

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

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

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

**Plan Structure**

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

The Plan sections are:

**I. EXECUTIVE SUMMARY**

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

**II. ASSESSMENT SYSTEM**

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

**III. SYSTEM RESOURCES AND OPERATIONS**

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

**IV. RESOURCE DIRECTORIES**

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

**V. DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

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

## VI. ANNEX

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

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

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Emergency Programs Manager

# TABLE OF CONTENTS

<u>SECTION 1: EXECUTIVE SUMMARY</u>	<u>PAGE</u>
Overall Goals	1 - 3
Long Range	
1. Quality Assurance/Quality Improvement	
2. Dispatch	
3. Continuing Education Course Approval	
4. First Responder Defibrillator Program	
5. Disaster Scene Management	
6. Agreements Permitting Inter-County Response	
7. Paramedic (ALS) Feasibility/System Conversion	
Short Range	
1. Disaster Medical Response	
<u>SECTION 2: ASSESSMENT OF SYSTEM</u>	<u>PAGE</u>
TABLE 1: Summary of System Status	1 - 13
System Assessment Narratives	
A. System Organization and Management	- 1.01 - 1.28
B. Staffing/Training	- 2.01 - 2.13
C. Communications	- 3.01 - 3.10
D. Response/Transportation	- 4.01 - 4.22
E. Facilities/Critical Care	- 5.01 - 5.14
F. Data Collection/System Evaluation	- 6.01 - 6.11
G. Public Information and Education	- 7.01 - 7.04
H. Disaster Medical Response	- 8.01 - 8.19
<u>SECTION 3: SYSTEM RESOURCES AND OPERATIONS</u>	<u>PAGE</u>
TABLE 2: System Organization and Management	1 - 8
TABLE 3: Personnel Training	1
TABLE 4: Communications	1
TABLE 5: Response/Transportation	1 - 2
TABLE 6: Facilities/Critical Care	1 - 2
TABLE 7: Disaster Medical	1
<u>SECTION 4: RESOURCE DIRECTORIES</u>	<u>PAGE</u>
TABLE 8: Providers	1 - 6
TABLE 9: Approved Training Programs	1 - 5
TABLE 10: Facilities	1 - 3
TABLE 11: Dispatch Agency	1
TABLE 11a: Disaster Medical Responders (County)	2 - 3

Table of Contents  
Continued.

PAGE

TABLE 11b: Disaster Medical Responders (Counties with RDMHC Projects)	4 - 5
--	-------

Casualty Collection Point Listing

<u>SECTION 5: DESCRIPTION OF PLAN DEVELOPMENT PROCESS</u>	1
---	---

SECTION 6: ANNEX

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

## **SECTION 1**

### **EXECUTIVE SUMMARY**

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

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

Development of this EMS system plan has shown that:

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

### **OVERALL GOALS**

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

### **LONG RANGE GOALS**

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

Progress has been made to the noted assessment standards. A project to develop policies and implement a comprehensive and cohesive quality improvement program has been initiated as a by product of recent study regarding paramedic feasibility. There is now a QA/QI Committee. This Committee has begun to develop standards for the above noted assessments and in some cases has initiated an evaluation process. Specific objects, resource requirements and time plan will continue to be formulated.

## **2. DISPATCH**

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

- a. It is our objective to foster a central dispatch point for all ambulance responders to assure consistent system wide ambulance coverage. The most logical central dispatch agency is the Tulare County Consolidated Ambulance Dispatch (TC-CAD) operated by a joint group of ambulance responders. TC-CAD currently dispatches 60% of ambulance resources in the county.
- b. No regulatory authority exists for pre-arrival/post dispatch medical instruction to be developed by the EMS agency, however, development by individual responders will be encouraged.
- c. An effort was made to co-locate Tulare County Consolidated Ambulance Dispatch (TC-CAD) and the California Department of Forestry. However, these efforts have not been successful. At this time there is no definite plan to pursue the co-location of the two agencies.

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

(Assessment 2:02)

Continuing Education Criteria and Procedures for course approval to be developed. A workforce was developed to review this issue. The group has completed their task and a policy was developed that provides guidance on this issue. This policy has been incorporated into the Tulare County Policy and Procedures Manual as Policy # 10-03.

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

(Assessment 2:05)

Tulare County First Responder Defibrillator Program has expanded to include Tulare City Fire Department. There are now four First Responder providers in the County. They include the city of Visalia Fire Department, the City of Porterville Fire Department, Tulare County Fire (CDF) , and the City of Tulare Fire Department. Programs will continue to be monitored for effectiveness.

## **5. DISASTER SCENE MANAGEMENT**

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

The Disaster Sub-Committee of the Emergency Medical Care Committee (EMCC)

has rewritten the Medical Disaster Scene Management Plan that applies to Multi-Casualty Incidents.

The revised plan includes; reconfiguration of communications with the ability to communicate to a disaster communications command post and utilizing multi-casualty incident command structure and relative positions as recommended statewide. This Plan was reviewed and approved by the EMCC and distributed to all appropriate agencies and providers.

**6. AGREEMENTS PERMITTING INTERCOUNTY RESPONSE**  
(Assessment 4:13)

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

**7. PARAMEDIC (ALS) FEASIBILITY/SYSTEM CONVERSION**  
(Assessment 1:08, 4:16, 4:17)

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

A proposal for conversion to an ALS/Paramedic system was prepared for review and consideration by the Tulare County Board of Supervisors. The proposal was not approved. Tulare County EMS may explore the feasibility of upgrading to a paramedic program if there is conclusive evidence that the current level of pre-hospital care services are deficient.

**SHORT RANGE GOALS**

**1. DISASTER MEDICAL RESPONSE**  
(Assessment 8:06)

Procedures continue to be developed for early assessment of needs in event of disaster. Procedures are being updated in accordance with guidelines established by State Office of Emergency Services.

## **SECTION 2**

**TABLE 1: Summary of System Status**

Include the items from Table 1 that are followed by an asterisk on the System Assessment form. Describe on the form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Any amendments made to the current EMS Plan are noted below.

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

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

#### **Planning Activities**

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

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

**System Finance**

1.16 Funding Mechanism		X			
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**Medical Direction**

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

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems			X		
1.25 On-Line Medical Direction			X		

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

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

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

1.28 EOA Plan		X			
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## B. STAFFING / TRAINING

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

### Dispatchers

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

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

### Transporting Personnel

2.08 EMT-I Training		X			
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### Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X			

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

## C. COMMUNICATIONS

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

### Public Access

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

### Resource Management

3.09 Dispatch Triage		X			
3.10 Integrated Dispatch		X			X

## D. RESPONSE / TRANSPORTATION

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

### Enhanced Level: Advanced Life Support

*4.16 ALS Staffing		X			
*4.17 ALS Equipment		X			

\* LALS STAFFING AND EQUIPMENT

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

**Enhanced Level: Exclusive Operating Permits**

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

## E. FACILITIES / CRITICAL CARE

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

### Enhanced Level: Advanced Life Support

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

5.08 Trauma System Design		NOT APPLICABLE			
5.09 Public Input		NOT APPLICABLE			

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

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

### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		NOT APPLICABLE			
5.14 Public Input		NOT APPLICABLE			

## F. DATA COLLECTION / SYSTEM EVALUATION

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

### Enhanced Level: Advanced Life Support

6.09 ALS Audit		NOT APPLICABLE			X
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### Enhanced Level: Trauma Care System

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

## G. PUBLIC INFORMATION AND EDUCATION

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

## H. DISASTER MEDICAL RESPONSE

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

**Enhanced Level: Advanced Life Support**

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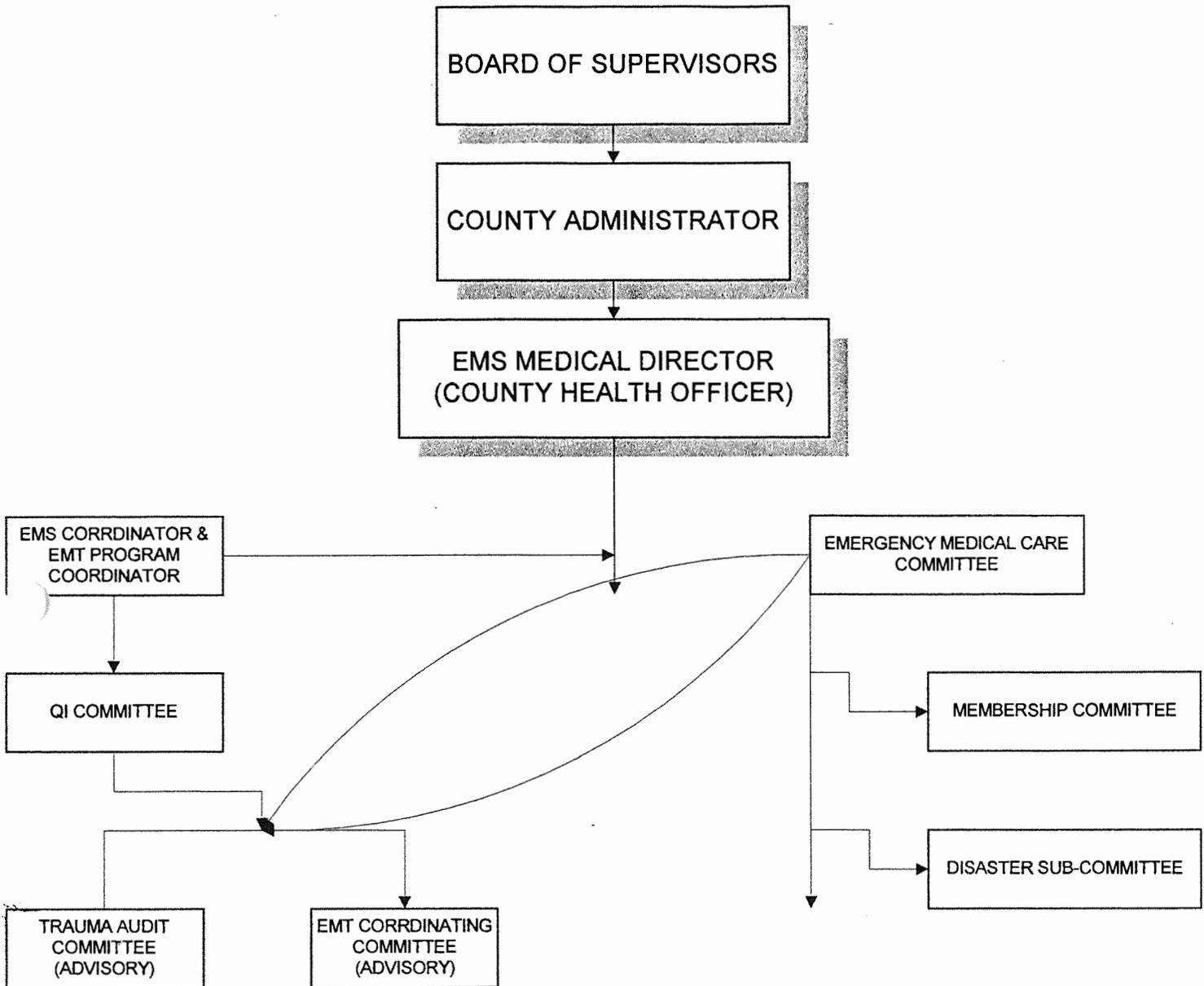
<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guidelines</b>	<b>Short-Range Plan</b>	<b>Long-range Plan</b>
8.18 Specialty Center Roles		X			

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

8.19 Waiving Exclusivity		X			
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# TULARE COUNTY EMERGENCY MEDICAL CARE COMMITTEE ORGANIZATIONAL RELATIONSHIP CHART

April 13, 1999



# SYSTEM ASSESSMENT FORM

## A. SYSTEM ORGANIZATION AND MANAGEMENT

### AGENCY ADMINISTRATION

#### MINIMUM STANDARD:

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

#### CURRENT STATUS:

Standard met - chart attached.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Meets standard.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

The Agency continues to plan, implement and evaluate its systems. The EMS Agency has developed additional tools to monitor and evaluate the pre-hospital care performance of the area providers. Most recent areas that have been evaluated have included response time reports, protocol reports, time-at-scene reports, patient destination reports, and intubation reports.

A Quality Improvement Committee has been created. This committee is composed of members from the EMT-II Coordinating Committee and members at-large. The QI Committee reports directly to the EMT-II Coordinating Committee who in turn make their findings known to the Emergency Medical Care Committee.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Continue to expand current Quality Assurance Program.

### OBJECTIVE:

To continue to develop and expand a comprehensive Quality Assurance Program.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

- 1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

### CURRENT STATUS:

Standard met - see Chart 1.01

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

- 1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

### RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

### UNIVERSAL LEVEL:

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

### CURRENT STATUS:

Funding constraints prohibit appointment of a EMS Medical Director exclusively. The current Medical Director, also the Health Officer, has received a waiver of State qualifying criteria. However, local Emergency Room physicians, nurses and pre-hospital care providers serve in advisory capacity through our medical control committee, the EMT Coordinating Committee meets standard to universal level through advisory committees.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## PLANNING ACTIVITIES

### **MINIMUM STANDARD:**

1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:

- a) assess how the current system meets these guidelines,
- b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- c) provide a methodology and time line for meeting these needs.

### **CURRENT STATUS:**

The last plan completed was in 1985. At the completion of this process, the agency will have met this standard. For those standards not met a time line will be established if administratively feasible.

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

Not applicable.

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

Meets standard.

### **OBJECTIVE:**

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

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

### CURRENT STATUS:

Upon completion of this process the agency shall submit annual updates as required by the State EMS Authority.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

### RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

### CURRENT STATUS:

Trauma Care is managed in Tulare County via our Major Injury Management System (MIMS). Patients are transported to the most appropriate facility in Tulare county. Patient Destination Policy is attached.

The local EMS Agency is required to provide model agreements and facilitate development of agreements between facilities should the specialty needed be unavailable in Tulare County . The actual signing of agreements rests with the facilities involved.

### COORDINATION WITH OTHER EMS AGENCIES:

Tulare County has been in contact with Fresno and Kern County Emergency Medical Services Agencies. However, past the development of model agreement, again, the signing of the agreements rests with the facilities involved.

Formal agreements between facilities in our jurisdiction and others.

### OBJECTIVE:

To continue to facilitate development of agreements.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

The local EMS Agency completed a study and prepared a proposal for the implementation of a Paramedic Program in Tulare County. This proposal was presented to the County Board of Supervisors for their review and action. It was the decision of the Board to not approve the proposal.

### COORDINATION WITH OTHER EMS AGENCIES:

None

### NEED(S):

The local EMS Agency may explore the possibility of upgrading to a Paramedic level program if there is conclusive evidence that the current level of pre-hospital care services are deficient.

### OBJECTIVE:

Monitor and evaluate as necessary the current level of pre-hospital care services to determine if an up-grade to the Paramedic level could be warranted.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Computerized information.

### OBJECTIVE:

To place resource information on computer and continue regular updates.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

All Base Hospitals have signed Base Hospital Agreements.

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### REGULATORY ACTIVITIES

#### MINIMUM STANDARD:

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

#### CURRENT STATUS:

The local EMS Agency has expanded its Quality Assurance Program. In doing this, the agency has expanded the review and monitoring of the operational system. See 1.02.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Continue to expand, review, and monitor the EMS System Operations.

#### OBJECTIVE:

See 1.02. To expand our Quality Assurance Program.

#### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

1.13 Each local EMS agency shall coordinate EMS system operations.

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets minimum standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

# SYSTEM ASSESSMENT FORM

## SYSTEM FINANCES

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

Tulare County continual funding comes from the General Fund with a small percent from certification fees.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Expanded funding is desirable, but not probable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MEDICAL DIRECTION

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Agency is providing and will continue to provide quality assurance programs. The Medical Control Committee consistently reviews procedures and service delivery for quality improvement.

The providers and base hospitals have been encouraged to implement in-house quality assurance programs. The EMS Agency will continue to insure that the programs are uniform and monitor for compliance.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To continue and expand quality improvement program.

### OBJECTIVE:

To continue to develop policies and monitor quality improvement programs.

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

## UNIVERSAL LEVEL:

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

The need exists for an improved coordinated dispatch between all companies. Co-location between Tulare County Consolidated Ambulance Dispatch (TCCAD) and California Department of Forestry (CDF)/Tulare County Fire. However, due to funding restrictions, this will not be accomplished in the foreseeable future.

## OBJECTIVE:

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

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

## UNIVERSAL LEVEL:

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

The need exists for an improved coordinated dispatch between all companies. Co-location between Tulare County Consolidated Ambulance Dispatch (TCCAD) and California Department of Forestry (CDF)/Tulare County Fire. However, due to funding restrictions, this will not be accomplished in the foreseeable future.

## OBJECTIVE:

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

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

Standard met - Policy on file.

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

Standard met - Policies established.

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

Policies established. Standard met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard with Limited Advanced Life Support providers.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: TRAUMA CARE SYSTEM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

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

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

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

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard by utilizing coordination with other jurisdictions.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS

### MINIMUM STANDARD:

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

### CURRENT STATUS:

Exclusive Operating Areas are designated. Current providers were grand fathered in. The State approved Tulare County Resolution 93-0829 (on file) which addressed this issue.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

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

### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## B. STAFFING/TRAINING

### LOCAL EMS AGENCY

#### MINIMUM STANDARD:

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

#### CURRENT STATUS:

The current Medical Control Committee, the EMT Coordination Committee, review trends where training is needed. Training is established for new procedures via the Tulare County Base Station meetings. Personnel levels are also monitored by Porterville College to establish frequency of New EMT I and EMT II programs.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Standard met.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

Currently Agency approves Continuing Education Programs which are submitted and apply to Limited Advanced Life Support skills. Tulare County has completed the task of implementing Continuing Education course approval guidelines which were incorporated into the Tulare County Emergency Medical Services System Policies and Procedures.

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets Standard

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

Mechanisms are in place.

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## DISPATCHERS

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To continue to expand medical dispatch resources within Tulare County.

### OBJECTIVE:

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

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## **FIRST RESPONDERS** (non-transporting)

### **MINIMUM STANDARD:**

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

### **RECOMMENDED GUIDELINES:**

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

### **UNIVERSAL LEVEL:**

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

### **CURRENT STATUS:**

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

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

A. The following public safety agencies have personnel that are EMT-I trained personnel:

- |                                    |  |
|------------------------------------|--|
| 1. Tulare County Fire (CDF)        | 3. City of Tulare Fire Department      |
| 2. City of Visalia Fire Department | 4. City of Porterville Fire Department |

B. In addition, the First Responder Defibrillator program had been implemented in the following agencies:

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| 1. Tulare County Fire (CDF)         | 3. Tulare City Fire Department  |
| 2. Porterville City Fire Department | 4. Visalia City Fire Department |

Tulare County Fire/CDF has received grant monies and has purchased standardized AED's for their units. Also a standardized first responder protocol has been developed and implemented.

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

Meets standard.

### **OBJECTIVE:**

To continue to expand and monitor the First Responder Defibrillator Program.

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

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## Transport Personnel

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Current provider Limited Advanced Life Support Agreements provide that:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## HOSPITAL

### MINIMUM STANDARD:

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

### CURRENT STATUS:

Standard met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

## CURRENT STATUS:

All Emergency Department Physicians are ACLS trained.

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

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Minimum standard met.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Not applicable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

Policies established and attached.

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## C. COMMUNICATIONS

### COMMUNICATIONS EQUIPMENT

#### **MINIMUM STANDARD:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

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

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

Not applicable.

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

Minimum standard met.

#### **OBJECTIVE:**

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

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Standard met.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets our minimum standard.

## OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

All emergency transport vehicles can communicate with their dispatch center. Plans for disaster medical communications have been completed and incorporated into the local EMS Agency's Medical Disaster Management Plan. Tulare County Consolidated Ambulance Dispatch (TC-CAD) has been designated the coordinating agency in the event of an emergency.

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

The Disaster Sub-Committee, of the Emergency Medical Care Committee completed re-writing of the Communication Plans and incorporated it into the Medical Disaster Scene Management Plan. The Plan was distributed to all appropriate parties.

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## PUBLIC ACCESS

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Tulare County has an enhanced 911 System.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## RESOURCE MANAGEMENT

### **MINIMUM STANDARD:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATU:**

Guidelines for dispatch triage have been established.

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

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

Not applicable.

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

Meets standard.

### **OBJECTIVE:**

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

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

## CURRENT STATUS:

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

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

Work toward a central dispatch system.

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## D. RESPONSE/TRANSPORTATION

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

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

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## CURRENT STATUS:

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

## COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

## NEED(S):

Meets standard.

## OBJECTIVE:

## TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## MINIMUM STANDARD:

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

## RECOMMENDED GUIDELINES:

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

- a. the response time for a basic life support and CPR capable first responder does not exceed:  
  
Metro/urban--5 minutes  
Suburban/rural--15 minutes  
Wilderness--as quickly as possible
- b. the response time for an early defibrillation-capable responder does not exceed:  
  
Metro/urban--5 minutes  
Suburban/rural--as quickly as possible  
Wilderness--as quickly as possible
- c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:  
  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible
- d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:  
  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible.

## CURRENT STATUS:

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

## FOR 90% OF CODE 3 RESPONSES:

Metro/Urban	7 minutes	5-10 Mile Radius	15 minutes
5 Mile Radius of Ambulance Base	10 minutes	10-15 Mile Radius	26 minutes
(Exc. Metro/Urban)	Beyond 15 Miles		45 minutes

## COORDINATION WITH OTHER EMS AGENCIES:

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

**OBJECTIVE:** Meets standard.

## TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in pre-hospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

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

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Coordinated as necessary.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Coordinated as necessary via mutual aid.

### NEED(S):

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

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

### NEED(S):

Not applicable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### UNIVERSAL LEVEL:

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

### CURRENT STATUS:

Tulare County does not have an ALS system.

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard with LALS staffing.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard with LALS equipped ambulances.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: AMBULANCE REGULATION

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS

### MINIMUM STANDARD:

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

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

Standard met. Compliance secured by ordinance and licensure.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## E. FACILITIES/CRITICAL CARE

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Emergency Medical Services Agency has written agreements with acute care base station facilities and continually assesses capabilities. In addition, the local EMS Agency has developed, published, and distributed two reference guides; "Disaster Planning Guide for Medically Fragile Population Requiring Special Needs Services" and "Home Health Disaster Planning Guide for Medically Fragile Population Requiring Special Needs Services By Home Health Agencies". These guides provide direction for triage and patient placement in the event of an emergency or disaster affecting either convalescent homes or home health care patients.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## **SYSTEM ASSESSMENT FORM**

### **MINIMUM STANDARD:**

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

### **CURRENT STATUS:**

Protocols for pre-hospital triage have been established (see 2.06 and pages following).

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

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

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

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

Meets standard.

### **OBJECTIVE:**

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

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

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

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

Agency designates and monitors receiving hospitals.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordinated with other Emergency Medical Services agencies as required.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

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

### COORDINATION WITH OTHER EMS AGENCIES:

Plan coordinated as needed with other counties.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

No coordination with other Emergency Medical Services agencies required.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: TRAUMA CARE SYSTEM

### MINIMUM STANDARD:

5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system.

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

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

#### MINIMUM STANDARD:

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

#### CURRENT STATUS:

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

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEED(S):

Not applicable.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Not applicable. No pediatric care system.

### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

Not applicable.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

No pediatric emergency medical services systems.

### COORDINATION WITH OTHER EMS AGENCIES:

### NEED(S):

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEMS

### MINIMUM STANDARD:

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

### CURRENT STATUS:

No specialty care plans are currently being developed.

### COORDINATION WITH OTHER EMS AGENCIES:

### NEED(S):

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

No specialty care systems are being planned.

### COORDINATION WITH OTHER EMS AGENCIES:

### NEED(S):

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## F. DATA COLLECTION/SYSTEM EVALUATION

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

There has been additional development in the Quality Assurance Program. Programs have been developed by the providers that encourage self evaluation of services. A Quality Improvement Committee has also been formed. This committee reviews and evaluates aspects of provider performance.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To evaluate current quality assurance program to determine if needs it is meeting requirements.

### OBJECTIVE:

To continue development of a comprehensive Quality Assurance Program.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

Meets standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Current system meets minimum standard as system response and clinical aspects of pre-hospital care are audited by agency and hospitals. A Quality Assurance Program has been expanded.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

To continue expansion of Quality Assurance Program.

### OBJECTIVE:

To continue the development of comprehensive Quality Assurance Program.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### UNIVERSAL LEVEL:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable at this time.

### NEED(S):

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

### OBJECTIVE:

To develop comprehensive data management system.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

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

### OBJECTIVE:

Progress continues in the development of comprehensive Quality Assurance Program. Reference to progress has been noted throughout Plan.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

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

### OBJECTIVE:

Meets reporting standard.

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Tulare County does not have an ALS system. Data management system will be developed in conjunction with development of a Quality Assurance system and will seek to include pre-hospital, base hospital and receiving hospital data for LALS treatment. (See assessment 1.02) Fruition of this standard is dependent on fund availability.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

### OBJECTIVE:

Develop expanded Quality Assurance/Data Management System.

Work toward ALS system.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: TRAUMA CARE SYSTEM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard for non-trauma care system.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

As noted in 1.07, Tulare County has a MIMS system rather than a Trauma Care system. Tulare County has expanded its comprehensive Quality Assurance Program. Emergency Medical Services agency will assure that Major Injury Centers will continue to provide required data for the quality assurance program.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

### OBJECTIVE:

Comprehensive Quality Assurance Program.

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## G. PUBLIC INFORMATION AND EDUCATION

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Agency works to promote injury control and preventative medicine.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## H. DISASTER MEDICAL RESPONSE

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

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

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Medical response disaster procedures currently meet standard. Local procedures have been updated along with other disaster procedures under the new State Office of Emergency Services OASIS system and the State SEMS system (Statewide Emergency Management System). Regional procedures are being developed by Fresno County Emergency Medical Services Agency.

### COORDINATION WITH OTHER EMS AGENCIES:

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

### NEED(S):

### OBJECTIVE:

Standard met.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

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

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

### OBJECTIVE:

Meets standard.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

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

### CURRENT STATUS:

CALCORD has been identified as the frequency for interagency communication during a disaster.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination is attempted with other Emergency Medical Services agencies to avoid frequency overlap.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

### CURRENT STATUS:

Emergency Medical Services agency in conjunction with local Office of Emergency Services has identified sources of appropriate disaster medical resources to respond to likely incidents and disasters.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

### RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

### CURRENT STATUS:

There are no DMAT teams in the area. DMAT teams from outside the area would be utilized if needed under disaster conditions, under mutual aid system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

No current prospects or medical sentiment for establishing DMAT teams.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

### CURRENT STATUS:

Mutual Medical Aid agreements are in the process of being explored. Medical aid during a disaster would be secured working through the Regional Disaster Medical Coordinator utilizing the State Master Mutual Aid system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Not applicable.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

### CURRENT STATUS:

Casualty collection points have been designated by the Emergency Medical Services agency in conjunction with the Office of Emergency Services.

### COORDINATION WITH OTHER EMS AGENCIES:

These are included in the Tulare County MHFP in which surrounding counties have a copy.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

### CURRENT STATUS:

Standard met. CCP's are designated.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

### CURRENT STATUS:

Responders are trained as required by Federal regulation under the jurisdiction of OSHA.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

### CURRENT STATUS:

Emergency Medical Services agency works closely with all hospitals to ensure that disaster plans are integrated with county medical response/Office of Emergency Services plans. Joint exercises are practiced.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

### CURRENT STATUS:

The emergency system for inter-hospital communications is the HEAR radio system. The system and operational procedures are tested monthly.

In the event of disaster, medical scene management plan provides for the HEAR radio to serve as communication between the Base Hospitals and the Receiving Hospitals in their catchment area. HEAR also serves as a tactical frequency at the disaster site.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORM

### MINIMUM STANDARD:

8.16 The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

### CURRENT STATUS:

All pre-hospital response agencies and hospitals have developed guidelines for management of significant medical incidents and their staff have been trained. Development has been done in conjunction with EMS and OES agencies. Disaster medical response training is a requirement for LALS certification.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets objective.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### MINIMUM STANDARD:

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

### CURRENT STATUS:

Tulare County has a Continuation of Call Agreement with other responders in Region V. The other responders from outside the region would function under the California State Master Mutual Aid Agreement. Fresno County Emergency Medical Services is still in the process of preparing a Region V Response Plan.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Standard met.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: SPECIALTY CARE SYSTEMS

### MINIMUM STANDARD:

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### CURRENT STATUS:

Tulare County coordinates with surrounding county facilities. No specialty care systems in Tulare County.

### COORDINATION WITH OTHER EMS AGENCIES:

Fresno and Kern Emergency Medical Services.

### NEED(S):

Objective met.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORM

## ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS/AMBULANCE REGULATION

### MINIMUM STANDARD:

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

### CURRENT STATUS:

Waiver of exclusivity is provided in the applicable ordinance.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

### NEED(S):

Meets standard.

### OBJECTIVE:

### TIME FRAME FOR MEETING OBJECTIVE:

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

### SECTION 3: SYSTEM RESOURCES AND OPERATIONS

**TABLE 2: System Organization and Management**

EMS System: Tulare County

Reporting Year: 1998

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

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

County:

- |   |                   |
|---|-------------------|
| a. Basic Life Support (BLS)             | <u>11</u> %       |
| b. Limited Advanced Life Support (LALS) | <u>89</u> %       |
| c. Advanced Life Support (ALS)          | <u>        </u> % |

- |  |                          |
|--|--------------------------|
| 2. Type of agency                        | <u>        b        </u> |
| a - Public Health Department             |                          |
| b - County Health Services Agency        |                          |
| c - Other (non-health) County Department |                          |
| d - Joint Powers Agency                  |                          |
| e - Private Non-profit Entity            |                          |
| f - Other:                               |                          |

- |   |                          |
|---|--------------------------|
| 3. The person responsible for day-to-day activities of EMS agency reports to  | <u>        b        </u> |
| a - Public Health Officer   |                          |
| b - Health Services Agency Director/Administrator (Director, Health Services) |                          |
| c - Board of Directors  |                          |
| d - Other:  |                          |

- |   |                          |
|---|--------------------------|
| 4. Indicate the non-required functions which are performed by the agency          | <u>        </u>          |
| Implementation of exclusive operating areas (ambulance franchising)Grandfathering | <u>        X        </u> |
| Designation of trauma centers/trauma care system planning                         | <u>        </u>          |
| Designation/approval of pediatric facilities                                      | <u>        </u>          |
| Designation of other critical care centers  | <u>        </u>          |
| Development of transfer agreements  | <u>        X        </u> |
| Enforcement of local ambulance ordinance  | <u>        X        </u> |
| Enforcement of ambulance service contracts  | <u>        X        </u> |
| Operation of ambulance service  | <u>        </u>          |

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

Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	<u>  X  </u>
Administration of critical incident stress debriefing (CISD) team	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY   1998/99  

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>  \$ 28,138  </u>
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	<u>  \$ 5,007  </u>
Travel	<u>  \$ 2,000  </u>
Fixed assets	_____
Indirect expenses (overhead)	<u>  \$ 7,268  </u>
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	
Other: _____	
Other: _____	

**TOTAL EXPENSES**   \$ 42,413

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant \$ \_\_\_\_\_

Office of Traffic Safety (OTS) \_\_\_\_\_

State general fund \_\_\_\_\_

County general fund \$ 39,913

Other local tax funds (e.g., EMS district) \_\_\_\_\_

County contracts (e.g. multi-county agencies) \_\_\_\_\_

Certification fees \$ 2,500

Training program approval fees \_\_\_\_\_

Training program tuition/Average daily attendance funds (ADA)  
Job Training Partnership ACT (JTPA) funds/other payments \_\_\_\_\_

Base hospital application fees \_\_\_\_\_

Base hospital designation fees \_\_\_\_\_

Trauma center application fees \_\_\_\_\_

Trauma center designation fees \_\_\_\_\_

Pediatric facility approval fees \_\_\_\_\_

Pediatric facility designation fees \_\_\_\_\_

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

Other critical care center application fees	_____
Type:	
Other critical care center designation fees	_____
Type:	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants:	_____
Other fees:	_____
Other (specify):	_____
<b>TOTAL REVENUE</b>	<b><u>\$ 42,413</u></b>

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

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

6. Fee structure for FY

1998/99

         We do not charge any fees

  X   Our fee structure is:

First responder certification	<u>\$ 15.00</u>
EMS dispatcher certification	<u>                    </u>
EMT-I certification	<u>\$ 15.00</u>
EMT-I recertification	<u>\$ 15.00</u>
EMT-defibrillation certification	<u>\$ 15.00</u>
EMT-defibrillation recertification	<u>\$ 15.00</u>
EMT-II certification	<u>\$ 15.00</u>
EMT-II recertification	<u>\$ 15.00</u>
EMT-P accreditation	<u>                    </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$ 15.00</u>
MICN/ARN recertification	<u>\$ 15.00</u>
EMT-I training program approval	<u>                    </u>
EMT-II training program approval	<u>                    </u>
EMT-P training program approval	<u>                    </u>
MICN/ARN training program approval	<u>                    </u>
Base hospital application	<u>                    </u>
Base hospital designation	<u>                    </u>
Trauma center application	<u>                    </u>
Trauma center designation	<u>                    </u>
Pediatric facility approval	<u>                    </u>
Pediatric facility designation	<u>                    </u>

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

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service license

\$ 100.00 +

Ambulance vehicle permits

\$ 25.00 per amb.

Other:

\_\_\_\_\_

Other:

\_\_\_\_\_

Other:

\_\_\_\_\_

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1998/99.

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

EMS System: TULARE COUNTY

Reporting Year: 1998

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Emergency Programs Manager	.20	\$ 23.300	24%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Health Director	.05	\$ 73.791	24%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

**Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.**

**Refer To Assessment 1:01**

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk					
Other	Program Specialist	.20	\$ 16.464	24%	

**Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.**

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

EMS System:     Tulare County    

Reporting Year:     1998    

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	644	80		42	0
Number of newly certified this year	89	9		0	0
Number of recertified this year	67	16		24	0
Total number of accredited personnel on July 1 of the reporting year	800	105	0	66	0
Number of certificate reviews resulting in:					
a) formal investigations		3			
b) probation		3			
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards:     N/A
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified     53
  - b) Number of public safety (defib) certified (non-EMT-I)     98
3. Do you have a first responder training program?     [X]     yes     [ ]     no

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1998

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

1. Number of primary Public Service Answering Points (PSAP) 8
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 4
4. Number of designated dispatch centers for EMS Aircraft
5. Do you have an operational area disaster communication system? yes no
  - a. Radio primary frequency MEG 9 PL 4
  - b. Other methods Low Band Communication
  - c. Can all medical response units communicate on the same disaster communications system?  
yes no
  - d. Do you participate in OASIS? yes no
  - e. Do you have a plan to utilize RACES as a back-up communication system? yes no
    - 1) Within the operational area? yes no
    - 2) Between the operational area and the region and/or state? yes no

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

EMS System: Tulare County

Reporting Year: 1998

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

- 1. Number of exclusive operating areas 10
- 2. Percentage of population covered by Exclusive Operating Areas (EOA) 100 %
- 3. Total number responses           
  - a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren) \*12,550
  - b) Number non-emergency responses (Code 1: normal) Not Available
- 4. Total number of transports           
  - a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren) N/A
  - b) Number non-emergency transports (Code 1: normal) Not Available

**Early Defibrillation Programs**

- 5. Number of public safety defibrillation programs 4
  - a) Automated 4
  - b) Manual
- 6. Number of EMT-Defibrillation programs 4
  - a) Automated 4
  - b) Manual

**Air Ambulance Services**

- 7. Total number of responses N/A
  - a) Number of emergency responses
  - b) Number of non-emergency responses
- 8. Total number of transports N/A
  - a) Number of emergency (scene) responses
  - b) Number of non-emergency responses

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

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

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.				
2. Early defibrillation responder.				
3. Advanced life support responder.				
4. Transport Ambulance.				

**ALL PROVIDERS COMPLY WITH SET STANDARDS BASED ON MILES FROM BASE.**

- 7 MIN. 3 MILE RADIUS OF A STAFFED BASE
- 10 MIN. 5 MILE RADIUS OF A STAFFED BASE
- 15 MIN. 10 MILE RADIUS OF A STAFFED BASE
- 26 MIN. 15 MILE RADIUS OF A STAFFED BASE
- 45 MIN. ALL OTHER AREAS OF THE COUNTY

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

EMS System: Tulare County

Reporting Year: 1998

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

**Trauma care system**

Trauma patients:

- |  |            |
|--|------------|
| a) Number of patients meeting trauma triage criteria                                   | <u>N/A</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>N/A</u> |
| c) Number of major trauma patients transferred to a trauma center                      | <u>N/A</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | <u>N/A</u> |

**Emergency departments:**

- |   |          |
|---|----------|
| Total number of emergency departments         | <u>5</u> |
| a) Number of referral emergency services      | <u>0</u> |
| b) Number of standby emergency services       | <u>0</u> |
| c) Number of basic emergency services         | <u>5</u> |
| d) Number of comprehensive emergency services | <u>0</u> |

**Receiving Hospitals**

Number of receiving hospitals with written agreements 0

Number of base hospitals with written agreements 3

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1998

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Throughout Tulare County

b. How are they staffed? Staffed as needed at time of emergency.

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 [x]      no [ ]

3. Medical Response Team

a. Do you have any team medical response capability?                      yes [ ]      no [X]

b. For each team, are they incorporated into your local response plan?                      yes [ ]      no [X]

c. Are they available for statewide response?                      yes [ ]      no [ ]      N/A

d. Are they part of a formal out-of-state response system?                      yes [ ]      no [ ]      N/A

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams?                      yes [x]      no [ ]

b. At what HazMat level are they trained? specialist

c. Do you have the ability to do decontamination in an emergency room? Hospital responsibility.                      yes [ ]      no [x]

d. Do you have the ability to do decontamination in the field?                      yes [x]      no [ ]

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?                      yes [x]      no [ ]

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?                      8



## SECTION 4: RESOURCE DIRECTORY

### TABLE 8: RESOURCE DIRECTORY -- Providers

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> <b>Imperial Ambulance</b> 22 Cottage Porterville, CA 93257		<b>Primary Contact:</b> Dan Fiori (559) 784-8500			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [14] BLS <input type="checkbox"/> EMT-D [16] LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>6</u>

<b>Name, address &amp; telephone:</b> <b>LifeStar Ambulance</b> 140 N West St. Tulare, CA 93274		<b>Primary Contact:</b> Don Schultz (559) 688-2550			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [15] BLS <input type="checkbox"/> EMT-D [8] LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> <b>Exeter District Ambulance</b> 215 Crespi, No. 2 Exeter, CA 93221			<b>Primary Contact:</b> Don White (559) 594-5250		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>District</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal; <input checked="" type="checkbox"/> hospital district	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

<b>Name, address &amp; telephone:</b> <b>Dinuba Fire Department</b> 496 E. Tulare Street Dinuba, CA 93618			<b>Primary Contact:</b> Myles Chute (559) 591-3152		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> California Hot Springs Ambulance Rt. 4, Box 681 CA Hot Springs, CA 93207		<b>Primary Contact:</b> Ralph Wallace (805) 548-6604			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

<b>Name, address &amp; telephone:</b> Three Rivers Ambulance P. O. Box 253 Three Rivers, CA 93271		<b>Primary Contact:</b> Sandy Owen (559) 561-4264			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> <b>Imperial Ambulance</b> 22 North Cottage Porterville, CA 93257 (Including Lindsay)			<b>Primary Contact:</b> Dan Fiori (559)744-8500		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [11] BLS <input type="checkbox"/> EMT-D [15] LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>6</u>

<b>Name, address &amp; telephone:</b> <b>Camp Nelson Volunteer Ambulance</b> 1500 "A" Nelson Drive Camp Nelson, CA 93631			<b>Primary Contact:</b> Joan Price (559) 782-2709		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7] BLS <input type="checkbox"/> EMT-D [10] LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> LifeStar Ambulance 140 North West Street Tulare, CA 93274 (Includes Pixley Station, East, & West)			<b>Primary Contact:</b> Don Schultz (550) 686-2498		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>6</u>

<b>Name, address &amp; telephone:</b> American Ambulance 2017 East Noble Visalia, CA 93292			<b>Primary Contact:</b> Cindy Manocchio (559) 732-3926		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>5</u>

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

Name, address & telephone: <b>Mobile Life Support/AMR</b> 310 North Church Visalia, CA 93291		Primary Contact: <b>Kathy Housewright</b> (559)730-3025			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

Name, address & telephone:		Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ____

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

Training Institution Name / Address		Contact Person / Telephone Number
COLLEGE OF THE SEQUOIAS (JUNIOR COLLEGE) 915 SO. MOONEY BLVD., VISALIA, CA 93277		CHERIE RECTOR, PH.D., R.N.-C (559) 730-3762
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>VARIES PER SEMESTER</u> Refresher: <u>VARIES PER SEMESTER</u> Cont. Education: <u>VARIES PER SEMESTER</u> Expiration Date: <u>04/30/00</u>  Number of courses: <u>BASED ON NEED</u> Initial training: <u>BASED ON NEED</u> Refresher: <u>BASED ON NEED</u> Cont. Education: <u>BASED ON NEED</u>
OPEN	BASED ON TUITION FEE.	
Training Institution Name / Address		Contact Person / Telephone Number
PORTERVILLE JUNIOR COLLEGE 100 E PUTNAM, PORTERVILLE, CA93257		VALERIE LOMBARDI (559) 781-3130
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: <u>EMT-I/II</u> Number of students completing training per year: Initial training: <u>VARIES PER SEMESTER</u> Refresher: <u>VARIES PER SEMESTER</u> Cont. Education: <u>VARIES PER SEMESTER</u> Expiration Date: <u>09/30/99</u>  Number of courses: <u>VARIES ON NEED</u> Initial training: Refresher: Cont. Education:
EMT-I: OPEN TO GENERAL POPULATION. EMT-II: MUST MEET SET REQUIREMENTS.	COST IS SET BY THE COLLEGE.	

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

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

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

Training Institution Name / Address		Contact Person / Telephone Number
AMERICAN AMBULANCE 2017 E NOBEL, VISALIA, CA 93291		CINDY MANOCCHIO (559) 730-3015
<b>Student Eligibility: *</b>  LIMITED TO EMT-I/II (Must be EMT-I)  ONLY CE CLASSES ARE SCHEDULED	<b>Cost of Program [basic/refresher]:</b>  COST IS SET BY AMERICAN AMBULANCE	<b>**Program Level: <u>EMT-I/II</u></b> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>VARIES ON NEED AND NUMBER OF CLASSES</u> Expiration Date: <u>07/31/99</u>  Number of courses: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>VARIES ON NEED</u>

Training Institution Name / Address		Contact Person / Telephone Number
IMPERIAL AMBULANCE 22 COTTAGE, PORTERVILLE, CA 93257		DAN FIORI (559) 784-8500
<b>Student Eligibility: *</b>  EMT-I/II  ONLY CE CLASSES ARE SCHEDULED	<b>Cost of Program [basic/refresher]:</b>  COST IS SET BY IMPERIAL AMBULANCE	<b>**Program Level: <u>EMT-I/II</u></b> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>VARIES</u> Expiration Date: <u>11/30/99</u>  Number of courses: <u>N/A</u> Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>BASED ON NEED</u>

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

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

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

Training Institution Name / Address		Contact Person telephone no.
TULARE DISTRICT HOSPITAL 869 CHERRY ST, TULARE, CA 93274		BILL WHEATLEY (559) 688-08221
Student Eligibility: *  Restricted to EMT-I/ II & MICN CE CLASSESS ONLY	Cost of Program [basic/refresher]:  COST IS BASED ON CLASS.	**Program Level: <u>EMT-I/II/MICN</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>VARIES PER CLASS</u> Expiration Date: <u>09/30/99</u>  Number of courses: <u>N/A</u> Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>BASED ON NEED</u>

Training Institution Name / Address		Contact Person / Telephone number
DINUBA ADULT EDUCATION 1327 E. EL MONTE, DINUBA, CA 93618		NORMA SPALDING (559) 595-7242
Student Eligibility: *  EMT-I/II SCHOOL IS ALSO OPEN TO GENERAL POPULATION.	Cost of Program [basic/refresher]:  COST IS SET BY SCHOOL AND VARIES PER CLASS.	**Program Level: <u>EMT-I/II</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>VARIES PER SEMESTER</u> Expiration Date: <u>11/30/99</u>  Number of courses: <u>N/A</u> Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>VARIES ON NEED.</u>

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

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

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

Training Institution Name / Address		Contact Person / Telephone number
KAWEAH DELTA DISTRICT HOSPITAL 400 WEST MINERAL KING AVENUE, VISALIA, CA 93291		MARTY PENNER (559) 625-7215
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I/II&amp; MICN</u> Number of students completing training per year: Initial training: <u>VARIES PER SESSION FOR ALL CATEGORIES NOTED.</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>6/30/99</u>
RESTRICTED TO EMT-I/II/MICN	Basic: <u>COST VARIES PER CLASS.</u>  Refresher: <u>COST VARIES PER CLASS.</u>	Number of courses: <u>VARY - BASED ON NEED.</u> Initial training: _____ Refresher: _____ Cont. Education: _____

Training Institution Name / Address		Contact Person / Telephone Number
SIERRA VIEW DISTRICT HOSPITAL 465 W PUTNAM, PORTERVILLE, CA 93257		KIM BEHRENS (559)784-8885
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-I/II &amp; MICN</u> Number of students completing training per year: Initial trainin : <u>COST VARIES PER CLASS.</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>5/31/99</u>
EMT-II & MICN	Basic: <u>COST VARIES PER CLASS.</u>  Refresher: <u>COST VARIES PER CLASS.</u>	Number of courses: <u>VARY - BASED ON NEED.</u> Initial training: _____ Refresher: _____ Cont. Education: _____

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

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

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

Training Institution Name / Address		Contact Person / Telephone Number
DINUBA CITY FIRE DEPARTMENT 496 E. TULARE ST., DINUBA, CA 93618		MYLES CHUTE (559) 591-5932
Student Eligibility: * RESTRICTED TO EMT-I/II	Cost of Program Basic: <u>COST VARIES PER CLASS.</u> Refresher: <u>COST VARIES PER CLASS.</u>	** PROGRAM LEVEL EMT-I/II Number of Students Completing Training Each Year: Initial Training: <u>VARIES</u> Refresher: <u>VARIES</u> Cont. Education: <u>VARIES</u> Expiration Date: <u>11/30/99</u>  NUMBER OF COURSES: <u>COURSES IN ALL CATEGORIES VARY BASED ON NEED</u> —Initial Training: Refresher: Cont. Education:

Training Institution Name / Address		Contact Person / Telephone Number
Student Eligibility: *	Cost of Program  Basic  Refresher	**Program Level: Number of students completing training per year: Initial training : _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____  _Number of courses: Initial training: _____ Refresher: _____ Cont. Education: _____

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> Alta District Hospital 500 East Adelaide Way Dinuba, CA 93618		<b>Primary Contact:</b> Russell Bloom (559)591-4171	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:***** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center what Level:*****	

<b>Name, address &amp; telephone:</b> Lindsay Hospital 740 N. Sequoia Ave. Lindsay, CA 93247		<b>Primary Contact:</b> (559) 562-4955	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:***** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center what Level:****	

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

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

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

\*\*\*\* Levels I, II, III and Pediatric

\*\*\*\*\* Tulare County has a MIMS (Major Injury Management System).

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> Kaweah Delta District Hospital 400 West Mineral King Avenue Visalia, CA 93291		<b>Primary Contact:</b> Marianne Lindgiver (559) 625-2211			
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency medical service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*****
		Standby emergency medical service	<input type="checkbox"/>		
		Basic emergency medical service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
		Comprehensive emergency service	<input type="checkbox"/>	<input type="checkbox"/> no	<input checked="" type="checkbox"/> no
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	If Trauma Center what Level:*****
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:*	
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

<b>Name, address &amp; telephone:</b> Sierra View District Hospital 465 West Putnam Porterville, CA 93257		<b>Primary Contact:</b> Kim Behrens (559)784-1110			
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency services	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>	<input checked="" type="checkbox"/> yes	
		Basic emergency service	<input checked="" type="checkbox"/>	<input type="checkbox"/> no	<input type="checkbox"/> yes
		Comprehensive emergency service	<input type="checkbox"/>		<input checked="" type="checkbox"/> no
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	If Trauma Center what Level:****
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:*	
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric
- \*\*\*\*\* Tulare County has a MIMS (Major Injury Management System)

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> Tulare District Hospital 869 Cherry Tulare, CA 93274		<b>Primary Contact:</b> Bill Wheatley (559)688-0821				
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*****
		Standby emergency service	<input type="checkbox"/>			<input type="checkbox"/> yes
		Basic emergency service	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>			
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:*****

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>				
Written Contract	<input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:****
		Standby emergency service	<input type="checkbox"/>			<input type="checkbox"/> yes
		Basic emergency service	<input type="checkbox"/>			<input type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>			
EDAP:**	<input type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

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

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

\*\*\*\* Levels I, II, III and Pediatric

\*\*\*\*\* Tulare County has a MIMS (Major Injury Management System).

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

EMS System: Tulare County

County: Tulare

Reporting Year: 1999

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

<b>Name, address &amp; telephone:</b> Tulare County Consolidated Ambulance Dispatch 2045 So. Court Visalia, CA 93277		<b>Primary Contact:</b> Dale Dotson (559) 730-3010	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: N/A ___ EMD Training    ___ EMT-D    ___ ALS ___ BLS                ___ LALS    ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___ EMD Training    ___ EMT-D    ___ ALS ___ BLS                ___ LALS    ___ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			Number of Ambulances: <u>0</u>

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

EMS System: Tulare County

County: Tulare

Date: April 1999

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

**Alternate's Name:**

Ronald W. Probasco

Patricia Crawford (Emergency Programs Manager)

Work Telephone No.: (559) 737-4686

Work Telephone No.: (559) 737-4660, Ext. 2311

Home Telephone No.: (559) 625-4514

Home Telephone No.: (559) 732-9441

Office Pager No.: (559) 749-5056

Office Pager No.: (559) 749-5068

FAX No.: (559) 737-4692

FAX No.: (559) 737-4693

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

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

**County EMS Disaster Medical Services (DMS) Coordinator:**

**Alternate's Name:**

Michael L. MacLean, M.D.

Patricia Crawford (Emergency Programs Manager)

Work Telephone No.: (559) 737-4660, Ext 2305

Work Telephone No.: (559) 737-4660/Ext. 2311

Home Telephone No.: \_\_\_\_\_

Home Telephone No.: (559)732-9441

Office Pager No.: (559) 749-5107

Office Pager No.: (559) 749-5068

FAX No.: (559) 737-4572

FAX No.: (559) 737-46493

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

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

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (continued)**

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

**County Health Officer's Name:**

**Alternate's Name:**

Michael L. MacLean, M.D.

Camilo Guiang, M.D.

Work Telephone No.: (559) 737-4660, Ext 2305

Work Telephone No.: (559) 685-2500

Home Telephone No.: \_\_\_\_\_

Home Telephone No.: (559) 625-2836

Office Pager No.: (559) 749-5107

Office Pager No.: (559) 778-9058

FAX No.: (559) 737-4693

FAX No.: (559) 685-2514

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

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

Medical/Health EOC telephone no.: (559)730-2663

Medical/Health EOC FAX No.: None

Amateur Radio contact name: Walt Smith

Medical/Health radio frequency used: 468.025/463.025

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

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

# TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (continued)

OES Region: 5

County: Tulare

Date: April 1999

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional OES Coordinator:**

Paul Calkins

Work Telephone No.: (559) 445-5672

Home Telephone No.: (559) 275-0903

Office Pager No.: (559) 971-5375

FAX No.: (559) 445-5987

24-hour No.: (559) 445-5672

**Regional Disaster Coordinator:**

Paul Calkins

Work Telephone No.: (559) 445-5672

Home Telephone No.: (559) 658-7803

Office Pager No.: (559) 476-6126

FAX No.: (559) 445-5987

24-hour No.: (559) 445-5672

**Alternate's Name:**

Roy Manning

Work Telephone No.: (559) 445-5672

Home Telephone No.: (559) 658-7803

Office Pager No.: (559) 476-6126

FAX No.: (559) 445-5987

24-HR No.: (559) 445-5672

**Alternate's Name:**

Roy Manning

Work Telephone No.: (559) 445-5672

Home Telephone No.: (559) 275-0903

Office Pager No.: (559) 971-5375

FAX No.: (559) 445-5987

24-HR No.: (559) 445-5672

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

# TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (continued)

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional Disaster Medical Health Coordinator:**

**Alternate's Name:**

Edward DeFoe, M.D.

Gene Kallsen, M.D.

Work Telephone No.: (559) 445-3202

Work Telephone No.: (559) 445-3387

Home Telephone No.: (559) 261-9531

Home Telephone No.: (559) 434-2508

Office Pager No.: (559) 764-3666 (Digital)

Office Pager No.: (559) 764-4511 (Digital/Alpha)

FAX No.: (559) 445-3370

FAX No.: (559) 445-3205

24-hour No.: (559) 456-7800

24-HR No.: (559) 456-7800

**Regional Ambulance Transportation Coordinator:**

**Alternate's Name:**

None Appointed (See RDMHC)

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Work Telephone No.:

Home Telephone No.: \_\_\_\_\_

Home Telephone No.:

Office Pager No.: \_\_\_\_\_

Office Pager No.:

FAX No.: \_\_\_\_\_

FAX No.:

24-hour No.: \_\_\_\_\_

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

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

NOTE: EOA FORMS  
MUST BE MODIFIED  
TO INCORPORATE  
CHANGES STATED  
IN PREV. LETTERS

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:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 1

**Name of Current Provider(s):**

Include the company name(s) and length of operation (uninterrupted) in specified area or subarea. Dinuba City Ambulance since prior to 1981. Dinuba City Ambulance continues to provide Limited Advanced Life Support.

**Area or Subarea (Zone) Geographic Description:**

City of Dinuba and rural area surrounding.

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All Ambulance Transport to include Limited Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Dinuba City Ambulance has been serving this area since prior to 1981. The only change made was some minor boundary changes 09/24/85. Grandfathered in per Tulare County Board Resolution 93-0829.

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

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

<p><b>Local EMS Agency or County Name:</b> Tulare County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> Zone 2</p>
<p><b>Name of Current Provider(s):</b> Include the company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Ambulance of Fresno held license to provide service prior to 1981. American Ambulance of Visalia was purchased in accordance with Tulare County Ordinance Code Section 6637 from American Ambulance of Fresno. License granted by Board of Supervisors 12/13/88.</p> <p>Mobile Life Support of Visalia was purchased in accordance with Tulare County Ordinance Code Section 6637 from Crane Ambulance 080/05/80. Purchased as 911 Ambulance and name changed to Mobile Life Support 09/01/81. American Medical Response purchased Mobile Life Support and license changed 02/24/94 per Ordinance Code Section 6637 to American Medical Response DBA Mobile Life Support. Mobile Life Support continues to provide Limited Advanced Life Support</p>
<p><b>Area or Subarea (Zone Geographic Description):</b> The City of Visalia and surrounding areas.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board action: Exclusive per Tulare County Board Resolution 93-0829</p>
<p><b>Type of Exclusivity, 'Emergency Ambulance', 'ALS' or 'LALS' (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)</p> <p>All Ambulance Transport to include Limited Advanced Life Support and Basic Life Support.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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,</p>

service level changes, zone area modification, or other changes to arrangements for service.

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

Crane Ambulance sold to 911 Ambulance 08/05/80.

911 Ambulance Sold and name changed to Mobile Life Support 09/01/81.

Farmersville area was moved into Exeter Zone as Farmersville City approved placement of Exeter Ambulance within their city limits, resulting in more rapid transport 05/08/90.

Minor Boundary Changes 03/12/91

American Ambulance of Fresno sold to American Ambulance of Visalia 12/13/88.

Farmersville area was moved into Exeter Zone as Farmersville City approved placement of Exeter Ambulance within their city limits, resulting in more rapid transport 05/08/90.

Minor Boundary Changes 03/12/91

Grandfathered in per Tulare County Board Resolution 93-0829

*same*

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 3

**Name of Current Provider(s)**

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

Exeter District Ambulance has been providing service since prior to 1981. On 03/12/85 Synanon Ambulance ceased providing service. Designation of Area 13 was transferred to Area 3 to be serviced by Woodlake Ambulance. On 02/09/88 Woodlake Ambulance ceased providing services and designation of both Area 13 and Area 3 were transferred to Exeter District Ambulance. Exeter District Ambulance continues to provide Limited Advanced Life Support services.

**Area or Subarea (Zone) Geographic Description:**

Woodlake Area.

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

Ambulance Transport to include Limited Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Synanon Ambulance ceased service and designation of their Area 13 was transferred to Woodlake Ambulance 03/12/85

Minor Boundary Changes 09/24/85

Woodlake Ambulance ceased providing services, and Area 3 and Area 13 were designated to Exeter District Ambulance 02/09/88.

Grandfathered in per Tulare County Board Resolution 93-0829.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 4

**Name of Current Provider(s):**

Include the company name(s) and length of operation (uninterrupted) in specified area or subarea. Three Rivers Volunteer Ambulance has been providing service since 1981. This company continues to provide Limited Advanced Life Support Services.

**Area or Subarea (Zone) Geographic Description:**

Three Rivers and surrounding mountainous area.

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.  
Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All Ambulance Services Limited Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Grandfathered in per Tulare County Board Resolution 93-0829.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 5

**Name of Current Provider(s):**

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

Exeter District Ambulance has provided service since prior to 1981. This company continues to provide Limited Advanced Life Support Services.

**Area or Subarea (Zone) Geographic Description:**

City of Exeter, Woodlake, Farmersville and the wilderness area near Badger.

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All Ambulance Transport to include Limited Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Exeter Ambulance placed a satellite station in the City of Farmersville at the request of the City of Farmersville. Change made was some minor boundary changes 09/24/85. Grandfathered in per Tulare County Board Resolution 93-0829.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 6

**Name of Current Provider(s):**

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

Life Star Ambulance purchased in accordance with Tulare County Ordinance Code 6637 from Tulare District Hospital Ambulance Service. License approved by Tulare Co. Board of Supervisors 12/20/94. Tulare District Hospital Ambulance Service held license prior to 1981. Life Star continues to provide Limited Advanced Life Support.

**Area or Subarea (Zone) Geographic Description:**

Tulare Area.

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All ambulance transport to include Limited Advanced Life Support and/ or Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Tulare District Ambulance Service in operation prior to 1981

Minor Boundary Change 09/24/85.

Minor Boundary Change 03/12/91.

Corcoran Hospital had a contract provider who responded from Kings County into Kern to service Zone 11. This provider refused to cover Tulare County Zone 11. Therefore the zone was deleted and a portion of it added to Zone 6, December 21, 1993.

Sold to Life Star Ambulance and license approved by Board of Supervisors 12/20/94

Exclusive Operating Area to be awarded July 1, 2001 utilizing competitive process considering:  
(1) The quality of the services to be provided; (2) The level of service to be provided; (3) The cost, if any, to the County; (4) Evidence of ability to work effectively with local agencies (5) Experience in the provision of ambulance services (6) The financial viability of the company; and (7) such other criteria as shall be relevant to the issue of which applicant is most likely to provide the best services to the County and its residents and visitors.

The competitive process will be exercised every five years with two renewal options based on performance. The Competitive Process utilized will be forwarded upon the completion of the process.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 7

**Name of Current Provider(s):**

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

Life Star Ambulance purchased in accordance with Tulare County Ordinance Code 6637 from Tulare District Hospital Ambulance Service. License approved by Tulare Co. Board of Supervisors 12/20/94. Tulare District Hospital Ambulance Service held license prior to 1981. Life Star continues to provide Limited Advanced Life Support.

**Area or Subarea (Zone) Geographic Description:**

Pixley Area.

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All ambulance transport to include Limited Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Tulare District Ambulance Service in operation prior to 1981

Minor Boundary Change 09/24/85

Minor Boundary Change 03/12/91

The Corcoran Hospital had a contract provider who responded from Kings County into Kern to service Zone 11. This provider refused to cover Tulare County. Zone 11 was deleted and a portion of it added to Zone 7, December 21, 1993.

Sold to Life Star Ambulance and license approved by Board of Supervisors 12/20/94

Exclusive Operating Area to be awarded July 1, 2001 utilizing competitive process considering: (1) The quality of the services to be provided; (2) The level of service to be provided; (3) The cost, if any, to the County; (4) Evidence of ability to work effectively with local agencies (5) Experience in the provision of ambulance services (6) The financial viability of the company; and (7) such other criteria as shall be relevant to the issue of which applicant is most likely to provide the best services to the County and its residents and visitors.

The competitive process will be exercised every five years with two renewal options based on performance. The Competitive Process utilized will be forwarded upon the completion of the process.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 8

**Name of Current Provider (s):**

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

Imperial Ambulance. This company continues to provide Limited Advanced Life Support Services.

**Area or Subarea (Zone) Geographic Description:**

Lindsay

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All Ambulance Services Limited Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Lindsay City Ambulance ceased providing services 05/14/85. <sup>City</sup> Authorized Imperial Ambulance as service provider. Grandfathered in per Tulare County Board Resolution 93-0829.

3  
- City regulates service =

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 9

**Name of Current Provider(s):**

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

~~Imperial Ambulance and Mobile Life Support~~ These companies continue to provide Limited Advanced Life Support Services. Imperial Ambulance has been serving this area since prior to 1981.

Stat Medical sold to 911 Ambulance 07/21/81

Name change, 911 to Mobile Life Support 09/01/81

**Area or Subarea (Zone) Geographic Description:**

Porterville

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All Ambulance Services Limited Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Imperial Ambulance has been serving the area since prior to 1981.

Stat Medical was Purchased by 911 Ambulance in 1981 and the name changed to Mobile Life Support in 1981.

On 07/17/84 Camp Nelson Ambulance was licensed taking part of Zone 9 and creating a new zone.

On September 24, 1985 minor boundary adjustments were made.

December 29, 1987 part of Zone 9 was taken creating Zone 15. This was done as there is little access into this area from Tulare County. This area was given to Kern County to administer.

March 8, 1988 California Hot Springs was licensed taking part of Zone 9 and Creating a new zone. *what new zone? 14.*

March 12, 91 Minor Boundary changes were made.

Grandfathered in per Tulare County Board Resolution 93-0829.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 10

**Name of Current Provider(s):**

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

Kingsburg Ambulance. *since 1981*

**Area or Subarea (Zone) Geographic Description:**

North West Corner of Tulare County

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

Kingsburg is a Paramedic Level Service located in Fresno County. Medical Control is provided by Fresno County.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Kingsburg Ambulance receives medical control from Fresno County. They are based in Fresno County and respond into Tulare County Zone 10. The only change that has been made by Tulare County was some boundary adjustments made 09/24/85. Sometime between 1981 and today their service level was upgraded by Fresno County to a Paramedic Level. Grandfathered in per Tulare County Board Resolution 93-0829.

*changed  
IFT*

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 12

**Name of Current Provider(s):**

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

Delano Ambulance Paramedic Level Provider located in Kern County since before 1981, responds into Tulare county south response zone

**Area or Subarea (Zone Geographic Description):**

South Tulare County

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All emergency ambulance transport Paramedic Level Service receiving medical control from Kern County.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Delano Ambulance Service in operation prior to 1981.

Minor Boundary Change 09/24/85.

Minor Boundary Change 03/12.

Grandfathered in per Tulare County Resolution 93-0829.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 13

**Name of Current Provider(s):**

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

Exeter Ambulance

Synanon operated a Limited Advanced Life Support Service prior to 1981.

Synanon ceased operating and Zone designated to Woodlake Ambulance 03/12/85

Woodlake Ambulance ceased operating and Zone designated to Exeter Ambulance 02/09/88

**Area or Subarea (Zone Geographic Description):**

Mountain Wilderness Area

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All Ambulance Services Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Synanon Ambulance Service in operation prior to 1981

Zone Designated to Woodlake Ambulance 03/12/85

Zone Designated to Exeter Ambulance 02/09/88

Grandfathered in per Tulare County Board Resolution 93-0829.

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

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

**Local EMS Agency or County Name:**

Tulare County

**Area or Subarea (Zone) Name or Title:**

Zone 14

**Name of Current Provider(s):**

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

Camp Nelson Volunteer Ambulance began service 07/17/84. New Zone created and area from the Porterville Zone 9 was designated to Zone 14.

**Area or Subarea (Zone Geographic Description):**

Mountain Wilderness Area

**Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)**

Include intent of local EMS agency and Board action.

Exclusive per Tulare County Board Resolution 93-0829.

**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., 911 calls only, all emergencies, all calls requiring ambulance service, etc.)

All Ambulance Services Advanced Life Support and Basic Life Support.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, or other changes to arrangements for service.

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

Porterville Zone 9 providers have been providing service since before January 1981.

Zone 14 was added July 17, 1984 due to the formation of Camp Nelson Volunteer Ambulance. This is a remote area with minimal call volume. This additional service assumed some of the area that was covered by the Porterville Providers.

Minor Boundary adjustments were made September 24, 1985.

Grandfathered in per Tulare County Board Resolution 93-0829.

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

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

<b>Local EMS Agency or County Name:</b> Tulare County
<b>Area or Subarea (Zone) Name or Title:</b> Zone 15
<b>Name of Current Provider(s):</b> Include the company name(s) and length of operation (uninterrupted) in specified area or subarea. This area was service by Porterville providers since 1981. This area was designated to Kern County EMS December 29, 1987 as it is not accessible from Tulare County most of the year. It is wilderness area.
<b>Area or Subarea (Zone Geographic Description):</b> South Tulare County Wilderness Area
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board action. This area regulated by Kern County EMS
<b>Type of Exclusivity, 'Emergency Ambulance', 'ALS' or 'LALS' (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.) This area regulated by Kern County EMS
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, 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.  This area regulated by Kern County

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

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

<b>Local EMS Agency or County Name:</b> Tulare County
<b>Area or Subarea (Zone) Name or Title:</b> Zone 16
<b>Name of Current Provider(s):</b> Include the company name(s) and length of operation (uninterrupted) in specified area or subarea. California Hot Springs Ambulance began service March 8, 1988. This area was service by Porterville providers since 1981. New zone created and area from Porterville Zone 9 was designated to Zone 16.
<b>Area or Subarea (Zone Geographic Description):</b> Tulare County Wilderness Area
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board action. Exclusive per Tulare County Board Resolution 93-0829
<b>Type of Exclusivity, 'Emergency Ambulance', 'ALS' or 'LALS' (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.) All ambulance service Advanced Life Support and Basic Life Support.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief summary 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 modification, 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.  Porterville Zone 9 providers have been providing service since prior to January 1981. Zone 16 was added March 8, 1988 due to the formation of California Hot Springs Ambulance, a volunteer company. This is a remote area with minimal call volume. This additional service assumed some of the area that was covered by the Porterville Providers.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
 SACRAMENTO, CALIFORNIA 95814-7043  
 (916) 322-4336 FAX: (916) 324-2875



October 25, 2002

Patty Crawford, EMS Administrator  
 Tulare County EMS Agency  
 5957 South Mooney Boulevard  
 Visalia, CA 93277

Dear Ms. Crawford:

We have completed our review of *Tulare County's 1999 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*, with the exception of the exclusive operating areas, based upon our EOA determinations as defined in the May 30<sup>th</sup> letter.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

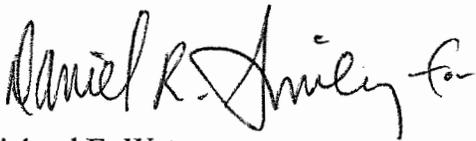
SECTION	COMMENT
1.07 Trauma Planning	Need to establish a formal trauma system to ensure appropriate care for trauma patients.
1.26 Trauma System Plan	
1.27 Pediatric System Plan	Need to develop a pediatric emergency medical and critical care system. Patients are now transported to other jurisdictions.
2.04 Dispatch Training	Need to ensure that PSAP operators with medical responsibility shall have emergency medical orientation and all medical personnel shall receive emergency medical dispatch training.
4.19 & 4.20 EOAs	Based upon our review of the information provided and pursuant to the May 30, 2002 letter to Ray Bullick (enclosed), the transportation plan should be modified. Ambulance zone forms are provided for your use. The official EMS record will be reflected pursuant to the May 30, 2002 letter unless additional information is provided. Please note that protection provided under Health and Safety Code Section 1797.6 may not be enjoyed if the provisions of Section 1797.224 are not met.

Patty Crawford  
October 25, 2002  
Page 2

<b>SECTION</b>		<b>COMMENT</b>
5.08, 5.09, 6.10 & 6.11	Trauma System	Sections should be revised in next update to reflect development of trauma care system.
6.05	Data Management System	Need to develop a comprehensive data management system.
Section 6 Annex		Should be updated upon completion of revision to ambulance zones.

These comments are for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson  
Interim Director

REW:ss

Enclosure