

Central California Emergency Medical Services Agency

REGIONAL EMERGENCY MEDICAL SERVICES PLAN UPDATE



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August 2012

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Central California EMS Agency
EMS Plan UPDATE - 2012

Summary

This EMS Plan update outlines the many changes that have occurred over the past year. The EMS System has been challenged with the on-going struggles of a declining economy, which impacts reimbursement and revenues to sustain available resources and programs. Fortunately, the EMS system is strong and robust. EMS providers and hospitals continue to excel in the provision of quality services while the volume of patients being transported by ambulance and seen in local emergency departments exceeds historic levels. This trend will continue and the EMS system needs to be prepared.

The EMS Agency has reviewed its priorities and continues to direct its efforts to those priorities that meet the absolute needs of the four-county EMS region. While the EMS Agency and system providers struggle with budget challenges, there is significant activity that continues to occur throughout the EMS region. A brief summary of these changes are as follows:

- System Organization and Management
 - Reorganization of EMS Agency personnel assignments to address priority needs of EMS region and address cross-training of job responsibilities.
 - Participation and leadership of the Homeland Security Grant Committee
 - Participation and leadership of the Central Region Trauma Coordinating Committee for development and management of a trauma system with-in the surrounding 12 counties
 - Updating of EMS Policies and Procedures for the 4-county EMS region
 - Coordination of system-wide implementation of multi-casualty policies and procedures
 - Address the increase in frequent user and system abusers of ambulance and hospital system through implementation of policy and coordination with other agencies and departments

- Staffing and Training
 - Continued Expansion of Fresno County Primary Paramedic Training Course
 - Provision of 2 paramedic training courses
 - Provision of 3 mobile intensive care training courses
 - Authorization of 3 dispatch training courses
 - Re-authorization of EMT training courses and Continuing Education Providers
 - Certification and processing of 1566 prehospital personnel
 - Evaluate and update EMS agency accreditation exam

- Communications
 - Update of dispatch policies and procedures to address modification of response zones
 - Redesignation of frequencies for response management
 - Expansion of frequency infrastructure and repeaters in Tulare County
 - Participation and involvement in CALCIEC Central Planning Areas for advancement of interoperability and achievement of the Platinum 10 requirements
 - Implementation of policy regarding the management of medical 9-1-1 calls to reduce the number of 9-1-1 dispatchers involved
 - Renewal agreements with City of Clovis, City of Kingsburg, and City of Sanger Fire

- Departments for fire dispatching services
 - Implemenation of fire dispatch services for the City of Selma
 - Replacement of 9-1-1 telephony equipment at the Fresno County EMS Communications Center
 - Expansion of radio operator positions at the Fresno County EMS Communications Center to meet growing demand of call volume
 - Complete the essential services building certification for the Fresno County EMS Communications Center
- Response and Transportation
 - Update and modify EMS policies to address immediate transport as a priority
 - Implementations of continuous positive airway pressure (CPAP) machine for severe difficulty breathing patients
 - Authorize additional ambulance resource throughout the region and modify system response plans to assure closest ambulance responds
 - Evaluate the alternate first responder program when fire services are not available
 - Renewal of ambulance provider agreements
 - Development of CCT paramedical policies and protocols
 - Evaluation of STAR Rescue team
 - Prepare and distribute monthly performance reports on ambulance providers
- Facilities and Critical Care Centers
 - Review and approval of hospital emergency departments under construction
 - Provide leadership and support, in conjunction with the Hospital Association, on the repatriation of patients to assure capacity at the designated trauma and cardiac centers.
 - Evaluation and implementation of new Trauma Registry software at hospitals
 - Consider use of CDC Trauma Triage Criteria for transport of trauma patients to a trauma center
 - Distribution of trauma transfer posters and information for smaller emergency departments to assist with expediting transfers of trauma patients to a trauma center
 - Implement policy for transportation to alternate destination site for mental health patients that are deemed 5150s in the prehospital setting
 - Disaster training for the disaster control facility and transfer of DCFresponsibilities to ther hospitals as a backup
- Data Collection and Evaluation
 - Evaluation and review of on-scene time performance regarding STAT trauma and STAT Medical patients
 - Development and distribution of paramedic “report cards” to 468 paramedics
 - Investigate and review 327 Quality Improvement reports
 - Collection, verification and submittal of prehospital data to CEMSIS
 - Perform a bi-annual in-depth review of dispatch triage to address priority assignments that are assigned to patient presumptive conditions
- Disaster Response
 - Manage and implement the Hospital Preparedness Grant

- Planning and implementation of disaster drills including tabletop and functional hospital exercise, EOC training, prehospital hazmat and MCI training, and Incident Command System training
 - Review, implementation and training of EMS polices related to multi-casualty/mass casualty incidents, including prehospital, hospital, dispatch and EMS Agency responses
 - Development and implementation of continuity of operations plan for Fresno County
 - Provide leadership and support of a pediatric surge plan for hospitals
 - Modify disaster policies to include disaster resources, such as Disaster Medical Services Unit, Prehospital Medical Caches, and Prehospital Response Trailers.
 - Update of EMS Agency personnel training requirements in disaster medical services.
- Public Information and Education
 - Release of media information and participation in media events related emergency medical services.

In the chart below, other changes have been listed in many areas. These changes are evidence of the system's continued improvement and enhancement over time. The CCEMSA continues to strive for excellence in prehospital care and assure that every patient receives the most expedient and quality level of care possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	Each Local EMS Agency shall have a formal organizational structure which includes both staff and non-agency resources and which includes appropriate technical and clinical expertise.	☑	☑	☐	The EMS Agency has reorganized staff to address the priorities of the EMS Agency and to address cross-training of personnel through-out the agency. The organizational chart included in this update reflects the changes that have been made in job assignments	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Plan.
1.07	The Local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.	☑	☑	☑	The EMS Agency received CEMSIS grant dollars from the State EMS Authority to assist the EMS region in replacing the trauma registry software at the two trauma centers and the EMS Agency. The new software is currently being installed and will allow consolidated reporting of trauma data and measurement of treatment and response policies. It also allows CEMSIS reporting to the EMS Authority.	Continue to evaluate and implement changes in the trauma system to assure the best trauma care possible.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.08	Each Local EMS Agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>In May 2012, The City of Selma subcontracted ambulance services to American Ambulance. Selma's fire department had previously provided the service.</p> <p>In June 2012, Sequoia Safety Council Ambulance added a new unit to the City of Parlier, which added needed EMS resources to this rural community.</p>	Continue to evaluate and implement changes in the system to assure the best trauma care possible.
1.09 / 8.08	Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This past year, the EMS region received 8 prehospital caches from the State EMS Authority. The EMS System also added several prehospital response trailers in Madera and Tulare Counties. All EMS resources are inventoried and available for immediate service.	The EMS agency shall perform data entry and annually update an inventory of EMS resources in a database format which allows for electronic retrieval of data on-line during emergencies.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.10	<p>Each local EMS agency shall identify population groups served by the EMS system which require specialized services</p> <p>Recommended: Each local EMS agency should develop services, as appropriate, for special population groups served by EMS system which require specialized services</p>	☑	☑	☐	<p>The metropolitan area of Fresno County has been overwhelmed with homeless individuals. An critical issue that needed to be addressed by the EMS agency was the over use and abuse of the ambulance and hospital system. The EMS agency worked with hospital and other departments to engage abusers and redirect them to programs that could help them.</p>	
1.14	<p>Each Local EMS Agency shall develop a policy and procedures manual which includes all EMS Agency policy and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.</p>	☑	☑	☐	<p>Several Changes and updates have occurred:</p> <ol style="list-style-type: none"> 1. Change in destination of 5150s 2. Update to make policies consistent with Regulatory changes 3. Modify trauma policy to include Kaweah Delta 4. Update policy for regulation changes to EMT and advanced EMT 5. Modify policy notification list 6. policy modification for zone correction 7. Closure of Central Valley General Hospital. 8. Policy change to include continuous positive airway pressure (CPAP), new tourniquet and intraosseous device 9. Policy addition for Left Ventricle Assist Device 10. Update of administrative policies 	<p>Continue to improve and enhance the EMS system wherever possible.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.15	Each Local EMS Agency shall have a mechanism to review, monitor, and enforce compliance with system policies.	☑	☑	☑	In 2012, the EMS agency replaced software that provided performance reports with a new system. EMS staff provide monthly reports on performance and compliance of operations.	Continue to identify tools to better measure system performance and compliance..
1.19	Each local EMS agency shall develop written policies and procedures, and/or protocols including, but not limited to, <ul style="list-style-type: none"> a) Triage b) Treatment c) Medical dispatch protocols d) Transport e) On-scene treatment times f) Transfer of emergency pts g) Standing orders h) Base hospital contact i) On scene MD and other medical personnel j) Local scope of practice for prehospital personnel 	☑	☑	☐	Several Changes and updates have occurred: <ol style="list-style-type: none"> 1. Change in destination of 5150s 2. Update to make policies consistent with Regulatory changes 3. policy modification for zone correction 4. Work to modify routing of medical 9-1-1 calls 5. Implementation of policy regarding system abusers 6. Implementation of MCI policies for dispatch, field, and hospital operations 7. Multiple policies to address pre-hospital drug shortage 	Continue to update and modify policies and procedures to assure consistency with modern practices and to also assure the most rapid transport of patient to a medical facility.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.23	The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers	☑	☑		The EMS medical director is currently developing policy and procedure for the implementation of the CCT paramedic, which is used in other areas of the state.	Continue to find alternative methods to provide the highest level of care for inter-facility transfer patients.
1.24	<p>Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.</p> <p>Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers</p>	☑	☑		In 2012, ALS provider agreements were approved by the Fresno County Board of Supervisors.	Continue to assure ALS ambulance coverage throughout the EMS region and assure all ALS providers maintain up-to-date performance agreements.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.26	<p>The Local EMS Agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:</p> <p>a) the optimal system design for trauma care in the EMS area, and</p> <p>b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.</p>	✓	✓	✓	<p>The EMS Agency has been participating with 12 other counties in the Central Region Trauma Coordinating Committee. The policies and procedures of the EMS region will be modified to be more consistent with surrounding counties. These changes include the change of prehospital trauma triage criteria and destination of trauma patients.</p>	<p>Continue to evaluate and implement changes in the trauma system to assure the best trauma care possible.</p>
1.27 / 5.11	<p>The Local EMS Agency shall develop a pediatric emergency medical and critical care plan, based on community needs and utilization of appropriate resources, which determines:</p> <p>a) The optimal system design for peds emergency medical and critical care, and</p> <p>b) The process for assigning roles to system participants, including a process which allows eligible facilities to apply.</p>	✓	✓	✓	<p>While the region is fortunate to have a local children's hospital, the EMS agency has been leading a group of representatives from hospitals through-out the EMS region in an effort to address the treatment and care of pediatrics in a disaster situation, as well as in everyday services. The group is reviewing EMS-C and other ideas to prepare and equip hospitals that normally do not have to treat peds.</p>	<p>Develop and implement a plan to care for sick and injured children..</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01	The local EMS agency shall routinely assess personnel and training needs	☑	☑	☑	This year marks the third year that the EMS Agency has provided 2 primary paramedic training courses per year. An entity providing paramedic courses discontinued this training and this increased the demand on the Fresno County EMS Agency course. In addition, the EMS Agency has began providing a 3 rd MICN course for the EMS region. The EMS Agency is also preparing the training of CCT paramedics.	To maintain EMS training to meet the demands of the EMS system and provide and assure that training is at the highest quality possible.
2.03	The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.	☑	☑		<p>In 2011, the EMS Agency processed 327 quality improvement reports involving prehospital personnel. In addition, the EMS Agency investigated 21 incidents involving prehospital personnel and potential violations of Health and Safety Code 1798.200. The EMS Agency is currently monitoring 14 legal cases involving prehospital personnel.</p> <p>The EMS Agency has certified 1556 EMS personnel in the previous 12 month period.</p>	The EMS Agency will continue to provide certifications to applicants meeting the States and local requirements. In addition, the EMS Agency will continue to protect the citizens of the EMS region by aggressively implementing the quality improvement program and investigation of violation of the health and safety code.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04	Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.	☑	☑	☐	The EMS Agency implemented EMS policy for management of medical 9-1-1 calls. To date, the only areas that fail to follow the EMS policy is the City of Reedley and the California Highway Patrol dispatch center in Fresno.	Continue to provide direction and improve/enhance the skills and knowledge of PSAP operators and dispatchers throughout the 4-county EMS region on medical 9-1-1 calls
2.05	<p>At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous 3 years.</p> <p>At least one person on each unit should be currently certified and equipped to provide defibrillation.</p> <p>At least one person on each non-transporting EMS first response unit should be currently certified and equipped as an EMT.</p>	☑	☑	☑	All first responder units in the EMS region are equipped and able to provide all BLS level of care, which includes CPR and defibrillation. Unfortunately, the goal of having an EMT on each first response unit has been resisted due to the State's increase in costs for EMT certification and costs for testing requirements. At this point first responders are considering changing EMT status' to first responders to save in costs and process.	Continue to strengthen and improve performance standards through-out the EMS system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.06	Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.	☑	☑	☑	All first responders respond to priority one-life threatening calls, which is what the EMS Agency has required. In addition, some agencies respond to lesser priority calls in the event an ambulance ETA is greater than 15 minutes. There are a couple of fire agencies that respond to emergency and non-emergency calls, which the EMS Agency speculates is to increase call volume for those departments. The EMS Agency has shared its concern regarding response to non-emergency calls in order to be available for more emergency calls.	Continue to work with first responder agencies to provide the quickest response possible to medical requests that need it the most.
2.08	All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I Level. If advanced life support personnel are not available, at least one person on each emergency transport vehicle should be trained to provide defibrillation.	☑	☑	☑	The entire EMS region is served by ALS transport services. In Tulare County, a volunteer ambulance company utilizes a non-EMT as a driver, which has been approved by the Board of Supervisors and exempted by the DMV.	Continue to maintain and improve response standards through-out the EMS system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.10	<p>All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.</p> <p>All emergency department physicians should be certified by the American Board of Emergency Medicine.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The EMS region meets the recommended action on Standard 2.10. Recent changes in smaller emergency departments have provided contracting with emergency department physician groups who employ physicians certified in emergency medicine.	Continue to assist hospitals and emergency departments to meet EMS system goals and objectives.
3.02	<p>Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.</p> <p>Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for car-to-car (including both ambulances and non-transporting first responder units) communications.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The EMS Agency has been a participant with all public safety agencies in the CALSEIC Central Planning Area and has received funding for the purchase and implementation of handheld radios for use in large incidents. Included with this region wide plan is a coordination of frequencies for all public safety agencies throughout the OES region.	Continue to maintain and improve communications system access and coordination with co-responding agencies.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.05	<p>All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.</p> <p>All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).</p>	✓	✓	✓	<p>While the EMS system has a robust hospital-to-hospital communications system (Status-Net), it still has a limited functioning two-way communications capability. The EMS Agency has requested Hospital Preparedness Program Grants funds to assist in the replacement and updating of the HEAR radio system.</p>	<p>Continue to assure the integrity of the hospital communications system.</p>
3.06 / 8.07	<p>The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.</p>	✓	✓	✓	<p>Included with the implementation of EMS policies related to MCI responses, the EMS dispatch centers provide specific frequency and channel assignments for command and tactical channels on larger incidents. This change augments the work completed in the CALSEIC group and interoperability.</p>	<p>Develop plans to initiate and maintain communications with allied agencies and services in order to coordinate an event.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.09 / 4.03 / 6.04	<p>The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.</p> <p>The local EMS agency should establish medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>In 2012, the EMS agency Medical Director and EMS Director performed an in-depth review of the priorities assigned to each reported patient condition. This data took into account patient condition at time of transport and also focused on unnecessary upgrades and downgrades of responding vehicles.</p>	<p>Develop and implement dispatch procedures that provide the most efficient and effective responses to the patient.</p>
3.10	<p>The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The EMS region has designated frequencies based upon geography. The integration of emergency services is also evident by the consolidation of fire dispatch services in the Fresno EMS Communications Center and the Tulare County Consolidated Communications Center. The integration of these services has greatly reduced response time and coordination of services. In April 2012, the Fresno County EMS Communications Center began dispatching for the Selma City Fire Department, which is the 6th fire department.</p>	<p>Continue to find opportunities to improve the coordination of dispatch services to reduce response times and transport to the patient.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.08 4.10	<p>The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:</p> <ul style="list-style-type: none"> a) authorization of aircraft to be utilized in prehospital patient care, b) requesting of EMS aircraft c) dispatching of EMS aircraft d) determination of EMS aircraft patient destination e) orientation of pilots and medical flight crews to local EMS agency, and f) addressing and resolving formal complaints regarding EMS aircraft 	☑	☑	☑	<p>The EMS agency met with helicopter agencies and the helicopter dispatch center to clarify helicopter responses to high altitude areas and also to rescue incidents.</p>	<p>Continue to find opportunities to increase the level of service throughout the EMS region</p>
4.14 4.15	<p>The local EMS agency shall develop multi-casualty response plans and procedures which include provision for on-scene medical management, using the Incident Command System.</p> <p>Multi-casualty response plans and procedures shall utilize state standards and guidelines.</p>	☑	☑	☑	<p>The EMS Agency has updated and implemented MCI policies after meeting in multiple sessions with ambulance providers, first responders, hospitals and dispatch personnel. MCI policy changes include dispatch, field, hospital and EMS Agency personnel. EMS personnel are trained in SEMS, ICS 200, and ICS 700. Supervisors have ICS300, and ICS 400.</p>	<p>Continue to monitor ambulances zones to assure the response of the closest EMS services.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.02	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The EMS Agency has developed protocols for emergency departments in the region for the acceptance of non-stat patient through the waiting room, which is designed to decrease turn-around time of the ambulances. The EMS Agency has modified transfer protocols to assist hospitals in the acceptance of transfers.	Continue to work with local area hospitals for integration into the EMS system.
5.03	The local EMS agency, with the participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The EMS Agency in partnership with the Hospital Council of Northern and Central California redeveloped a transfer agreement that is signed by all 15 acute care hospitals in the EMS region. The agreement places a priority on re-patriation of patients in order to maintain capacity in specialty care areas, such as trauma. The agreement also has an objective of “keeping local patients local” which was an effort to decrease the number of patients transported out of the area due to lack of available services.	Continue to work with local area hospitals for integration into the EMS system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.04 / 5.13	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.	☑	☑	☑	The EMS Agency has modified policy and protocols in order to place priority on immediate transport of patients to an appropriate hospital. In addition to trauma centers and cardiac centers, the EMS Agency is working with hospitals in order to designate stroke centers. The medical specialists in these areas desire immediate transport of patients.	Continue to work with local area hospitals for integration into the EMS system.
5.05	<p>The local EMS agency shall encourage hospitals to prepare for mass casualty management.</p> <p>The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.</p>	☑	☑	☑	The EMS Agency has conducted workshops with hospitals, ambulance services and first responders in an effort to redesign MCI policies. The hospital MCI policy has a significant change in the actions of the hospitals including the disaster control facilities.	Assure MCI policies provide the most expedient and appropriate response to the management of multiple patient incidents.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.02	<p>Audits of prehospital care, including both system response and clinical aspects, shall be conducted</p> <p>The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, inpatient and discharge records.</p>	☑	☑	☑	<p>The EMS Agency has recently developed and released paramedic “report cards”, which are individualized reports that provide paramedics with performance of skills and on-scene times.</p> <p>With the exception of trauma cases, the EMS Agency still does not have access to hospital discharge records, but discussions have been on-going with hospitals who have recently upgraded hospital data systems.</p>	Continue to measure performance of personnel and system to assure quality care and response.
6.04	<p>The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.</p>	☑	☑	☑	<p>The EMS Agency has conducted a detailed review of dispatch data that includes:</p> <ul style="list-style-type: none"> a) appropriate and immediate identification of patient complaint b) Review of appropriateness of upgrades and downgrades and process to decrease these changes c) Review assigned priorities for each patient complaint as compared to patient care reports. 	Continue to evaluate dispatch data and protocols to assure an appropriate response is provided in the most expedient way and to assure that the patient is provided immediate and effective telephone care instructions.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.05	<p>The local EMS agency shall establish a data management system which supports its system wide planning and evaluation and the QA/QI audit of care provided to specific patients. It shall be based on state standards.</p> <p>The local EMS agency should establish an integrated data management system which includes system response and clinical data.</p> <p>The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.</p>	✓	✓	✓	<p>The EMS Agency maintains an integrated and robust database of patient care and response information, which is used to evaluate and measure the EMS system.</p> <p>This year, the EMS Agency joined other counties in the California EMS Information System (CEMSIS) data program and has been submitting all prehospital response data to the state. Under this program grant, a new trauma registry has been purchased for trauma centers and trauma data will soon be submitted to the state.</p>	Continue to maintain and support the EMS Agency data system for measurement and evaluation of the EMS system.
6.10 6.11	<p>The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:</p> <ul style="list-style-type: none"> a) a trauma registry b) a mechanism to identify patients whose care fell outside of established criteria c) a process of identifying potential improvements to the system design and ops. 	✓	✓	✓	<p>The EMS Agency continues to maintain and support an aggressive trauma audit and evaluation process.</p> <p>The EMS Agency has implemented a new trauma registry program and is preparing to submit trauma data to CEMSIS for the first time..</p>	Continue to improve and evaluate the trauma system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.02	<p>Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.</p> <p>The Cal-EMA multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters</p>	☑	☑	☐	The EMS Agency has worked with county emergency management to include a medical annex in emergency plans.	Plan and prepare EMS Agency, counties, and EMS system participants for disaster response.
8.04	Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.	☑	☑	☐	The EMS Agency has included requirements in EMS agreements that prehospital and management personnel be minimally trained in SEMS, ICS 200 and IS 700. Supervisors, management and EMS Agency staff are additionally trained in ICS 300 and 400. Supervisors and EMS Agency must all receive training as a ambulance strike team leader.	Continue to evaluate and improve the disaster response system and assure overall system preparedness.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.10	The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demands.	☑	☑	☑	The EMS Agency works closely with the RDMHS for OES region V and its member counties to assure that medical resources are immediately available.	Assure that medical resources are available to the region and surrounding counties.

Table 1 - System Organization and Management

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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	

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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	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		X	X
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Staffing / Training

Local EMS agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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		X	X
2.06 Response		X		X	X
2.07 Medical Control		X			

Transporting Personnel

2.08 EMT-I Training		X	X	X	X
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		X

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

Communications

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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	X	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

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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			

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.05 Response Time Standards		X	X	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	X		X
4.17 ALS Equipment		X			

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

Enhanced Level: Exclusive Operating Permits

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

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		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	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

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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		X

Disaster Medical Response

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X		X	
8.02 Response Plans		X	X	X	
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties		X	X	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			
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TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Central California EMS Agency

Reporting Year: 2011

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:

County: Fresno

a. Basic Life Support (BLS)	<u>8.4%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>91.6%</u>

County: Kings

a. Basic Life Support (BLS)	<u>1.2%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>98.8%</u>

County: Madera

a. Basic Life Support (BLS)	<u>3.2%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>96.8%</u>

County: Tulare

a. Basic Life Support (BLS)	<u>5.7%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>94.3%</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 Public Health under
	d - Joint Powers Agency	contract to Kings, Madera
	e - Private Non-profit Entity	and Tulare Counties
3.	The person responsible for day-to-day activities of EMS agency reports to:	<u>d.</u>
	a - Public Health Officer	
	b - Health Services Agency Director/Administrator	
	c - Board of Directors	
	d - Other: <u>Fresno - Director of Public Health;</u>	
	<u>Kings - Public Health Director;</u>	
	<u>Madera - Director of Public Health,</u>	
	<u>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>No</u>
	Administration of disaster medical assistance team (DMAT)	<u>No</u>
	Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>No</u>

Table 2 - System Organization & Management (cont.)

Other: Administration of local EMS training and certification of EMS Dispatchers, MICNs and Base Hospital Physicians

Yes

Other: Assist with the training of Emergency Resident Physicians and National Park Ranger Parkmedics

Yes

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$1,732,276</u>
Contract Services (e.g. medical director)	<u>\$1,011,344</u>
Operations (e.g. copying, postage, facilities)	<u>\$74,778</u>
Travel, Education, Garage	<u>\$19,076</u>
Fixed assets	<u>\$0</u>
Indirect expenses (overhead)	<u>\$0</u>
Ambulance subsidy (Separate budget from EMS Agency)	<u>\$258,000</u>
EMS Fund payments to physicians/hospital	<u>Managed by each County</u>
Dispatch center operations (non-staff)	<u>\$296,769</u>
Training program operations	<u>\$25,874</u>
Other:	<u>\$0</u>
TOTAL EXPENSES	<u>\$3,418,117</u>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	-0-
Preventive Health and Health Services (PHHS) Block Grant	-0-
Office of Traffic Safety (OTS)	-0-
State general fund	<u>\$394,116</u>
County general fund	-0-
Other local tax funds (e.g., EMS district)	-0-
County contracts (e.g. multi-county agencies)	<u>\$124,326</u>
Certification fees	<u>\$40,296</u>
Training program approval fees	-0-
Training program tuition/Average daily attendance funds (ADA)	<u>\$388,955</u>
Job Training Partnership ACT (JTPA) funds/other payments	-0-
Base hospital application fees	-0-
Base hospital designation fees	-0-
Trauma center application fees	-0-
Trauma center designation fees	-0-
Pediatric facility approval fees	-0-
Pediatric facility designation fees	-0-
Other critical care center application fees	-0-
Type: <u>n/a</u>	
Other critical care center designation fees	-0-
Type: <u>n/a</u>	
Ambulance service/vehicle fees	-0-
Contributions	-0-
EMS Fund (SB 12/612)*	<u>\$240,000</u>
Other grants: <u>HPP Grant for Regional LEMSA</u>	
Other fees: <u>Dispatch Services</u>	<u>\$1,268,497</u>
Other (specify): <u>Other Public Health Funding</u>	<u>\$896,927</u>
 TOTAL REVENUE	 <u>\$3,418,117</u>

Table 2 - System Organization & Management (cont.)

7. Fee structure for FY 2012-13

 We do not charge any fees

 X Our fee structure is:

First responder certification	<u>-0-</u>
EMS dispatcher certification	<u>\$62</u>
EMT-I certification	<u>\$30</u>
EMT-I recertification	<u>\$32</u>
EMT-defibrillation certification	<u>-0-</u>
EMT-defibrillation recertification	<u>-0-</u>
Advanced EMT certification	<u>\$30</u>
Advanced EMT recertification	<u>\$32</u>
EMT-P accreditation	<u>\$57</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$40</u>
MICN/ARN recertification	<u>\$40</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>	

	<u>Fresno</u>	<u>Kings</u>	<u>Madera</u>	<u>Tulare</u>
Ambulance service license	<u>\$50</u>	<u>\$0</u>	<u>\$0</u>	<u>\$100</u>
Ambulance vehicle permits	<u>\$25</u>	<u>\$0</u>	<u>\$0</u>	<u>\$25</u>
Other: Paramedic Training Tuition	<u>\$5,861</u>			
Other: MICN Training Tuition	<u>\$268</u>			

Table 2 - System Organization & Management (cont.)

EMS System: Central California EMS Agency

Reporting Year: 2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Director	1	\$46.56/hr	42%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	N/A				
ALS Coord./ Field Coord./ Trng Coord.	Senior EMS Specialist	4	\$30.63/hr	42%	
Program Coord./ Field Liaison (Non-clinical)	EMS Specialist	4	\$28.40	42%	
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.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	EMS Specialist	1	\$28.40/hr	42%	
Data Evaluator/ Analyst	EMS Specialist	1	\$28.40/hr	42%	
QA/QI Coordinator	Senior EMS Specialist	1	\$30.63/hr	42%	
IT/GIS Support	Systems Procedures Analyst (IT)	1	\$32.88/hr	42%	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Secretary IV	1	\$20.60/hr	42%	
Other Clerical	Office Assistant III	2	\$16.74/hr	42%	

EMS Agency Organizational Chart

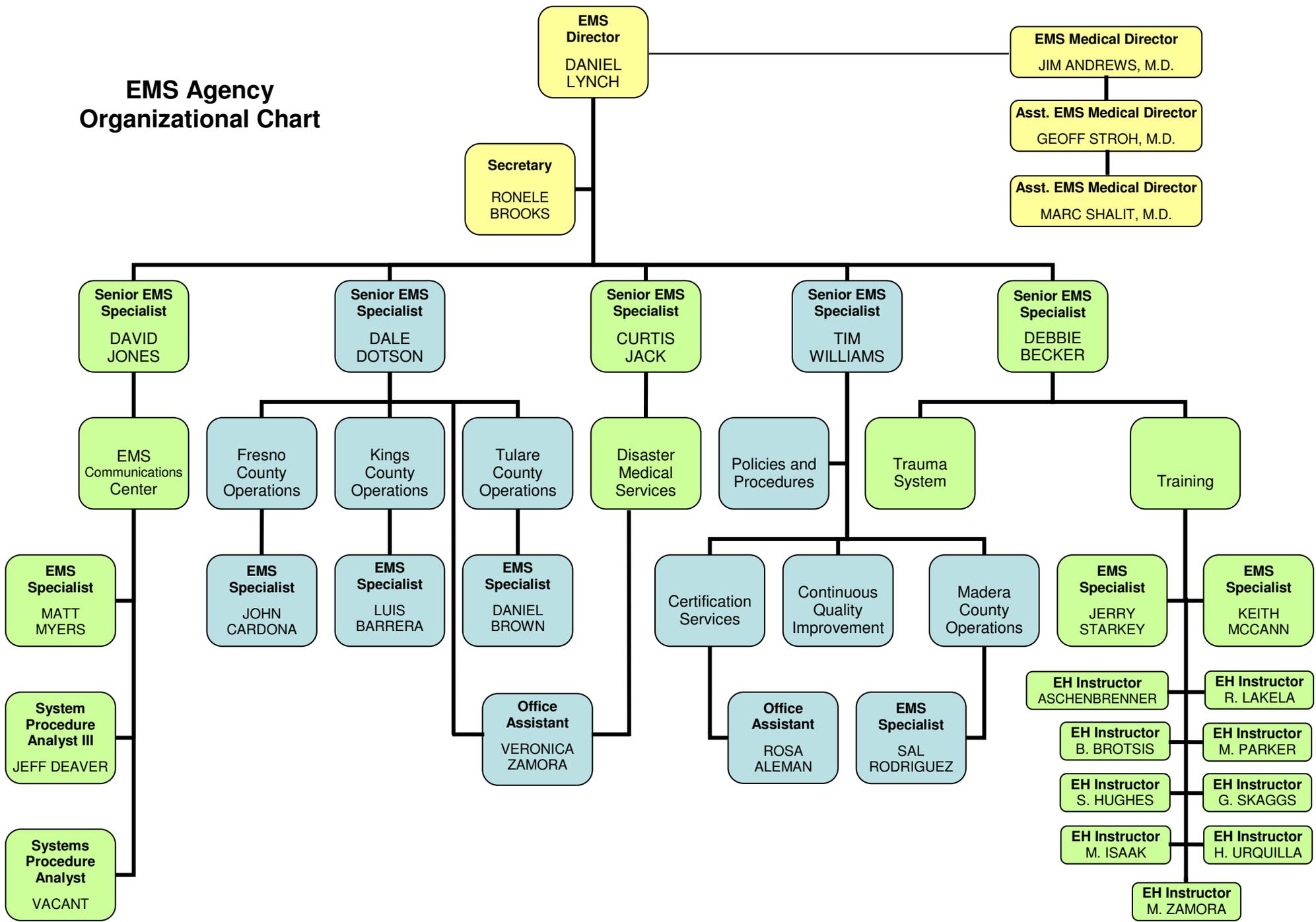


TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: Central California EMS Agency

Reporting Year: 2011

NOTE: Table 3 is to be reported by agency.

	EMT	EMT-II	EMT - Ps	MICN	EMS Dispatchers
Total certified	2925	0		388	103
Number newly certified this year	259	0		52	23
Number recertified this year	744	0		108	28
Total number of accredited personnel on July 1 of the reporting year			485		
Number of certification reviews resulting in:					
a) formal investigations	1	0	1	0	0
b) probation	0	0	0	0	0
c) suspensions	0	0	2	0	0
d) revocations	1	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: 103
2. Early defibrillation:
Number of EMT-I (defib) certified: 2925
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: 2012

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: 0
- 3. Number of dispatch centers directly dispatching ambulances 1 (Fresno EMS)
- 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 Fresno County MED 12 458.325/453.325 156.7
 - 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 no X
- 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: 2012

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 (Fresno EMS)
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 14 – 456.425/451.425 114.8
 - b. Other methods Fresno County Med 10 – 462.975/467.975 114.8
 - 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 no X
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: 2012

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: 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 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? yes X no
 - 1) Within the operational area? yes X no
 - 2) Between the operational area and the region and/or state? yes no X
- 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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Central California EMS Agency

Reporting Year: 2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 31

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5 min	15 min	Best effort	Measured by area
Early defibrillation responder	5 min	15 min	Best Effort	Measured by area
Advanced life support responder	5 min	15 min	Best Effort	Measured by area
Transport Ambulance				
Fresno (95% Performance)	10 min	20 min	60 min	Measured by area
Kings (90% Performance)	8 min	15 min	60 min	Measured by area
Madera (95% Performance)	10 min	20 min	60 min	Measured by area
Tulare (95% Performance)	10 min	20 min	60 min	Measured by area

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

EMS System: Central California EMS Agency

Reporting Year: 2012

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma registry criteria	<u>3901</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>1286</u>
c) Number of major trauma patients transferred to a trauma center	<u>940</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments:

a) Number of referral emergency services	<u>2</u>
b) Number of standby emergency services	<u>4</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: 2012

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 X no

2. CISD

Do you have a CISD provider with 24 hour capability? yes no X

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?
 - 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: 2012

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 ___ no X

- 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: 2012

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 ___ no X

- 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? 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 □ (@ Road 19)
Madera	Madera County Health Department 14215 Road 28 (@ Avenue 14) Madera Community Hospital 27600 Avenue 13 □ (@ 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: 2011

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 ___ no X
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? 9

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno **Response Zone:** Fresno County Ambulance Zone N

Provider: American Ambulance **Number of Ambulances:** _____

Address: 2911 E Tulare Ave
Fresno, CA 93721 **Number of Ambulance Vehicles in fleet:** 3

Phone Number: 559-443-5900 **Average number of ambulances on duty at 12:00 p.m. (noon) on any given day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>5470</u> Total number of responses	<u>3521</u> Total number of transports
<u>3593</u> Number of emergency responses	<u>2381</u> Number of emergency transports
<u>1877</u> Number of non-emergency responses	<u>1140</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County Exclusive Operating Area

Provider: American Ambulance

Number of Ambulances: _____

Address: 2911 E Tulare Ave
Fresno, CA 93721

Number of Ambulance Vehicles in fleet: 67

Phone Number: 559-443-5900

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 43

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>144,969</u> Total number of responses	<u>101,383</u> Total number of transports
<u>69,991</u> Number of emergency responses	<u>47,396</u> Number of emergency transports
<u>74,978</u> Number of non-emergency responses	<u>53,987</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County – Auberry Fire District

Provider: Auberry Volunteer Fire Department

Number of Ambulances: _____

Address: P.O. Box 191
Auberry, CA 93602

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-855-4084

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County – Bald Mtn Fire Dist

Provider: Bald Mountain Volunteer Fire Dept

Number of Ambulances: _____

Address: 41967 Auberry Road
Auberry, CA 93602

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-855-8443

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

_____ Total number of responses

_____ Total number of transports

_____ Number of emergency responses

_____ Number of emergency transports

_____ Number of non-emergency responses

_____ Number of non-emergency transports

Air Ambulance Services (2011 response data)

_____ Total number of responses

_____ Total number of transports

_____ Number of emergency responses

_____ Number of emergency transports

_____ Number of non-emergency responses

_____ Number of non-emergency transports

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Central Valley

Provider: California Highway Patrol Helicopter

Number of Ambulances: _____

Address: 41967 Auberry Road
Auberry, CA 93602

Number of Ambulance Vehicles in fleet: 1

Phone Number: 559-488-4121

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 1

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

<u>180</u> Total number of responses	<u>43</u> Total number of transports
<u>180</u> Number of emergency responses	<u>43</u> Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: City of Clovis

Provider: Clovis City Fire Department

Number of Ambulances: _____

Address: 1233 5th Street
Clovis, CA 93612

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-324-2200

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County Ambulance Zone C

Provider: Coalinga City Fire Department

Number of Ambulances: _____

Address: 300 Elm Street
Coalinga, CA 93210

Number of Ambulance Vehicles in fleet: 9

Phone Number: 559-935-1652

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>3408</u> Total number of responses	<u>2204</u> Total number of transports
<u>1471</u> Number of emergency responses	<u>832</u> Number of emergency transports
<u>1937</u> Number of non-emergency responses	<u>1372</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: City of Firebaugh

Provider: Firebaugh City Fire Department

Number of Ambulances: _____

Address: 1575 11th Street
Firebaugh, CA 93622

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-659-2061

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: City of Fowler

Provider: Fowler City Fire Department

Number of Ambulances: _____

Address: 128 S. 5th Street
Fowler, CA 93625

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-834-3113

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: City of Fresno

Provider: Fresno City Fire Department

Number of Ambulances: _____

Address: 911 H Street
Fresno, CA 93721

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-621-4000

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno **Response Zone:** Fresno County Fire Protection District

Provider: Fresno County Fire Protection District **Number of Ambulances:** _____

Address: 210 S Academy Ave
Sanger, CA 93657 **Number of Ambulance Vehicles in fleet:** 0

Phone Number: 559-493-4300 **Average number of ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Hume Lake Christian Camp

Provider: Hume Lake Volunteer Fire Department

Number of Ambulances: _____

Address: 64144 Hume Lake Road
Hume, CA 93628

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-305-7576

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public</p> <p><input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Huntington Fire Protection District

Provider: Huntington Lake Volunteer Fire Dept

Number of Ambulances: _____

Address: 334 Shaw Ave, Suite 135
Clovis, CA 93612

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-893-2347

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County Ambulance Zone K

Provider: Kingsburg City Fire Department

Number of Ambulances: _____

Address: 1460 Marion Street
Kingsburg, CA 93631

Number of Ambulance Vehicles in fleet: 3

Phone Number: 559-935-1652

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

1707 Total number of responses
580 Number of emergency responses
1127 Number of non-emergency responses

1137 Total number of transports
424 Number of emergency transports
713 Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Laton Fire Protection District

Provider: Laton Volunteer Fire Dept

Number of Ambulances: _____

Address: 20799 S Fowler Ave,
Laton, CA 93242

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-381-1063

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Mtn Valley Fire Protection District

Provider: Mountain Valley Volunteer Fire Dept

Number of Ambulances: _____

Address: 46694 Chuckwagon Road
Dunlap, CA 93621

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-332-2477

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Orange Cove Fire Protection District

Provider: Orange Cove City Fire Department

Number of Ambulances: _____

Address: 550 Center Street
Orange Cove, CA 93646

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-626-7758

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: City of Reedley

Provider: Reedley City Fire Department

Number of Ambulances: _____

Address: 1060 D Street
Reedley, CA 93656

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-637-4230

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County Ambulance Zone I

Provider: Sanger City Fire Department

Number of Ambulances: _____

Address: 601 West Ave
Sanger, CA 93657

Number of Ambulance Vehicles in fleet: 3

Phone Number: 559-875-6568

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

3076 Total number of responses
1846 Number of emergency responses
1230 Number of non-emergency responses

2026 Total number of transports
1227 Number of emergency transports
799 Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County Ambulance Zone G

Provider: Selma City Fire Department

Number of Ambulances: _____

Address: 2857 A Street
Selma, CA 93662

Number of Ambulance Vehicles in fleet: 3

Phone Number: 559-891-2211

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 2

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

6133 Total number of responses
2187 Number of emergency responses
3946 Number of non-emergency responses

4438 Total number of transports
1485 Number of emergency transports
2953 Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Fresno County Ambulance Zone J

Provider: Sequoia Safety Council

Number of Ambulances: _____

Address: 500 E 11th Street
Reedley, CA 93654

Number of Ambulance Vehicles in fleet: 5

Phone Number: 559-638-9995

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Not for Profit</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>5106</u> Total number of responses	<u>3623</u> Total number of transports
<u>2499</u> Number of emergency responses	<u>1742</u> Number of emergency transports
<u>2607</u> Number of non-emergency responses	<u>1881</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Shaver Lake Fire Protection District

Provider: Shaver Lake Volunteer Fire Department

Number of Ambulances: _____

Address: 41344 Tollhouse Road
Shaver Lake, CA 93664

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-841-3211

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Fresno

Response Zone: Central Valley

Provider: Skylife Helicopters

Number of Ambulances: _____

Address: 2911 E Tulare Ave
Fresno, CA 93721

Number of Ambulance Vehicles in fleet: 2

Phone Number: 559-346-1025

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

<u>2203</u> Total number of responses	<u>782</u> Total number of transports
<u>948</u> Number of emergency responses	<u>568</u> Number of emergency transports
<u>1255</u> Number of non-emergency responses	<u>214</u> Number of non-emergency transports

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Kings

Response Zone: Kings County Exclusive Operating Area

Provider: American Ambulance

Number of Ambulances: _____

Address: 910 Garner Ave
Hanford, CA 93230

Number of Ambulance Vehicles in fleet: 16

Phone Number: 559-585-6802

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 13

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>14,492</u> Total number of responses	<u>12,556</u> Total number of transports
<u>6,983</u> Number of emergency responses	<u>5,508</u> Number of emergency transports
<u>7,509</u> Number of non-emergency responses	<u>7,048</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Kings

Response Zone: Kings County Exclusive Operating Area
(Subcontractor to American Ambulance)

Provider: Avenal District Ambulance

Number of Ambulances: _____

Address: 709 N. 3rd Street
Avenal, CA 93204

Number of Ambulance Vehicles in fleet: 3

Phone Number: 559-386-2211

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 2

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>Health District</u></p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

<u>1,709</u> Total number of responses	<u>1,077</u> Total number of transports
<u>876</u> Number of emergency responses	<u>471</u> Number of emergency transports
<u>833</u> Number of non-emergency responses	<u>606</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Kings

Response Zone: City of Hanford

Provider: Hanford City Fire Department

Number of Ambulances: _____

Address: 350 W Grangeville Blvd
Hanford, CA 93230

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-585-2545

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Kings

Response Zone: Kings County

Provider: Kings County Fire Department

Number of Ambulances: _____

Address: 280 N Campus Drive
Hanford, CA 93230

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-582-8261

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Kings

Response Zone: City of Lemoore

Provider: Lemoore City Fire Department

Number of Ambulances: _____

Address: 210 Fox Street
Lemoore, CA 93245

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-924-6797

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Kings

Response Zone: Naval Air Station - Lemoore

Provider: Lemoore Naval Air Station

Number of Ambulances: _____

Address: P.O. Box 1023
Lemoore, CA 93245

Number of Ambulance Vehicles in fleet: 3

Phone Number: 559-681-6101

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 2

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

<u>1,015</u> Total number of responses	<u>609</u> Total number of transports
<u>362</u> Number of emergency responses	<u>145</u> Number of emergency transports
<u>653</u> Number of non-emergency responses	<u>464</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Madera

Response Zone: City of Chowchilla

Provider: Chowchilla City Police Department

Number of Ambulances: _____

Address: 122 Trinity Ave
Chowchilla, CA 93610

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-665-8624

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Madera

Response Zone: County of Madera

Provider: Madera County Fire Department/Cal Fire

Number of Ambulances: _____

Address: 14225 Road 28
Madera, CA 93638

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-665-8624

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County</p> <p><input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Madera

Response Zone: Chowchilla Response Area

Provider: Pistoresi Ambulance Service, Inc.

Number of Ambulances: _____

Address: 113 North R Street
Madera, CA 93637

Number of Ambulance Vehicles in fleet: 1

Phone Number: 559-673-8004

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

<u>2466</u> Total number of responses	<u>1574</u> Total number of transports
<u>1357</u> Number of emergency responses	<u>763</u> Number of emergency transports
<u>1109</u> Number of non-emergency responses	<u>811</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Madera **Response Zone:** Madera Valley Response Area

Provider: Pistoresi Ambulance Service of Madera, Inc. **Number of Ambulances:** _____

Address: 113 North R Street
Madera, CA 93637 **Number of Ambulance Vehicles in fleet:** 8

Phone Number: 559-673-8004 **Average number of ambulances on duty at 12:00 p.m. (noon) on any given day:** 5

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

<u>10,016</u> Total number of responses	<u>7006</u> Total number of transports
<u>5246</u> Number of emergency responses	<u>3263</u> Number of emergency transports
<u>4770</u> Number of non-emergency responses	<u>3743</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Madera

Response Zone: Madera Mountain EOA

Provider: Sierra Ambulance Service

Number of Ambulances: _____

Address: 40755 Winding Way
Oakhurst, CA 93644

Number of Ambulance Vehicles in fleet: 6

Phone Number: 559-642-0650

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Not for Profit</u></p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

<u>3986</u> Total number of responses	<u>2453</u> Total number of transports
<u>2490</u> Number of emergency responses	<u>1471</u> Number of emergency transports
<u>1496</u> Number of non-emergency responses	<u>982</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tulare EMS Zones 2, 3 and 13

Provider: American Ambulance of Visalia

Number of Ambulances: _____

Address: 2017 E Noble Ave
Visalia, CA 93292

Number of Ambulance Vehicles in fleet: 8

Phone Number: 559-730-3015

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>10,344</u> Total number of responses	<u>8,574</u> Total number of transports
<u>5,176</u> Number of emergency responses	<u>4,042</u> Number of emergency transports
<u>5,165</u> Number of non-emergency responses	<u>4,532</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tulare EMS Zone 14

Provider: California Hot Springs Ambulance

Number of Ambulances: _____

Address: 45122 Mahter Meadow Drive
California Hot Springs, CA 93207

Number of Ambulance Vehicles in fleet: 1

Phone Number: 559-733-6544

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tulare EMS Zone 14

Provider: Camp Nelson Volunteer Ambulance

Number of Ambulances: _____

Address: 1500 A Nelson Drive
Camp Nelson, CA 93208

Number of Ambulance Vehicles in fleet: 1

Phone Number: 559-747-8233

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Not for profit</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>39</u> Total number of responses	<u>24</u> Total number of transports
<u>31</u> Number of emergency responses	<u>20</u> Number of emergency transports
<u>8</u> Number of non-emergency responses	<u>4</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tulare EMS Zone 1

Provider: Dinuba City Fire Department

Number of Ambulances: _____

Address: 496 E Tulare
Dinuba, CA 93618

Number of Ambulance Vehicles in fleet: 4

Phone Number: 559-591-5931

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 2

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

<u>3,309</u> Total number of responses	<u>2,530</u> Total number of transports
<u>2,242</u> Number of emergency responses	<u>1,676</u> Number of emergency transports
<u>1,067</u> Number of non-emergency responses	<u>854</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tulare EMS Zone 3, 5, 8, 13

Provider: Exeter District Ambulance

Number of Ambulances: _____

Address: 302 E Palm Street
Exeter, CA 93221

Number of Ambulance Vehicles in fleet: 4

Phone Number: 559-594-5250

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Health District</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>2938</u> Total number of responses	<u>2184</u> Total number of transports
<u>2007</u> Number of emergency responses	<u>1454</u> Number of emergency transports
<u>931</u> Number of non-emergency responses	<u>730</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: City of Farmersville

Provider: Farmersville City Fire Department

Number of Ambulances: _____

Address: 909 W Visalia Road
Farmersville, CA 93223

Number of Ambulance Vehicles in fleet: _____ 0

Phone Number: 559-747-0791

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: _____ 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tulare EMS Zones 8 and 9

Provider: Imperial Ambulance

Number of Ambulances: _____

Address: 22 N Cottage
Porterville, CA 93257

Number of Ambulance Vehicles in fleet: 6

Phone Number: 559-784-8500

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>8,667</u> Total number of responses	<u>7,455</u> Total number of transports
<u>3,632</u> Number of emergency responses	<u>2,916</u> Number of emergency transports
<u>5,035</u> Number of non-emergency responses	<u>4,539</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tulare EMS Zones 8 and 9

Provider: Sierra LifeStar Ambulance

Number of Ambulances: _____

Address: 234 N M Street
Tulare, CA 93274

Number of Ambulance Vehicles in fleet: 6

Phone Number: 559-688-2550

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

<u>7,314</u> Total number of responses	<u>5,865</u> Total number of transports
<u>4,372</u> Number of emergency responses	<u>3,327</u> Number of emergency transports
<u>2,942</u> Number of non-emergency responses	<u>2,538</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: City of Lindsay

Provider: Lindsay Department

Number of Ambulances: _____

Address: 185 N Gale Hill
Lindsay, CA 93247

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-562-2511

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare **Response Zone:** Tulare EMS Zones 2, 3, 8, 9, and 13

Provider: Sierra LifeStar Ambulance **Number of Ambulances:** _____

Address: 2412 E Valley Oak Drive
Visalia, CA 93292 **Number of Ambulance Vehicles in fleet:** 8

Phone Number: 559-687-3314 **Average number of ambulances on duty at 12:00 p.m. (noon) on any given day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

<u>14,612</u> Total number of responses	<u>12,202</u> Total number of transports
<u>6,446</u> Number of emergency responses	<u>4,862</u> Number of emergency transports
<u>8,166</u> Number of non-emergency responses	<u>7,340</u> Number of non-emergency transports

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: City of Porterville

Provider: Porterville City Fire Department

Number of Ambulances: _____

Address: 40 W Cleveland
Porterville, CA 93257

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-782-7400

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: City of Tulare

Provider: Tulare City Fire Department

Number of Ambulances: _____

Address: 800 S Blackstone
Tulare, CA 93274

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-684-4290

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: County of Tulare

Provider: Tulare County Fire Department

Number of Ambulances: _____

Address: 907 W Visalia Road
Farmersville, CA 93223

Number of Ambulance Vehicles in fleet: _____ 0

Phone Number: 559-747-8233

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: _____ 0

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: Tule River Indian Reservation

Provider: Tule River Fire Department

Number of Ambulances: _____

Address: 907 W Visalia Road
Farmersville, CA 93223

Number of Ambulance Vehicles in fleet: _____ 0

Phone Number: 559-747-8233

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: _____ 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input checked="" type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 8: RESOURCE DIRECTORY

Response/Transportation Providers

Reporting Period: 2012

County: Tulare

Response Zone: City of Visalia

Provider: Visalia City Fire Department

Number of Ambulances: _____

Address: 309 S Johnson
Visalia, CA 93291

Number of Ambulance Vehicles in fleet: 0

Phone Number: 559-734-8116

Average number of ambulances on duty at 12:00 p.m. (noon) on any given day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies (2011 response data)

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

Air Ambulance Services (2011 response data)

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

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Fresno County

Facility: Adventist Medical Center – Reedley

Telephone Number: (559) 638-8155

Address: 372 W Cypress Ave, Reedley, CA 93654

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Fresno County

Facility: Adventist Medical Center – Selma

Telephone Number: (559) 891-1000

Address: 1141 Rose Ave, Selma, CA 93662

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Fresno County

Facility: Clovis Community Medical Center

Telephone Number: (559) 324-4000

Address: 2755 Herndon Ave, Clovis, CA 93611

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Fresno County

Facility: Coalinga Regional Medical Center

Telephone Number: (559) 935-6400

Address: 1191 Phelps, Coalinga, CA 93210

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP¹¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU¹² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Fresno County

Facility: Community Regional Medical Center

Telephone Number: (559) 459-6000

Address: 2823 Fresno Street, Fresno, CA 93721

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP¹⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU¹⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Fresno County

Facility: St. Agnes Medical Center

Telephone Number: (559) 450-3000

Address: 1303 E Herndon Ave, Fresno, CA 93720

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP²⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU²¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Fresno County

Facility: Veterans Administration Hospital

Telephone Number: (559) 225-6100

Address: 2615 E Clinton Ave, Fresno, CA 93703

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center²² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP²³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU²⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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²² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Kings County

Facility: Adventist Medical Center – Hanford

Telephone Number: (559) 582-9000

Address: 115 Mall Drive, Hanford, CA 93230

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center²⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP²⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU²⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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²⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Kings County

Facility: Corcoran District Hospital

Telephone Number: (559) 992-5051

Address: 1310 Hanna Ave, Corcoran, CA 93212

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center²⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP²⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU³⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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²⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Kings County

Facility: Naval Hospital – Lemoore

Telephone Number: (559) 998-4481

Address: 937 Franklin Ave, Lemoore, CA 93246

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center³¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP³² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU³³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Madera County

Facility: Children’s Hospital Central California

Telephone Number: (559) 353-3000

Address: 9300 Valley Children’s Place, Madera, CA 93636

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center³⁴ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EDAP³⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PICU³⁶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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³⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Madera County

Facility: Madera Community Hospital

Telephone Number: (559) 675-5555

Address: 1250 E Almond Ave., Madera, CA 93637

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center³⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP³⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU³⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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³⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Tulare County

Facility: Kaweah Delta Medical Center

Telephone Number: (559) 624-2000

Address: 400 W Mineral King Ave., Visalia, CA 93291

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP⁴¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU⁴² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁴⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁴² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Tulare County

Facility: Sierra View District Hospital

Telephone Number: (559) 784-1110

Address: 465 W Putnum Ave, Porterville, CA 93257

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP⁴⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU⁴⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁴³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁴⁵ Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2012

County: Tulare County

Facility: Tulare Regional Medical Center

Telephone Number: (559) 688-0821

Address: 869 N Cherry, Tulare, CA. 93274

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP⁴⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU⁴⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center – What Level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁴⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁴⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>Alert Medic/Reedley Fire Dept</u>		Telephone Number:	<u>559-456-6006</u>
Address:	<u>1421 N Clovis Ave #112</u>			
	<u>Fresno, CA 93727</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$550</u>	Number of students completing training per year:	
	Refresher:	<u>\$100</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>1/13/16</u>
		Number of courses:		
		Initial training:		<u>3</u>
		Refresher:		<u>1</u>
		Continuing Education:		_____

Training Institution:	<u>American Ambulance/Coalinga Fire Dept</u>		Telephone Number:	<u>559-443-5900</u>
Address:	<u>2911 E Tulare Ave</u>			
	<u>Fresno, CA 93721</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$750</u>	Number of students completing training per year:	
	Refresher:	_____	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>6/30/14</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		_____
		Continuing Education:		_____

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>CSU Fresno</u>	Telephone Number:	<u>559-278-4014</u>
Address:	<u>2345 E San Ramon</u> <u>Fresno, CA 93740</u>		
Student Eligibility*:	<u>Enrolled Student</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$300</u>	Initial training:	<u> </u>
Refresher:	<u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/14</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Central California EMS Agency</u>	Telephone Number:	<u>559-600-3387</u>
Address:	<u>1221 Fulton Mall</u> <u>Fresno, CA 93721</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$5861</u>	Initial training:	<u> </u>
Refresher:	<u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>4/30/15</u>
		Number of courses:	
		Initial training:	<u> </u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>Central California EMS Agency</u>		Telephone Number:	<u>559-600-3387</u>
Address:	<u>1221 Fulton Mall</u>			
	<u>Fresno, CA 93721</u>			
Student Eligibility*:	<u>Base Hospital</u>	**Program Level	<u>MICN</u>	
	Cost of Program:			
	Basic:	<u>\$268</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>4/30/15</u>
			Number of courses:	
			Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____

Training Institution:	<u>Clovis Unified School District</u>		Telephone Number:	<u>559-978-3646</u>
Address:	<u>169 David E Cook Way</u>			
	<u>Clovis, CA 93611</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>n/a</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>2/28/13</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	_____
			Continuing Education:	_____

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

** Indicate whether EMT, A-EMTI, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>Fresno City College</u>		Telephone Number:	<u>559-441-5678</u>
Address:	<u>2930 E Annadale</u>			
	<u>Fresno, CA 93706</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic: <u>\$/Unit</u>	Number of students completing training per year:		
	Refresher: <u>n/a</u>	Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:		<u>6/30/14</u>
		Number of courses:		
		Initial training:		<u>2</u>
		Refresher:		<u>2</u>
		Continuing Education:		

Training Institution:	<u>Fresno City Fire Department</u>		Telephone Number:	<u>559-621-4200</u>
Address:	<u>911 H Street</u>			
	<u>Fresno, CA 93721</u>			
Student Eligibility*:	<u>Employess</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic: <u>n/a</u>	Number of students completing training per year:		
	Refresher: <u>n/a</u>	Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:		<u>6/30/15</u>
		Number of courses:		
		Initial training:		<u>2</u>
		Refresher:		
		Continuing Education:		

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>Fresno County Fire Protection District</u>		Telephone Number:	<u>559-485-7500</u>
Address:	<u>210 S Academy</u>			
	<u>Sanger, CA 93657</u>			
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>n/a</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>6/30/14</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u> </u>

Training Institution:	<u>Fresno County Office of Education</u>		Telephone Number:	<u>559-495-3778</u>
Address:	<u>3333 E American Ave</u>			
	<u>Fresno, CA 93721</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$268</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>6/30/13</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>Fresno Unified School District</u>		Telephone Number:	<u>559-457-6000</u>
Address:	<u>2500 Stanislaus</u>			
	<u>Fresno, CA 93721</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$/unit</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>6/30/14</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u> </u>

Training Institution:	<u>Kingsburg Fire Department</u>		Telephone Number:	<u>559-897-5475</u>
Address:	<u>1460 Marion Street</u>			
	<u>Kingsburg, CA 93631</u>			
Student Eligibility*:	<u>Employee</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>n/a</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>6/30/14</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>Orange Cove Fire Department</u>	Telephone Number:	<u>559-638-9995</u>
Address:	<u>500 Center Street</u> <u>Orange Cove, CA 93631</u>		
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$250</u>	Initial training:	<u> </u>
	Refresher: <u>\$150</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>8/31/14</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Selma City Fire Department</u>	Telephone Number:	<u>559-896-2511</u>
Address:	<u>2861 A Street</u> <u>Selma, CA 93662</u>		
Student Eligibility*:	<u>Employees</u>	**Program Level	<u>EMT</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>n/a</u>	Initial training:	<u> </u>
	Refresher: <u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/14</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>Institute of Technology</u>		Telephone Number:	<u>559-326-1832</u>
Address:	<u>564 W Herndon Ave</u>			
	<u>Clovis, CA 93612</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$1500</u>	Number of students completing training per year:	
	Refresher:	<u>\$100</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>3/31/15</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u> </u>

Training Institution:	<u>WestMed College</u>		Telephone Number:	<u>559-256-4985</u>
Address:	<u>20 River Park Place West</u>			
	<u>Fresno, CA 93720</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$1250</u>	Number of students completing training per year:	
	Refresher:	<u>\$240</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>10/31/15</u>
			Number of courses:	
			Initial training:	<u>4</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u> </u>

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Fresno County

Reporting Year: 2012

Training Institution:	<u>WestMed College</u>	Telephone Number:	<u>559-326-1832</u>
Address:	<u>20 River Park Place West</u> <u>Fresno, CA 93720</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>
	Cost of Program:		
	Basic: <u>\$12632</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training:	<u> </u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>10/31/15</u>
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Kings County

Reporting Year: 2012

Training Institution:	<u>Hanford City Fire Department</u>		Telephone Number:	<u>559-585-2545</u>
Address:	<u>350 West Grangeville</u>			
	<u>Hanford, CA 93230</u>			
Student Eligibility*:	<u>Employees</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>n/a</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>6/30/14</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	_____
			Continuing Education:	_____

Training Institution:	<u>Kings County Fire Department</u>		Telephone Number:	<u>559-582-3211</u>
Address:	<u>280 Campus Drive</u>			
	<u>Hanford, CA 93230</u>			
Student Eligibility*:	<u>Employees</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>n/a</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	<u>6/30/14</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>2</u>
			Continuing Education:	_____

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** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Kings County

Reporting Year: 2012

Training Institution:	<u>West Hills College</u>	Telephone Number:	<u>559-925-3000</u>
Address:	<u>555 College Ave</u> <u>Lemoore, CA 93245</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$/unit</u>	Initial training:	<u> </u>
Refresher:	<u>\$/unit</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/14</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

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** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Madera County

Reporting Year: 2012

Training Institution:	<u>Madera Adult School</u>	Telephone Number:	<u>559-675-4425</u>
Address:	<u>26355 Ave 13</u> <u>Madera, CA 93637</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$200</u>	Initial training:	<u> </u>
Refresher:	<u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/14</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Yosemite Community Education Center</u>	Telephone Number:	<u>559-683-8801</u>
Address:	<u>50200 Road 427</u> <u>Oakhurst, CA 93644</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$125</u>	Initial training:	<u> </u>
Refresher:	<u>\$75</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/14</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>5</u>
		Continuing Education:	<u> </u>

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Tulare County

Reporting Year: 2012

Training Institution:	<u>College of the Sequoias</u>	Telephone Number:	<u>559-730-3732</u>
Address:	<u>915 S Mooney Blvd</u> <u>Visalia, CA 93277</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$104</u>	Initial training:	<u> </u>
Refresher:	<u>\$26</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/13</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Dinuba City Fire Department</u>	Telephone Number:	<u>559-591-5931</u>
Address:	<u>496 E Tulare Ave</u> <u>Dinuba, CA 93618</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$500</u>	Initial training:	<u> </u>
Refresher:	<u>\$250</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/13</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u> </u>

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

** Indicate whether EMT, A-EMT, 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 -- Approved Training Programs

County: Tulare County

Reporting Year: 2012

Training Institution:	<u>Porterville College</u>	Telephone Number:	<u>559-791-2321</u>
Address:	<u>900 S Main Street</u> <u>Porterville, CA 93257</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$181</u>	Initial training:	<u> </u>
Refresher:	<u>\$75</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>10/31/15</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Tulare City Fire Department</u>	Telephone Number:	<u>559-684-4300</u>
Address:	<u>800 S Blackstone</u> <u>Tulare, CA 93274</u>		
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>n/a</u>	Initial training:	<u> </u>
Refresher:	<u>n/a</u>	Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>6/30/13</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>

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

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Fresno County

Reporting Year: 2012

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>58</u> EMD Training	<u>10</u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		Explain: <u>Health</u>			

County: Kings County

Reporting Year: 2012

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>58</u> EMD Training	<u>10</u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		Explain: <u>Health</u>			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Madera County

Reporting Year: 2012

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>4555 E Hamilton Ave</u>		Regional Dispatch Center For Fresno, Kings and Madera Counties		
	<u>Fresno, CA 93702</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>58</u> EMD Training	<u>10</u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		Explain: <u>Health</u>			

County: Tulare County

Reporting Year: 2012

Name:	<u>Tulare County Consolidated Dispatch Center</u>		Primary Contact:	<u>Anna Smith</u>	
Address:	<u>125 North N Street</u>				
	<u>Tulare, CA 93274</u>				
Telephone Number:	<u>559-687-3314</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>16</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		Explain:			

**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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Fresno County Exclusive Operating Area
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) 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.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity The Fresno County exclusive operating area provides exclusivity for emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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. Since 1984, the Fresno County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1984 which awarded a three year contract. A second competitive procurement process was initiated in 1986 which awarded a five year contract with an additional 4 year extension to the provider. A third competitive bid process in 1997 was also implemented and ended on December 2007. After a competitive bid process in 2007, a five-year contract was awarded and implemented on January 1, 2008 that included one optional five-year extension. American was awarded the 5-year extension which extends the exclusive agreement to December 31, 2017. Prior to each procurement process, all request for proposals were submitted an approved by the State EMS Authority.

**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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone C (Non-Exclusive Operating Area)
Name of Current Provider(s): Coalinga City Fire Department
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone C is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone G (Non-Exclusive Operating Area)
Name of Current Provider(s): Selma City Fire Department
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone G is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone I (Non-Exclusive Operating Area)
Name of Current Provider(s): Sanger City Fire Department
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone I is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone K (Non-Exclusive Operating Area)
Name of Current Provider(s): Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone K is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone N (Non-Exclusive Operating Area)
Name of Current Provider(s): American Ambulance
<p>Area or subarea (Zone) Geographic Description: 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.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Fresno County Ambulance Zone N is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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>Fresno County Ambulance Zone N is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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>Fresno County Ambulance Zone N 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Kings County Exclusive Operating Area
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Exclusive Operating Area includes the entire County of Kings excluding the Riverdale Service Area (Zone 01), Kingsburg Service Area (Zone 03), and the Lemoore Naval Air Station Service Area (Zone 04).
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) 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 exclusive operating area to a single ground emergency ambulance service and ground advanced life support service.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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 Kings County exclusive operating area provides exclusivity for emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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>Since 1995, the Kings County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. 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 through October 31, 2010. A new competitive bid process was conducted in 2010 and the RFP was submitted and approved by the State EMS Authority as an amendment to the EMS plan. American Ambulance was chosen to continue as the exclusive provider under a new 5 year agreement beginning November 1, 2010 through October 31, 2015. The exclusive agreement also contains an option for one 5-year extension upon approval by the EMS Agency and County.</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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 01
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 01 is located on the northern border of Kings County, immediately adjacent to the Fresno County community of Riverdale. This area is bordered on the south by the Kings River, which allows quicker response times from Fresno County. It contains only a rural area of Kings County and does not include any incorporated areas.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 1 is a non-exclusive area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.). Kings County Ambulance Zone 1 is a non-exclusive area.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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. Kings County Ambulance Zone 1 is a non-exclusive 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 03
Name of Current Provider(s): Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 03 is located on the north-eastern border of Kings County and Fresno County, which is immediately adjacent to the Fresno County City of Kingsburg. This area is Bordered on the south by the Kings County EOA Zone 09 and 02, Tulare County on the East, and Fresno County on the west and north. The area contains a rural/unincorporated area of Kings County.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 3 is a non-exclusive area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.). Kings County Ambulance Zone 3 is a non-exclusive area.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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. Kings County Ambulance Zone 3 is a non-exclusive 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 04
Name of Current Provider(s): United States - Naval Air Station-Lemoore
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 04 is the geographical area and jurisdiction of the federal government installation – Naval Air Station –Lemoore. It is border by the Kings County EOA on the north, east and South, and is bordered by Fresno County on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.). Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore
Method to achieve Exclusivity, if applicable (HS 1797.224): 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. Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore

**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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Madera County – Chowchilla Area Ambulance Zone
Name of Current Provider(s): Pistoresi Ambulance Service, Inc.
<p>Area or subarea (Zone) Geographic Description: The Madera County – Chowchilla Area Ambulance Zone is located in the northwestern Madera County and includes the City of Chowchilla, the communities of Fairmead, Dairyland, and the unincorporated areas surrounding these communities. It borders the Madera Area Zone on the south, the County of Merced on the west, and the Madera County Mountain Exclusive Operating area on the north.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>The Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area. The EMS Agency and Madera County will still continue to develop the exclusive operating area for this area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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 Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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 Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.</p>

NOTE: This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Madera County – Madera Area Ambulance Zone
Name of Current Provider(s): Pistoresi Ambulance Service of Madera, Inc.
<p>Area or subarea (Zone) Geographic Description: Madera County – Madera Area is located in the southwestern Madera County and includes the City of Madera and the communities of 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 Madera County – Chowchilla Area on the North, and the Madera County Mountain Exclusive Operating area on the northeast.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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>Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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>Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.</p>

NOTE: This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones or areas which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

**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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Madera County Mountain Exclusive Operating Area
Name of Current Provider(s): Sierra Ambulance Service, Inc
<p>Area or subarea (Zone) Geographic Description: 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.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</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 Madera County Mountain Exclusive Operating Area to a single emergency ground ambulance service. By creating the Mountain EOA, it is the intent of the Local EMS Agency, at the recommendation of the Madera County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity.</p> <p>The Madera County Mountain Exclusive Operating Area provides exclusivity for emergency ground ambulance services.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 13
Name of Current Provider(s): Exeter District Ambulance
<p>Area or subarea (Zone) Geographic Description: 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.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.</p> <p>Tulare County Ambulance Zone 13 is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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 13 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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 13 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 1 (Exclusive Operating Area)
Name of Current Provider(s): Dinuba City Fire Department
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 1 is located in the northwest portion of Tulare County. This zone includes the City of Dinuba, the communities of Cutler and Orosi, and the unincorporated areas surrounding these communities. Ambulance Zone 1 is bordered by Fresno County on the north, Tulare County Ambulance Zone 10 on the west, Tulare County Ambulance Zone 3 and 13 on the east, and ambulance Zone 2 on the south..</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) 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 1 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>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition.</p> <p>The Tulare County Ambulance Zone 1 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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>Dinuba City Fire Department was established in 1909 and has been the sole provider of ambulance services in the geographical response area without interruption. In 1978, Dinuba’s ambulance services 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 Dinuba’s response area when needed for mutual aid assistance. There has been no change in the ownership of Dinuba City Fire Department’s 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 2 (Exclusive Operating Area)
Name of Current Provider(s): American Ambulance of Visalia Mobile Life Support (AMR)
Area or subarea (Zone) Geographic Description: 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 1 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) 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.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity The Tulare County Ambulance Zone 2 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 3
Name of Current Provider(s): Exeter District Ambulance
Area or subarea (Zone) Geographic Description: 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
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 3 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 4
Name of Current Provider(s):	American Ambulance of Visalia Exeter District Ambulance Mobile Life Support / AMR
Area or subarea (Zone) Geographic Description:	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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)	Tulare County Ambulance Zone 4 is a non-exclusive operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 4 is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224):	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. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.

**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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 5 (Exclusive Operating Area)
Name of Current Provider(s): Exeter District Ambulance Service
<p>Area or subarea (Zone) Geographic Description: 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.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) 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>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p>The Tulare County Ambulance Zone 5 Exclusive Operating Area in Tulare County provides exclusivity for emergency ground ambulance services.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 6
Name of Current Provider(s): Sierra LifeStar Ambulance Service
<p>Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 6 is located in the southwestern portion of Tulare County. This zone includes the cities of Tulare and the unincorporated areas surrounding these city. Ambulance Zone 6 is bordered by Tulare County Ambulance Zone 2 on the north, Tulare County Ambulance Zone 8 on the east, Tulare County Ambulance Zone 7 on the south, and the County of Kings on the west.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Tulare County Ambulance Zone 6 is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p>The Tulare County Ambulance Zone 6 is non-exclusive</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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 Tulare County Ambulance Zone 6 is non-exclusive</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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 7
Name of Current Provider(s): Sierra LifeStar Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 7 is located in the southwestern portion of Tulare County. This zone includes the cities of Pixley and Earlimart and the unincorporated areas surrounding these cities. Ambulance Zone 7 is bordered by Tulare County Ambulance Zone 6 on the north, Tulare County Ambulance Zone 9 on the east, Tulare County Ambulance Zone 12 on the south, and the County of Kings on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 7 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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 7 is non-exclusive .
Method to achieve Exclusivity, if applicable (HS 1797.224): 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 Tulare County Ambulance Zone 7 is non-exclusive.

**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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 8
Name of Current Provider(s): Exeter District Ambulance Imperial Ambulance Mobile Life Support (AMR)
Area or subarea (Zone) Geographic Description: 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
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 8 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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
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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 9
Name of Current Provider(s): Imperial Ambulance Mobile Life Support (AMR)
Area or subarea (Zone) Geographic Description: 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
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 9 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 10
Name of Current Provider(s): Kingsburg City Fire Department
<p>Area or subarea (Zone) Geographic Description: 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.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Tulare County Ambulance Zone 10 is a non-exclusive operating area.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p>Tulare County Ambulance Zone 10 is a non-exclusive operating area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): 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 10 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 12
Name of Current Provider(s): Delano Ambulance
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 12 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 12 is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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 12 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 18
Name of Current Provider(s): Sierra National Forrest / Sequoia National Park Ridgecrest Ambulance
Area or subarea (Zone) Geographic Description: 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
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 18 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

**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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 14
Name of Current Provider(s): Imperial Ambulance Mobile Life Support (AMR)
Area or subarea (Zone) Geographic Description: 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
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 14 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 15
Name of Current Provider(s): Imperial Ambulance Mobile Life Support (AMR)
Area or subarea (Zone) Geographic Description: 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
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 15 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 16 (Non-Exclusive Operating Area)
Name of Current Provider(s):	Imperial Ambulance Mobile Life Support (AMR)
Area or subarea (Zone) Geographic Description:	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
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)	Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 16 is a non-exclusive operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	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.
Method to achieve Exclusivity, if applicable (HS 1797.224):	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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 17
Name of Current Provider(s): Sierra National Forrest / Sequoia National Park
<p>Area or subarea (Zone) Geographic Description:</p> <p>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>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) 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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): 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>Method to achieve Exclusivity, if applicable (HS 1797.224): 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.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County - Reedley Exclusive Operating Area (Ambulance Zone J)
Name of Current Provider(s): Sequoia Safety Council
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) 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.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity The Reedley Exclusive Operating Area in Fresno County provides exclusivity for emergency ground ambulance services.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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.