte, and Pinehurst. It borders the County of Tulare on the South, Sequoia and Kings Canyon National Parks on the east, Fresno County Ambulance Zone G (non-exclusive) on the west, and Fresno County Ambulance Zone I (non-exclusive) on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.
	Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Reedley Exclusive Operating Area to a single emergency ground ambulance service. By creating the Reedley EOA in Fresno County, it is the intent of the Local EMS Agency, at the recommendation of the Fresno County Board of Supervisors, to sustain the current level of medical standards and performance.
<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.).
	The Reedley Exclusive Operating Area in Fresno County provides exclusivity for emergency ground ambulance services.
<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.
	The EMS Agency, at the recommendation of the Fresno County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.
	Sequoia Safety Council is a non-profit community owned service, which was established in 1953. Sequoia Safety Council has operated in the geographical area of the Reedley EOA since that time without interruption. In 1986, Sequoia Safety Council evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 1987. Since 1953, Sequoia Safety Council has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Reedley EOA in Fresno County. On occasion, other ambulance providers respond into the Sequoia Safety Council's response area when needed for mutual aid assistance. There has been no change in the ownership of Sequoia Safety Council, nor has the geographical area of their service area changed.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone C (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Coalinga City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone C is located in southwestern Fresno County and includes the Cities of Coalinga and Huron, and the unincorporated areas surrounding these cities. It borders the County of Kings on the south and east, the Counties of San Luis Obispo and Monterey on the west, and the Fresno County Exclusive Operating area on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone C is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone C is a non-exclusive operating area.
<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.  Fresno County Ambulance Zone C is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone G (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Selma City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone G is located in central Fresno County and includes the Cities of Selma and Fowler and the western portion of the City of Parlier. It also includes the unincorporated areas surrounding these cities. It borders Ambulance Zone K on the south, the Reedley Exclusive Operating Area on the east, and the Fresno County Exclusive Operating area on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.	Fresno County Ambulance Zone G is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	Fresno County Ambulance Zone G is a non-exclusive operating area.
<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.	Fresno County Ambulance Zone G is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone I (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Sanger City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone I is located in central Fresno County and includes the Cities of Sanger, the communities of Del Rey, Centerville and Minkler, and includes the unincorporated areas surrounding these areas. It borders Ambulance Zone G and the Reedley Exclusive Operating Area on the South, and the Fresno County Exclusive Operating area on the north, west and east.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.	Fresno County Ambulance Zone I is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	Fresno County Ambulance Zone I is a non-exclusive operating area.
<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.	Fresno County Ambulance Zone I is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

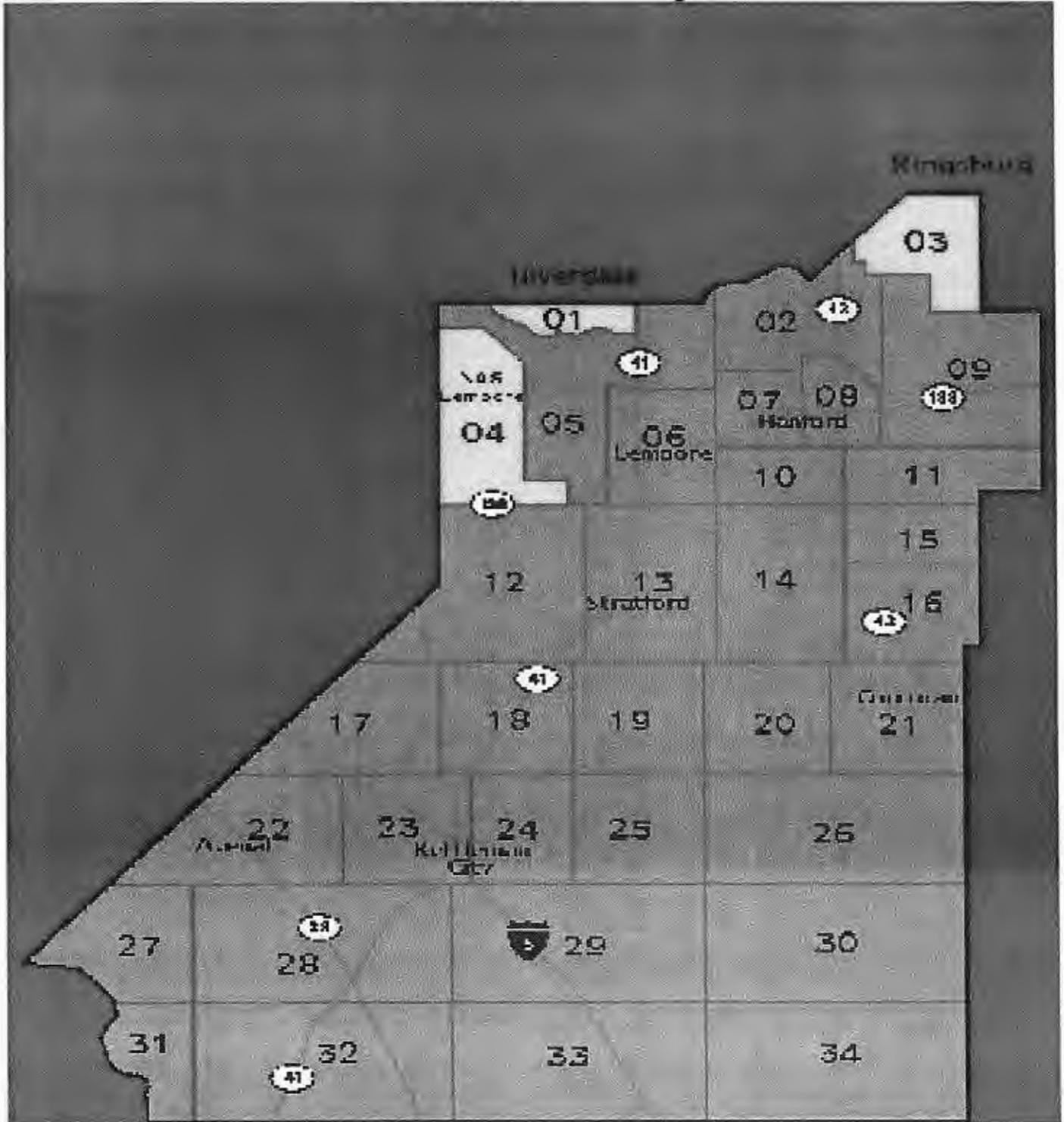
<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone K (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Kingsburg City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone K is located in south Fresno County and includes the Cities of Kingsburg and the unincorporated areas surrounding this area. It borders Ambulance Zone G on the north, the County of Tulare on the South, and the Fresno County Exclusive Operating area on the north and west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone K is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone K is a non-exclusive operating area.
<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.  Fresno County Ambulance Zone K is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Fresno County – Ambulance Zone N (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	American Ambulance
<b>Area or subarea (Zone) Geographic Description:</b>	Fresno County Ambulance Zone N is located in north-central Fresno County and includes the Cities of Kerman, the communities of Biola and Rolinda. This area includes the unincorporated areas surrounding this area, which includes the county islands in the north west area of the City of Fresno. It is bordered by the County of Madera on the north and the Fresno County Exclusive Operating area on the south, east, and west. The border is the boundary of the North Central Fire Protection District. The eastern border of this ambulance zone changes as the City of Fresno annexes areas of Ambulance Zone N. When that occurs, the annexed portion is automatically included in the Fresno County Exclusive Operating Area.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Fresno County Ambulance Zone N is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Fresno County Ambulance Zone N is a non-exclusive operating area.
<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.  Fresno County Ambulance Zone N is a non-exclusive operating area.

# County of Kings Ambulance Zone Map

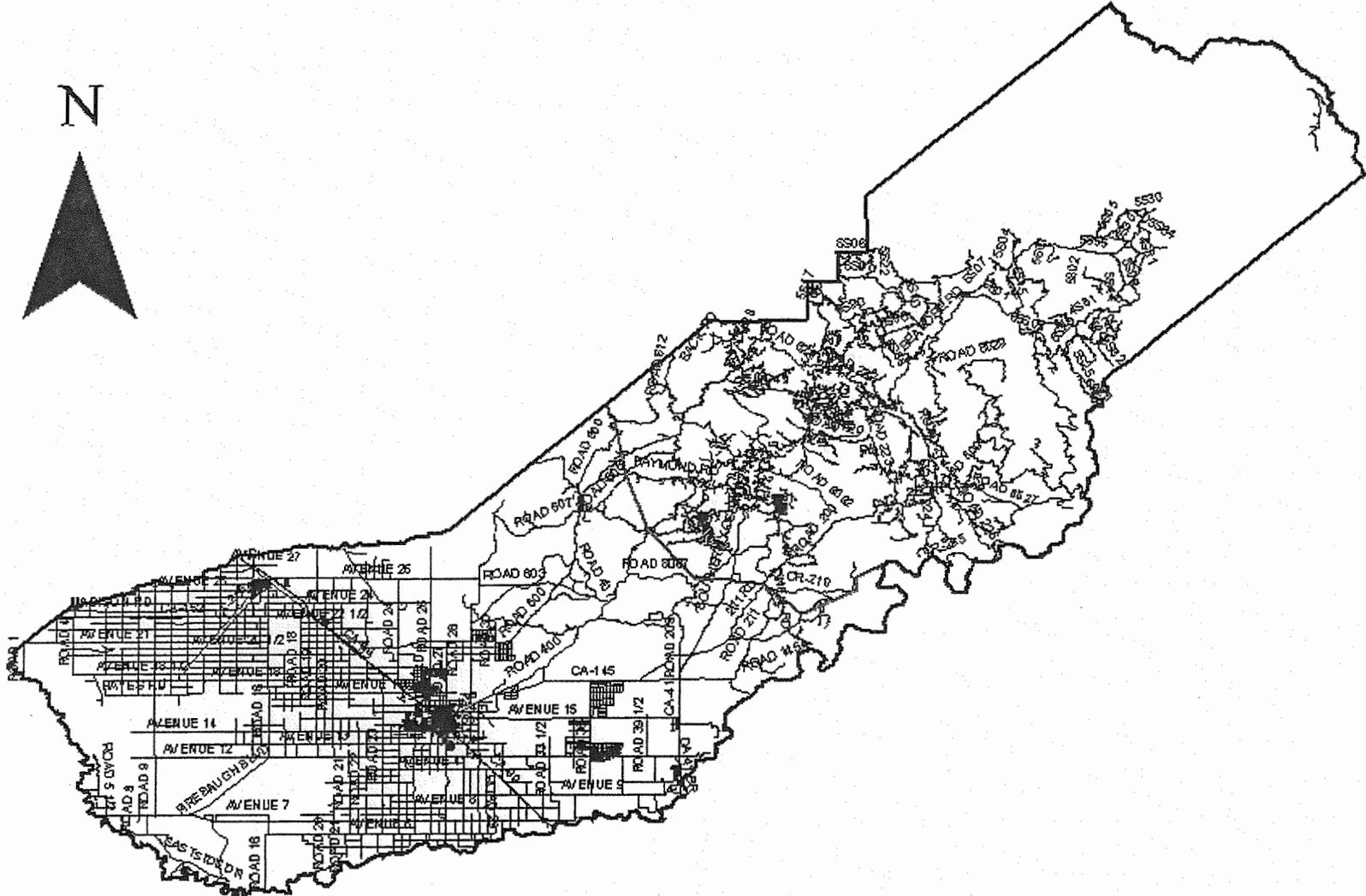


## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	The Kings County Exclusive Operating Area
<b>Name of Current Provider(s):</b>	[REDACTED]
<b>Area or subarea (Zone) Geographic Description:</b>	Operating Area includes the entire County of Kings excluding the Service Area (Zone 03), and the Lemoore Naval Air Station
<b>Statement of Exclusivity, Exclusive of Other Services:</b>	Include intent of local EMS agency and Board of Supervisors. Division 2.5 of the California Health and Safety Code, the County, to restrict operations to only advanced life support or advanced life support operations within the exclusive operating area advanced life support service. the recommendation of providers of limited procurement restricts service and ground
<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.).  The Kings County exclusive operating area provides exclusivity for emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.
<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.  A competitive procurement process was utilized to implement services within the Kings County Exclusive Operating Area. The original procurement process included a competitive bid process in 1995 which awarded a five year contract. A new competitive process was implemented in 2000, with the selection of American Ambulance for a 5 year initial agreement and a potential extension of one additional 5-year period. The contract was effective November 1, 2000. The contract will expire on October 31, 2010.

# Exhibit A



## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

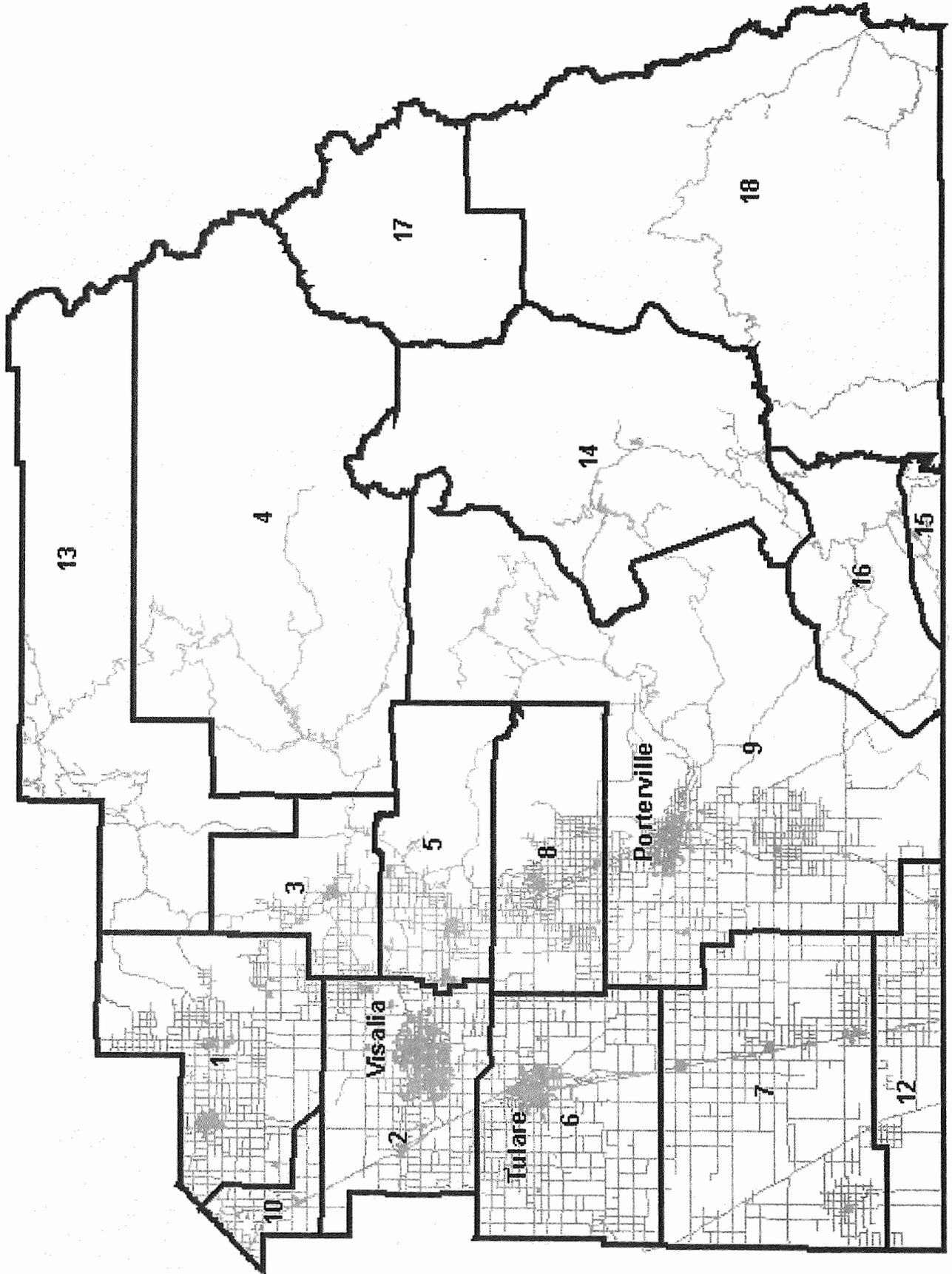
<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	The Madera County Mountain Exclusive Operating Area
<b>Name of Current Provider(s):</b>	Sierra Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>	The Madera County Mountain Exclusive Operating Area includes the north-eastern portion of Madera County. It includes the communities of Oakhurst, Ahwahnee, Coarsegold, North Fork, Bass Lake, and O'Neals. It borders the Counties of Mariposa on the northwest, Mono on the northeast, and Fresno on the east. The southern border of the Mountain EOA is adjacent to the south-western area of Madera County, which is a non-exclusive response area.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive:</b> Include intent of local EMS agency and Board of Supervisors.	<div style="background-color: #cccccc; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p style="font-size: 2em; font-family: cursive;">MADERA</p> </div> </div> <p>Division 2.5 of the California Health and Safety Code, and the recommendation of the Board of Supervisors of Madera County, to restrict operations to one or more emergency medical support or advanced life support within a specified geographical area within the Madera County Mountain Exclusive Operating Area. By creating the Mountain EOA, it is the intent of the Local Emergency Medical Services Board of Supervisors, to sustain the current level of service.</p>
<b>Type of Exclusivity, "Emergency Ambulance" or "Advanced Life Support":</b> Include type of exclusivity (Emergency Ambulance or Advanced Life Support), 9-1-1 calls only, all emergencies, all calls requiring advanced life support.	<p>The Madera County Mountain Exclusive Operating Area provides ground ambulance services.</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.	<p>The EMS Agency, at the recommendation of the Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Sierra Ambulance Service is a non-profit community owned service which was established in 1964. Sierra Ambulance Service has operated in the geographical area of the Mountain EOA since that time without interruption. In 1985, Sierra Ambulance Service evolved from Limited Advanced Life Support (EMT-II) to Advanced Life Support (Paramedic). Since 1964, Sierra Ambulance Service has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Mountain EOA. On occasion, other ambulance providers respond into the Sierra Ambulance Service area when needed for mutual aid assistance. There has been no change in the ownership of Sierra ambulance, nor has the geographical area of their service area changed.</p>

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Madera County – Valley Response Area (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Pistoresi Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>	Madera County Valley Response Area is located in the southwestern Madera County and includes the Cities of Madera and Chowchilla, the communities of Berenda, Fairmead, Madera/Bonadelle Ranchos, Rolling Hills, Eastside Acres, Raymond, and the unincorporated areas surrounding these communities. It borders the County of Fresno on the south and east, the Counties of Merced and Monterey on the west, and the Madera County Mountain Exclusive Operating area on the north.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.	Fresno County Ambulance Zone C is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	Madera County Valley Response Area is a non-exclusive operating area.
<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.	Madera County Valley Response Area is a non-exclusive operating area.

Tulare





## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 2 (Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	American Ambulance of Visalia Mobile Life Support (AMR)
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 2 is located in the northwest portion of Tulare County. This zone includes the City of Visalia, the communities of Goshen and Tagus, and the unincorporated areas surrounding these communities. Ambulance Zone 2 is bordered by Tulare County Ambulance Zone 10 and 2 on the north, Tulare County Ambulance Zone 5 on the east, Tulare County Ambulance Zone 6 on the south, and the County of Kings on the west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 2 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.
<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.).  The Tulare County Ambulance Zone 2 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.
<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.  The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.  Both the entities of American Ambulance of Visalia and Mobile Life Support have existed in the same geographical area of Tulare County since prior to 1981 and have provided uninterrupted service. In 1978, both ambulance agencies evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 2007. On occasion, other ambulance providers respond into the area of Ambulance Zone 2 when needed for mutual aid assistance. There has been a change in the ownership for both agencies after 1981  This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 3 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Exeter District Ambulance
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 3 is located in north-central Tulare County and includes the Cities of Woodlake and the communities of Lemon Cove, Badger, and the unincorporated areas surrounding these area. It borders Ambulance Zone 5 on the south, Ambulance Zone 4 on the east, Ambulance Zone 13 on the north, and Ambulance Zone 1 and 2 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.	Tulare County Ambulance Zone 3 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	Tulare County Ambulance Zone 3 is a non-exclusive operating area.
<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.	Tulare County Ambulance Zone 3 is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 4 (Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Three Rivers Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 4 is located in the northeast portion of Tulare County. This zone includes the community of Three Rivers and the unincorporated areas surrounding this community. Ambulance Zone 4 is bordered by Tulare County Ambulance Zone 13 on the north, Tulare County Ambulance Zone 5 and 3 on the west, Tulare County Ambulance Zone 9, 14, and 17 on the south, and the Sequoia National Park/Mono County on the east.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	<p>Include intent of local EMS agency and Board of Supervisors action.</p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 4 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<p>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.).</p> <p>The Tulare County Ambulance Zone 4 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<p>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.</p> <p>The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Three Rivers Ambulance is a non-profit community owned volunteer ambulance service, which was established in 1963. Three Rivers has operated in the geographical area of the Ambulance Zone 4 since that time without interruption. In 1978, Three Rivers evolved to Limited Advanced Life Support (EMT-II). On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Three Rivers Ambulance, nor has the geographical area of their service area changed.</p> <p>This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).</p>

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 5 (Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Exeter District Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 5 is located in the central portion of Tulare County. This zone includes the cities of Exeter and Farmersville, and the unincorporated areas surrounding these cities. Ambulance Zone 5 is bordered by Tulare County Ambulance Zone 3 on the north, Tulare County Ambulance Zone 2 on the west, Tulare County Ambulance Zone 8 on the south, and Tulare County Ambulance Zone 9 on the on the east.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	<p>Include intent of local EMS agency and Board of Supervisors action.</p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 5 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<p>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.).</p> <p>The Tulare County Ambulance Zone 5 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<p>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.</p> <p>The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Exeter District Ambulance is a non-profit community owned ambulance service, which was established in 1977. Exeter has operated in the same geographical area of the Ambulance Zone 5 since that time without interruption. In 1978, Exeter evolved to Limited Advanced Life Support (EMT-II) and to paramedics in 2007. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Exeter District Ambulance, nor has the geographical area of their service area changed.</p> <p>This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).</p>

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 6 and 7 – LifeStar Exclusive Operating Area
<b>Name of Current Provider(s):</b>	Sierra LifeStar Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 6 and 7 are located in the southwestern portion of Tulare County. This zone includes the cities of Tulare, Pixley, Earlimart, and the unincorporated areas surrounding these cities. Ambulance Zone 6 and 7 is bordered by Tulare County Ambulance Zone 2 on the north, Tulare County Ambulance Zone 8 and 9 on the east, Tulare County Ambulance Zone 12 on the south, and the County of Kings on the west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	<p>Include intent of local EMS agency and Board of Supervisors action.</p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 6 and 7 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<p>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.).</p> <p>The Tulare County Ambulance Zone 6 and 7 - LifeStar Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.</p>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<p>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.</p> <p>The LifeStar Exclusive Operating Area was established in 2001 through a competitive bid process. LifeStar ambulance was awarded an initial 5 year agreement and an opportunity for two extensions of three years. The current agreement expires in 2009.</p> <p>This exclusive operating area was established in 2001 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).</p>

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 8 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Exeter District Ambulance Imperial Ambulance Mobile Life Support (AMR)
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 8 is located in central Tulare County and includes the City of Lindsay and the unincorporated areas surrounding these area. It borders Ambulance Zone 5 on the north, Ambulance Zone 9 on the east, Ambulance Zone 9 on the south, and Ambulance Zone 6 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 8 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 8 is a non-exclusive operating area.
<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.  Tulare County Ambulance Zone 8 is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 9 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Imperial Ambulance Mobile Life Support (AMR)
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 9 is located in central Tulare County and includes the City of Porterville, the communities of Springville, Terra Bella, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 8 and 4 on the north, Ambulance Zone 14 and 16 on the east, Kern County on the south, and Ambulance Zone 6, 7, and 12 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.	Tulare County Ambulance Zone 9 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	Tulare County Ambulance Zone 9 is a non-exclusive operating area.
<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.	Tulare County Ambulance Zone 9 is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 10 – (Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Kingsburg City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 10 is located in the northwestern portion of Tulare County. This zone includes the community of Traver, and the unincorporated areas surrounding this area. Ambulance Zone 10 is bordered by Fresno County on the north, Tulare County Ambulance Zone 1 on the east, Tulare County Ambulance Zone 2 on the south, and the County of Kings on the west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.
	Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 10 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.
<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.).
	The Tulare County Ambulance Zone 10 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.
<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.
	The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.
	Kingsburg City Fire Department Ambulance has operated in the same geographical area of the Ambulance Zone 10 since prior to 1981 without interruption. In 1987, Kingsburg Fire Dept evolved to Limited Advanced Life Support (EMT-II) and to paramedics in 1990. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Kingsburg Fire Department, nor has the geographical area of their service area changed.
	This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 12 – (Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Delano Ambulance
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 12 is located in the southwestern portion of Tulare County. This zone includes the unincorporated areas north of the County of Kern. Ambulance Zone 12 is bordered by Tulare County Ambulance Zone 7 on the north, Tulare County Ambulance Zone 9 on the east, the County of Kern on the south, and the County of Kings on the west.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.
	Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 12 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.
<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.).
	The Tulare County Ambulance Zone 12 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.
<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.
	The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.
	Delano Ambulance has operated in the same geographical area of the Ambulance Zone 12 since prior to 1981 without interruption. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Delano Ambulance, nor has the geographical area of their service area changed.
	This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 13 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Exeter District Ambulance
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 13 is located in north-central Tulare County and includes the community of Badger, Hartland, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 3 and 4 on the south, Ambulance Zone 1 on the west, Fresno County on the north, and Mono County/Kings Canyon National Park on the east.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 13 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 13 is a non-exclusive operating area.
<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.  Tulare County Ambulance Zone 13 is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 14 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Imperial Ambulance Mobile Life Support (AMR)
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 14 is located in central Tulare County and includes the wilderness area of the Sierra National Forrest and includes the Tule River Indian Reservation. It borders Ambulance Zone 9 and 4 on the north, Ambulance Zone 17 and 18 on the east, Ambulance Zone 16 and 18 on the south, and Ambulance Zone 9 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 14 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 14 is a non-exclusive operating area.
<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.  Tulare County Ambulance Zone 14 is a non-exclusive operating area.

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 15 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Imperial Ambulance Mobile Life Support (AMR)
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 15 is located in southern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 16 on the north, Ambulance Zone 18 on the east, Kern County on the south, and Ambulance Zone 16 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 15 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 15 is a non-exclusive operating area.
<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.  Tulare County Ambulance Zone 15 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 16 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Imperial Ambulance Mobile Life Support (AMR)
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 16 is located in southern Tulare County and includes the unincorporated rural area of Tulare County and the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 9 and 14 on the north, Ambulance Zone 18 on the east, Ambulance Zone 15 on the south, and Ambulance Zone 9 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>	Include intent of local EMS agency and Board of Supervisors action.  Tulare County Ambulance Zone 16 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Tulare County Ambulance Zone 16 is a non-exclusive operating area.
<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.  Tulare County Ambulance Zone 16 is a non-exclusive operating area.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 17 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Sierra National Forrest / Sequoia National Park
<p><b>Area or subarea (Zone) Geographic Description:</b>  Tulare County Ambulance Zone 17 is located in east-central Tulare County and includes the wilderness area of the Sierra National Forrest and Sequoia National Park. It borders Ambulance Zone 4 on the north, the County of Mono on the east, Ambulance Zone 18 on the south, and Ambulance Zone 14 on the west</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>  Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 17 is a non-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.).</p> <p>Tulare County Ambulance Zone 17 is a non-exclusive operating area.</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.</p> <p>Tulare County Ambulance Zone 17 is a non-exclusive operating area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>	Tulare County – Ambulance Zone 18 (Non-Exclusive Operating Area)
<b>Name of Current Provider(s):</b>	Sierra National Forrest / Sequoia National Park Ridgecrest Ambulance
<b>Area or subarea (Zone) Geographic Description:</b>	Tulare County Ambulance Zone 18 is located in southeastern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 17 on the north, the County of Mono on the east, County of Kern on the south, and Ambulance Zone 14, 15, and 16 on the west
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.	Tulare County Ambulance Zone 18 is a non-exclusive operating area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	Tulare County Ambulance Zone 18 is a non-exclusive operating area.
<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.	Tulare County Ambulance Zone 18 is a non-exclusive operating area.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95814-7043  
(916) 322-4336 FAX (916) 324-2875



June 15, 2007

Daniel J. Lynch  
EMS Administrator  
Central California EMS Agency  
1221 Fulton Mall  
P.O. Box 11867  
Fresno, CA 93775

Dear Mr. Lynch:

We have completed our review of *Central California's 2006 Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Standard 1.26 - Trauma System Plan and Standard 1.27 - Pediatric System Plan - I encourage you to continue working towards the implementation of a Trauma and Pediatric System for Tulare County.

Standard 2.04 - Dispatch Training - I encourage you to continue working towards your objective of fostering a central dispatch point for all four of Tulare County's Dispatch Centers.

Standard 5.06 - Hospital Evacuation - In the 1999 EMS plan for Fresno, Kings, Madera Counties, your objective was to develop and implement a procedure to address system operation during a hospital evacuation. Continue working on your objective to address hospital evacuation.

Standard 6.08 - Reporting - I encourage you to continue your effort towards reporting the results of your evaluation of the EMS System design and operations as defined in the "EMS Quality Improvement Program Model Guidelines."

Standard 8.10 - Mutual Aid Agreements - In the 1999 EMS plan for Fresno, Kings, Madera Counties the objective was to develop and implement a regional medical mutual aid plan. Continue working on a regional master medical mutual aid agreement that can be executed between counties.

Each of the above standards reflects a long-range plan. In the next update, please provide a progress report on Central California's activities related to meeting the long-range plan for each of the above standards. Also, please provide a narrative

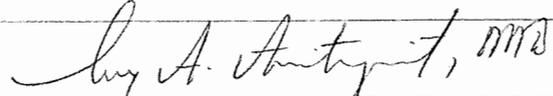
Daniel J. Lynch  
June 15, 2007  
Page 2

description of any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Your annual update, utilizing the attached guidelines, will be due on August 31, 2008. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

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Cesar A. Aristeiguieta, M.D., F.A.C.E.P.  
Director

CAA:ss

Enclosure