

EMERGENCY MEDICAL SERVICES AUTHORITY

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August 7, 2025

Dan Lynch, EMS Director
Central California Emergency Medical Services Agency
P.O. Box 11867
Fresno, CA 93775

Dear Dan Lynch,

This letter is in response to Central California Emergency Medical Service (EMS) Agency's 2024 EMS, Triage to Alternate Destination (TAD), Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan, submissions to Emergency Medical Service Authority (EMSA) on June 2, 2025.

EMSA has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find the enclosed EMS area/subarea status, compiled by EMSA.

EMSA has also reviewed the TAD, Trauma, STEMI, Stroke, and QI plans based on compliance with Chapters 5, 7, 7.1, 7.2, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Central California EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2025 EMS plan will be due on or before August 7, 2026. Concurrently with the EMS plan, please submit an annual TAD, Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@ems.ca.gov.

Sincerely,

A handwritten signature in blue ink that reads "Angela Wise".

Angela Wise, Branch Chief
EMS Quality and Planning
On behalf of,
Elizabeth Basnett, Director

Enclosure: AW: jg

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Dan Lynch
July 31, 2025
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Central California Emergency Medical Services Agency

2024 REGIONAL EMERGENCY MEDICAL SERVICES PLAN UPDATE



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May 2025

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

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

Emergency Medical Services Medical DirectorMiranda Lewis, M.D.

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Central California EMS Agency
2024 EMS Plan UPDATE

System Summary

This Emergency Medical Services (EMS) Plan update outlines the progress that has occurred over the past year. While the previous years have seen the counties dealing with major events, including fire and floods, the healthcare issues continue to push the hospital systems to their near-breaking points. The admission rates of hospitals continue to increase, and hospital emergency departments are routinely filled with admitted patients waiting for an available hospital bed. Thankfully, the continued hospital overcrowding issues have not increased the ambulance patient off-load times (APOT), due to great efforts by the hospitals and EMS agency to address the holding of ambulances.

The EMS Agency continues to watch unnecessary legislation and/or legal challenges that may cause significant disruptions and distractions that potentially threaten to change the effective operations of the EMS system. While isolated localized disagreements occur in other parts of the state, the "fix" to that disagreement often becomes a legislative change, unnecessarily impacting all EMS systems. Fire services throughout the state are on the offensive intending to control EMS. They are using the court system and the legislative processes to push agendas beneficial to their cities or jurisdictions and catastrophic to organized countywide EMS systems. Regardless of whether the EMS system works well, counties and EMS agencies must spend time, energy, and money trying to protect themselves from these unnecessary actions. Staff time and costs to address these conflicts are overwhelming to a system with limited staff and very little access to funding for the EMS system.

In 2024, the CCEMSA region saw increases in ambulance rates due to the costs to recruit/retain personnel and other costs impacted by historic inflation. The CCEMSA has struggled to maintain programs and services due to increased costs and limited funding. The largest of the region's four counties, Fresno County, has been burdened with additional expenses that the three other member counties cannot fund and has been subsidizing these counties rather than decreasing the level of services. Fortunately, with the assistance of EMSA, the six EMS regions in the state successfully increased the State General Fund assistance for EMS regions beginning in FY 22/23. This additional funding has been a game-changer and has benefited the regional EMS agencies in covering unrecoverable costs and moving forward with sustaining services and programs.

The volume of non-emergent patients transported by ambulance and seen in local emergency departments has not decreased from the COVID period. The EMS Agency has worked with the Health Departments and Hospitals systems on public campaigns to urge the community to utilize urgency cares and tele-medicine before considering the hospital emergency department. After closing its hospital in 2023, Madera Community Hospital opened in March 2025 as a full-service hospital and emergency department. Madera Community Hospital receives approximately 45% of the ambulance transports from the Madera area, with the remaining transports going to Fresno County and Merced County. The opening of this hospital provided some relief to already overwhelmed Fresno hospitals, which took the vast majority of ambulance patients from Madera. Additionally, adult patients held under W&I Code 5150 were all going to Madera Community Hospital instead of the Fresno hospitals.

Overall, the state of the EMS system is very good. EMS providers and, albeit extremely busy, hospitals

continue to manage sufficiently to provide quality services. The primary strength of the CCEMSA system is the partnerships and relationships between first responders, ambulance providers, hospitals, and the EMS agency.

One great benefit to the EMS system is the Transport to Alternate Destination (TAD) program with the use of the Fresno County Crisis Stabilization Center as an approved alternate destination. On September 7, 2023, The EMS Authority approved the Triage to Alternate Destination Program. The program has been very successful. While this program was included in the EMSA's original pilot program since 2018, Fresno County has been using this alternate destination for over 20 years. This alternate destination is very important to the EMS system because nearly 50% of prehospital patients on a 5150 hold (over 400 patients) each month are transported to the alternate destination rather than to an emergency department. A specific report on the Triage to Alternate Destination is included with the EMS plan document.

The EMS Agency has made significant progress this past year, despite the challenges of 2024. The EMS plan sets out the priorities of the EMS system and lists the objectives to be achieved and maintained. The following is a summary of the progress made since our last EMS Plan update.

- System Organization and Management
 - A new EMS Medical Director, Miranda Lewis, was welcomed to the EMS system in February 2024.
 - Spent time and effort protecting the EMS region and EMS agency system from disruptive legislation that would decrease local control, remove medical control, and add significant costs to system operations.
 - Updated EMS Policies and Procedures for the 4-county EMS region
 - Hired staffing is disaster medical services and EMS operations. Reorganized the EMS Agency staffing and responsibilities in response to staffing changes.
 - Updated multiple prehospital agreements.
- Staffing and Training
 - Approved another paramedic training program at the College of Sequoias in Visalia, California.
 - Continued efforts to increase the attendance of the EMS Agency's two paramedic training courses in an effort to increase the number of paramedic graduates, which will assist in the recruitment and employment of paramedics throughout the region.
 - Upgraded additional training equipment and resources through the use of grant funds to increase skills retention and primary training.
 - The EMS Agency paramedic program coordinated with the other paramedic training program in the EMS region to share and coordinate the use and training of paramedic preceptors to assure consistency in oversight.
 - Interagency training on high quality CPR and the use of the Lucas Device (mechanical CPR device) occurred throughout the region.
- Communications
 - Continued the build-out and installation of communications infrastructure for med channel 102, which will be used for a region-wide coordination channel.
 - EMS Policy 408 – Helicopter Dispatch has been updated to include Reach Helicopter located

in the Porterville area of the region.

- Additional radio site added to Madera County to improve radio coverage during large incidents
- Coordinated plans for the replacement and upgrade of the regions existing primary dispatch radio equipment.

- Response and Transportation
 - Implemented the Selma Exclusive Operation Area and designating the Selma City Fire Department as the exclusive provider under the grandfathering clause of H&S Code section 1797.224.
 - Coordinated and implemented FirstWatch software for measurement of ambulance response time requirements in Fresno, Kings, Madera, and Tulare Counties.
 - Implementation of a new ambulance agreement in Madera County with more stringent response time compliance.
 - Continued to address the increase of non-emergent requests for ambulance and impact on overwhelmed hospital emergency departments.
 - Monitor EMS response to 5150 and mental health patients. Continue work with behavioral health departments to better manage the care and destination of clients. This includes the participation in the triage to alternate destination program.
 - Prepare and distribute monthly performance reports on ambulance providers.
 - Completed the annual ambulance rate study for the region.
 - Continued to work with hospitals and ambulance providers on ambulance patient off-load times.
- Facilities and Critical Care Centers
 - Coordinated and assisted with the re-opening of Madera Community Hospital and its emergency department. Modified policies and procedures to allow transports.
 - Assisted in the ACS re-verification of Kaweah Health Medical Center as a Level III Trauma Center. All trauma centers have ACS verification.
 - Continue to support and evaluate the Fresno County Crisis Stabilization Center as an approved alternate destination for prehospital behavioral health patients.
 - Developed and established a stroke destination system. This includes development of policies/procedures and updated protocols.
 - STEMI center policies have been implemented and Agreements have been established by the hospitals and Board of Supervisors.
- Data Collection and Evaluation
 - Performance reports have been developed and issued to all paramedics in the CCEMSA region. The performance reports include airway and IV success rates, breakdown of call types and procedures used. These reports will be used to address the decreasing number of skills usage and increase competency levels.
 - Released an RFP to replace and upgrade the EMS Agency certification system and include an electronic reporting system for our Continuous Quality Improvement Program.
 - Established reports on the evaluation and monitoring of on-scene time performance regarding STAT trauma and STAT Medical patients.
 - Continued the collection, verification and submittal of prehospital and trauma data to

CEMSIS by all ALS provider in the region.

- Transitioned patient care information data set to the latest version of NEMSIS and continue to work with providers to assure that data is correct.
- Continued participation in the Central Valley Health Information Exchange and participated with Manifest MedEx in the +EMS project. This included development of POLST in the EMS system.
- The EMS agency purchased and has been implementing FirstWatch software to better monitor system performance and improve reporting capabilities.

- Disaster Response

- Each County in the region employs a Medical/Health Operational Area Coordinator (MHOAC). The past two years have been challenging, which required expanding staffing and resources for this program. The MHOAC staffing and response has been refined. The designated MHOACs in the region are:

Fresno County – Curtis Jack	Madera County – Terrance Carter
Kings County – Alexander Mena	Tulare County – Annette Burgos
- The MHOAC, in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services, shall be responsible for ensuring the development of a medical and health disaster plan for the operational area following SEMS and NIMS. This plan shall include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan and have procedures that include the 17 MHOAC functions. In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the agency operational area coordinator in the coordination of medical and health disaster resources within the operational area and be the point of contact in that operational area, for coordination with the RDMHC, the agency, the regional office of the agency, the State Department of Public Health, and the authority.
- The MHOAC program and disaster medical services has benefited greatly from the additional State funds that have provided for additional staffing. The staffing support allows the EMS agency to better address the needs of the MHOAC program and provide continuity of operations, especially during events.
- Continue to manage and implement the Public Health Emergency Preparedness Program and the Hospital Preparedness Program (HPP) Grants
- Participation and leadership of the Homeland Security Grant Committee
- Planning and implementation of disaster drills including tabletop and functional hospital exercise, hazmat and MCI training, Incident Command System training, and ambulance strike team leader training.
- Deployed ambulance strike teams to large fire incident in the state. Additionally, we assisted in the deployment of Fireline Paramedics and EMTs.
- Completed a significant update and implementation/training of EMS policies related to multi-casualty/mass casualty incidents, including prehospital, hospital, dispatch and EMS Agency responses.
- Assisted with MCI drills and exercised in Tulare County
- Coordinated the training and preparedness for deployment of ambulance strike teams

incidents throughout the state, which include ambulance strike team leader training and certification.

- Public Information and Education
 - Release of media information and participation in media events related emergency medical services.
 - Provided regular updates and impromptu interviews to news media regarding hospital overcrowding and the status of hospitals and EMS system.

Confirmation of Compliance with New Laws and Regulations

The Central California EMS Agency participates in the EMSAAC legislative committee and maintains a strong awareness and vigilance of any legislation associated with emergency medical services. While there has been an increasing number of legislative activities related to EMS in the last few years, the EMS Agency has worked very hard to ensure that the EMS Agency and its EMS providers are in full compliance with all statutes and regulations.

The approval of the Community Paramedic or Triage to Alternate Destination regulations on November 1, 2022, required Fresno County to apply for approval to continue its existing Triage to Alternate Destination program., which was approved by the EMS Authority on September 7, 2023. This program has been extremely important to the Fresno County EMS system because it allows almost 50% of the prehospital behavioral health patients to be transported to the County's Crisis Stabilization Center instead of an overcrowded hospital emergency department.

SB 438 was approved on October 1, 2019 and addressed emergency medical services dispatch. The Fresno County Department of Public Health's Emergency Services Division owns and operates a regional EMS and Fire Dispatch Center. This public safety dispatch center receives all medical 9-1-1 calls in Fresno, Kings, and Madera Counties and is the designated EMS dispatch center for all ambulance providers in those counties. In addition, it is also the primary fire department dispatch center for the Cities of Fresno, Clovis, Sanger, Hanford and North Central Fire Protection District and the community of Laton. The Fresno County EMS Communications Center receives and dispatch approx. 280,000 calls per year. Tulare County Consolidate Ambulance Dispatch (TCCAD) is the designated EMS dispatch center in Tulare County. This dispatch center is the primary dispatch for all ambulance providers in Tulare County and is also the primary dispatch center for the Tulare City Fire Department.

Both dispatch centers meet the requirements of SB 438, which includes Government Code Section 53110, Health and Safety Code Sections, 1797.223 and 1798.8. We are very proud of both dispatch centers and the consolidation of EMS and Fire services, which provides a very efficient and cost-effective service to the community. We invite the EMS authority to visit this unique and important resource that serves the central valley.

Title 22 Chapter 4, section 100170 – Medical Control requires that EMS policies be established to provide for direct voice communications between a paramedic and base hospital physician, authorized nurse, or MICN, as needed. CCEMSA Policy 530.02 – general procedures outline the call-in criteria and call-in formats. EMS Policy 400 – EMS Communications Center Overview identifies the specific radio channels and frequencies designated for all base hospital and receiving hospitals.

EMS Policy 311 – Base Hospital Criteria, currently outlines the requirements to operate as a base hospital, which includes the maintenance of written and recorded messages. These records are available for medical control upon request. Recordings and documents are regularly used in continuing education classes and training courses.

Title 22 Chapter 8, section 100306 – [EMS Helicopter] Space and Equipment – While the EMS helicopters based in the region already comply with section 100306, it was noted that this requirement is not documented in policy. We have updated CCEMSA Policy 408 – Helicopter Dispatch, to specifically address CCR 100360.

EMS System Standards Update Chart

See the chart in the following pages

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.01	Each Local EMS Agency shall have a formal organizational structure which includes both staff and non-agency resources and which includes appropriate technical and clinical expertise.	<input checked="" type="checkbox"/>	The EMS Agency continues to reorganize staff to address position vacancies and still meet the priorities of the EMS Agency. At this time, one EMS specialist position will remain unfilled for salary savings. The organizational chart included in this update reflects the changes that have been made in job assignments.	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Act and Code of Regulations.
1.04	<p>Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.</p> <p>The local EMS agency medical director should have administrative experience in emergency medical services systems.</p>	<input checked="" type="checkbox"/>	On February 14, 2024, Dr. Miranda Lewis was appointed the new EMS Medical Director. Dr Lewis replaced Dr. Jim Andrews who had served for 28 years in that position.	Continue to improve and enhance the EMS system wherever possible
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.	<input checked="" type="checkbox"/>	This EMS plan provides updates to the CCEMSA region and identifies changes to the system design.	Continue to improve and enhance the EMS system wherever possible

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.07	<p>The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.</p> <p>The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions</p>	<input checked="" type="checkbox"/>	<p>Kaweah Health Medical Center completed ACS re-verification and was very successful. All trauma centers in CCEMSA are ACS verified and that is the standard in the EMS region.</p>	<p>All trauma centers in the EMS region will achieve verification through ACS.</p>
1.08	<p>Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction</p>	<input checked="" type="checkbox"/>	<p>The EMS agency has been discussing the plan to allow EMTs to use I-GEL airways in the system. In addition, the EMS agency is in discussion with some BLS first responder agencies to upgrade services to Advance EMT.</p>	<p>Continue to improve and enhance the EMS system wherever possible</p>
1.12	<p>Each local EMS agency shall provide for review and monitoring of EMS system operations.</p>	<input checked="" type="checkbox"/>	<p>In 2023, the EMS Agency purchased FirstWatch software to increase its capability of monitoring the system. The purchase also allows the EMS providers access to the system for monitoring and improvement.</p> <p>Update: The EMS agency is still working through the implementation process, which is about 80% complete</p>	<p>Continue to improve and enhance the EMS system wherever possible.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.14	<p>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.</p>	<input checked="" type="checkbox"/>	<p>The policy and procedures are reviewed, and policies are updated as needed on the EMS Agencies updated website. Several ALS and BLS protocols were updated this year, which required the EMS providers to complete training.</p> <p>All policies and procedures are posted on the EMS agency website and changes to EMS policy are posted as draft and also sent out through social media when implemented.</p>	<p>Continue to improve and enhance the EMS system wherever possible.</p>
1.16	<p>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</p>	<input checked="" type="checkbox"/>	<p>The EMS Agency has been struggling with a balanced budget due to increasing personnel costs and impacts of inflation. The EMS Agency is proposing increased costs to its member counties. And increased certification fees to EMS providers and hospitals. The EMS Fund has decreased over the years, and this has increased the need to adjust fees. With successful results, the EMS agency worked with the EMS Authority and the other EMS regions to increase regional general funds, which went into effect FY 22/23.</p>	<p>To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Act and Code of Regulations.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
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	<input checked="" type="checkbox"/>	In 2024, the EMS agency worked with American Ambulance of Fresno on the development of a simulation lab that would provide skills practice for paramedics on skills that have been identified as low use. It would also be used to for training and increase skills of existing paramedics	Continue to improve and enhance the EMS system wherever possible.
1.28 / 4.20	The local EMS agency shall develop, and for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas.	<input checked="" type="checkbox"/>	The EMS agency has been working with the City of Selma on the designating Ambulance Zone G as an exclusive operating area and designating Selma Fire Department as the EOA provider as a non-competitive "grandfathered" provider under H&S Code Section 1797.224	Continue to improve and enhance the EMS system wherever possible.
2.03	The EMS agency shall have mechanisms to accredit, authorize, and certify prehospital personnel and conduct certification reviews.	<input checked="" type="checkbox"/>	In 2024 the EMS agency developed and released a request for proposals to identify a software system to replace the current antiquated certification system used by the EMS agency. It is expected that a new certification system, that includes a CQI reporting module, to be implemented in mid-2025.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
3.01	<p>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.</p> <p>The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.</p>	<input checked="" type="checkbox"/>	<p>This year, backup mechanisms were finalized to access EMS channels. In addition, Med 102 infrastructure installations were started and scheduled to be final by 2024.</p> <p>EMS Policy 400 is the region's EMS communications plan and was updated to account for additional ambulance identifiers and channels.</p>	Continue to improve and enhance the EMS system wherever possible.
3.08	The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access	<input checked="" type="checkbox"/>	The EMS agency has partnered with the Fresno County Department of Community Health and hospital systems to develop press releases and information on when to use the 9-1-1 system. This has been in effort to reduce the number of non-emergency medical calls to 9-1-1 and urging people to use urgent cares, clinics, and tele-medicine	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
5.01	<p>The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.</p> <p>The local EMS agency should have written agreements with acute care facilities in its service area.</p>	<input checked="" type="checkbox"/>	<p>The EMS agency has developed STEMI agreements with the three designated STEMI centers in the region. These three hospitals have been serving as STEMI centers for more than a decade and we are finalizing agreements and data exchange at this time. Agreements are scheduled to be approved in early 2025.</p> <p>The EMS agency is discussing with facilities on a new TAD destination, a potential trauma center, and a STEMI center</p>	<p>Continue to find opportunities to increase the level of service throughout the EMS region</p>
5.02	<p>The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.</p>	<input checked="" type="checkbox"/>	<p>The EMS agency continues to work closely with the local hospital council to re-establish and update transfer protocols and procedures for interfacility transfers. A new transfer agreement has been drafted and is being circulated to hospitals for approval and signature.</p>	<p>Continue to find opportunities to increase the level of service throughout the EMS region</p>

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
5.13	<p>Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:</p> <ul style="list-style-type: none"> a) The number and role of system participants b) The design of catchment area 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 the evaluation of the system. 	<input checked="" type="checkbox"/>	<p>Fresno County utilizes the Crisis Stabilization Center as an approved alternate destination for prehospital behavioral health patients. This program was originally approved as a pilot project in 2018 and was approved by the EMS Authority in September 2023.</p> <p>We have been in discussions with River Vista in Madera County regarding the possibility of becoming an authorized alternate destination for pre-hospital behavioral health patients.</p>	<p>Continue to work with local area hospitals for integration into the EMS system.</p>
5.14	<p>In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.</p>	<input checked="" type="checkbox"/>	<p>The EMS agency has been working with system participants on the development of a prehospital stroke system. In May 2024, the Stroke system was implemented with great involvement of hospitals and in accordance with the newly approved state regulations.</p>	<p>Continue to work with local area hospitals for integration into the EMS system</p>

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
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 prearrival/post-dispatch directions.	<input checked="" type="checkbox"/>	<p>Using other grant funds, the EMS agency purchased FirstWatch software system to assist in the management of date and provide easier access to system reporting and monitoring.</p> <p>This system will eventually be integrated with patient care reports.</p>	Continue to improve and enhance the EMS system wherever possible.
6.09	A process should be used to audit treatment provided by advanced life support providers	<input checked="" type="checkbox"/>	<p>In 2024, The EMS agency developed a “Performance Report” for 490 paramedics in the EMS region. The performance report identified the number of responses and disposition of patient, types of response, airway and IV success rates, and totals of medication and skills procedures that were used. This data was downloaded from CEMSIS, which has been a great resource for system data, now that all ALS providers are consistently reporting.</p>	Continue to improve and enhance the EMS system wherever possible.

TABLE 1: System Organization and Management

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X		X	
1.02 LEMSA Mission		X		X	
1.03 Public Input		X		X	X
1.04 Medical Director		X	X		
Planning Activities					
1.05 System Plan		X		X	
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning		X	X	X	X
1.08 ALS Planning		X			
1.09 Inventory of Resources		X		X	
1.10 Special Populations		X	X		X
1.11 System Participants		X	X	X	
Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X		X	
1.13 Coordination		X		X	
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance w/ Policies		X		X	
System Finances					
1.16 Funding Mechanism		X			

Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction		X		X	X
1.18 QA / QI		X	X	X	
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X		X	X
1.21 Determination of Death		X		X	
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X		X	

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X	X	X	

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

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X			
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X		X	X
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Staffing / Training

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

Dispatchers

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

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

Transporting Personnel

2.08 EMT-I Training		X	X	X	X
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		X

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

Communications

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

Public Access

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

Resource Management

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

Response / Transportation

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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.05 Response Time Standards		X	X	X	X
4.06 Staffing		X		X	X
4.07 First Responder Agencies		X		X	X
4.08 Medical & Rescue Aircraft		X		X	X
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X		X	X
4.11 Specialty Vehicles		X	X	X	X
4.12 Disaster Response		X		X	X
4.13 Intercounty Response		X	X	X	X
4.14 Incident Command System		X		X	X
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		X
4.17 ALS Equipment		X			

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

Enhanced Level: Exclusive Operating Permits

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

Facilities / Critical Care

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

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation		X			
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Enhanced Level: Trauma Care System

5.08 Trauma System Design		X			X
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design		X			X
5.14 Public Input		X			

Data Collection / System Evaluation

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

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	Action needed	X	X
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Enhanced Level: Trauma Care System

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

Public Information and Education

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

Disaster Medical Response

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

Enhanced Level: Advanced Life Support

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

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X			
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TABLE 2: System Organization and ManagementEMS System: Central California EMS AgencyReporting Year: 2024**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:

County: Fresno

a. Basic Life Support (BLS)	<u>18.4%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>81.6%</u>

County: Kings

a. Basic Life Support (BLS)	<u>5.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>94.9%</u>

County: Madera

a. Basic Life Support (BLS)	<u>6.2%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>93.8%</u>

County: Tulare

a. Basic Life Support (BLS)	<u>10.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>89.9%</u>

Table 2 - System Organization & Management (cont.)

2. Type of agency a.*

a - Public Health Department
 b - County Health Services Agency
 c - Other (non-health) County Department
 d - Joint Powers Agency
 e - Private Non-profit Entity

*Fresno County Department of Public Health under contract to Kings, Madera and Tulare Counties

3. The person responsible for day-to-day activities of EMS agency reports to: d.

a - Public Health Officer
 b - Health Services Agency Director/Administrator
 c - Board of Directors
 d - Other: Fresno - Director of Public Health;
Kings - Public Health Director;
Madera - Director of Public Health,
Tulare – Public Health Branch Director

4. Indicate the non-required functions which are performed by the agency

Implementation of exclusive operating areas	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of STEMI centers	Yes
Designation of Stroke centers	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No
Continuing education	Yes
Personnel training	Yes
Operation of oversight of EMS dispatch center	Yes
Non-medical disaster planning	Yes
Administration of critical incident stress debriefing team (CISD)	No
Administration of disaster medical assistance team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes
Administration of local EMS training/certification of EMS Dispatchers, MICNs and Base Hospital Physicians	Yes
Assist with the training of Emergency Resident Physicians and National Park Ranger (ParkMedic) Program	Yes

Table 2 - System Organization & Management (cont.)**5. EXPENSES**

Salaries and benefits (all but contract personnel)	<u>\$2,358,240</u>
Contract Services (e.g. medical director)	<u>\$2,114,871</u>
Operations (e.g. copying, postage, facilities)	<u>\$474,554</u>
Travel, Education, Garage	<u>\$7,500</u>
Fixed assets	<u>\$85,000</u>
Indirect expenses (overhead)	<u>\$0</u>
Ambulance subsidy	<u>\$166,428</u>
EMS Fund payments to physicians/hospital	<u>Managed by each County</u>
Dispatch center operations (non-staff)	<u>\$1,988,976</u>
Training program operations (non-staff)	<u>\$209,283</u>
Other: Public Health Funding	<u>\$0</u>
TOTAL EXPENSES	<u>\$7,404,852</u>

Note: The EMS agency is included in the Fresno County Public Health Department – Emergency Services Division, which includes the EMS agency, the Public Health Emergency Preparedness Program (PHEP), the Hospital Preparedness (HPP) Program, and the Fresno County Office of Emergency Services (OES). The expenses and revenues do not include PHEP, HPP, or OES.

Table 2 - System Organization & Management (cont.)**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	<u>-0-</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>-0-</u>
Office of Traffic Safety (OTS)	<u>-0-</u>
State general fund	<u>\$960,447</u>
County general fund	<u>-0-</u>
Other local tax funds (e.g., EMS district)	<u>-0-</u>
County contracts (e.g. multi-county agencies)	<u>\$161,624</u>
Certification fees	<u>\$185,530</u>
Training program approval fees	<u>-0-</u>
Training program tuition/Average daily attendance funds (ADA)	<u>\$723,950</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>-0-</u>
Base hospital application fees	<u>-0-</u>
Base hospital designation fees	<u>-0-</u>
Trauma center application fees	<u>-0-</u>
Trauma center designation fees	<u>-0-</u>
Pediatric facility approval fees	<u>-0-</u>
Pediatric facility designation fees	<u>-0-</u>
Other critical care center application fees	<u>-0-</u>
Type: <u>n/a</u>	
Other critical care center designation fees	<u>-0-</u>
Type: <u>n/a</u>	
Ambulance service/vehicle fees	<u>-0-</u>
Contributions	<u>-0-</u>
EMS Fund (SB 12/612)	<u>\$145,000</u>
Other grants:	<u>\$672,349</u>
Other fees: <u>Dispatch Services</u>	<u>\$3,005,926</u>
Other (specify): <u>Other Public Health Funding</u>	<u>\$1,550,026</u>
TOTAL REVENUE	<u>\$7,404,852</u>

Table 2 - System Organization & Management (cont.)**7. Fee structure for FY 2024-25**

<input type="checkbox"/> We do not charge any fees	
<input checked="" type="checkbox"/> Our fee structure is:	
First responder certification	<u><u>-0-</u></u>
EMS dispatcher certification	<u><u>\$63</u></u>
EMT certification	<u><u>\$52</u></u>
EMT recertification	<u><u>\$45</u></u>
EMT-defibrillation certification	<u><u>-0-</u></u>
EMT-defibrillation recertification	<u><u>-0-</u></u>
Advanced EMT certification	<u><u>-0-</u></u>
Advanced EMT recertification	<u><u>-0-</u></u>
Paramedic accreditation	<u><u>\$48</u></u>
Mobile Intensive Care Nurse/	
Authorized Registered Nurse (MICN/ARN) certification	<u><u>\$39</u></u>
MICN/ARN recertification	<u><u>\$39</u></u>
EMT training program approval	<u><u>-0-</u></u>
EMT-Advanced training program approval	<u><u>-0-</u></u>
Paramedic training program approval	<u><u>-0-</u></u>
MICN/ARN training program approval	<u><u>-0-</u></u>
Base physician certification/recertification	<u><u>\$18</u></u>
Base hospital designation	<u><u>-0-</u></u>
Trauma center application	<u><u>-0-</u></u>
Trauma center designation	<u><u>-0-</u></u>
Pediatric facility approval	<u><u>-0-</u></u>
Pediatric facility designation	<u><u>-0-</u></u>
Other critical care center application	<u><u>-0-</u></u>
Type: <u>n/a</u>	
Other critical care center designation	<u><u>-0-</u></u>
Type: <u>n/a</u>	
	<u><u>Fresno</u></u> <u><u>Kings</u></u> <u><u>Madera</u></u> <u><u>Tulare</u></u>
Ambulance service license	<u><u>\$221</u></u> <u><u>\$0</u></u> <u><u>\$0</u></u> <u><u>\$100</u></u>
Ambulance vehicle permits	<u><u>\$30</u></u> <u><u>\$0</u></u> <u><u>\$0</u></u> <u><u>\$25</u></u>
Other: Paramedic Training Tuition	<u><u>\$8,820</u></u>

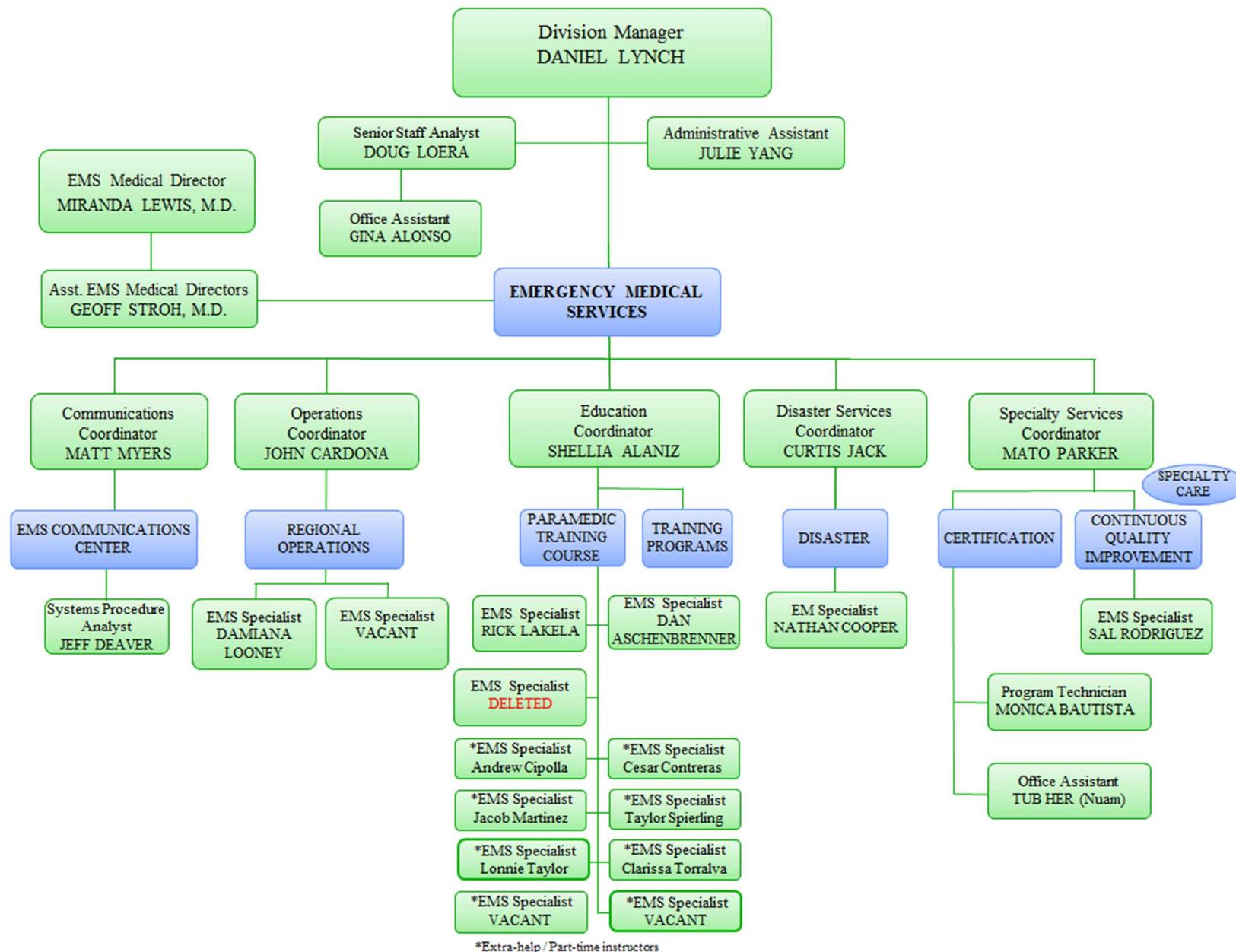
Table 2 - System Organization & Management (cont.)EMS System: Central California EMS AgencyReporting Year: 2024

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.	EMS Director	1	\$67.77hr	75.1%	
Senior Staff Analyst	EMS Analyst	1	\$48.08/hr	68.8%	
ALS Coord./Field Coord./Trng Coord.	Senior EMS Specialist	4	\$43.63/hr	79.7%	
Program Coord./Field Liaison (Non-clinical)	EMS Specialist	5	\$39.71/hr	81.0%	
Trauma Coord.	Included in other job				
Med. Director	EMS Medical Director	1	Contract	Contract	
Other MD/Med. Consult./Trng. Med. Dir.	Assistant EMS Medical Director	1	Contract	Contract	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Emergency Mgmt Specialist	Emergency Mgmt Specialist	1	\$39.71/hr	81.0%	
QA/QI Coordinator	Senior EMS Specialist	1	\$48.08/hr	68.8%	
IT/GIS Support	Systems Procedures Analyst (IT)	1	\$46.04/hr	79.2%	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Administrative Assistant	1	\$26.02/hr	75.4%	
Other Clerical	Office Assistant II/III	2	\$24.21/hr	67.7%	
Program Technician	Certification Coordinator	1	\$25.63/hr	88.3%	

Central California EMS Agency



*Extra-help / Part-time instructors

TABLE 3: Personnel/TrainingEMS System: Central California EMS AgencyReporting Year: 2024

	EMT	Paramedic	CCP	MICN	EMS Dispatchers	Base Physician
Total certified	3383		23	340	153	270
Number newly certified this year	400	88	1	42	30	49
Number recertified this year	829	267	5	101	43	56
Total number of accredited personnel on July 1 of the reporting year		633				
a) formal investigations	0	0	0	0	0	0
b) probation	2	0	0	0	0	0
c) suspensions	0	0	0	0	0	0
d) revocations	0	0	0	0	0	0
e) denials	0	0	0	0	0	0
f) denials of renewal	0	0	0	0	0	0
g) no action taken	0	0	0	0	0	0

1. Early defibrillation:

a) Number of EMT authorized to use AEDs 3,383
 b) Number of public safety (defib) certified (non-EMT) 186

2. Paramedic Triage to Alternate Destination:

284

3. Do you have an EMR training program?

No

TABLE 4: Communications

EMS System: Central California EMS Agency
County: Fresno County
Reporting Year: 2024

1. Number of primary Public Service Answering Points (PSAP)	13
2. Number of secondary PSAPs	2
3. Number of dispatch centers directly dispatching ambulances	1
4. Number of EMS dispatch agencies utilizing EMD guidelines	1
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day EMS emergencies?	<u>The Fresno County EMS Communications Center</u>
7. Who is your primary dispatch agency for an EMS disaster?	<u>The Fresno County EMS Communications Center</u>
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency	
1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u>	
2. <u>County Command – Linknet TX: 465.025 (136.5) RX: 460.025 (136.5)</u>	
b. Other methods	<u>Local and state interoperability channels</u>
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
County: Kings County
Reporting Year: 2024

1. Number of primary Public Service Answering Points (PSAP)	<u>4</u>
2. Number of secondary PSAPs	<u>0</u>
3. Number of dispatch centers directly dispatching ambulances	<u>0</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>0</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>0</u>
6. Who is your primary dispatch agency for day-to-day EMS emergencies?	<u>The Fresno County EMS Communications Center</u>
7. Who is your primary dispatch agency for a EMS disaster?	<u>The Fresno County EMS Communications Center</u>
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency	<u>1. EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> <u>2. County Command – XKI-INTEROP TX: 465.075 (146.2) RX: 460.075 (136.5)</u>
b. Other methods	<u>Local and state interoperability channels</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
County: Madera County
Reporting Year: 2024

1. Number of primary Public Service Answering Points (PSAP)	<u>3</u>
2. Number of secondary PSAPs	<u>0</u>
3. Number of dispatch centers directly dispatching ambulances	<u>0</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>0</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>0</u>
6. Who is your primary dispatch agency for day-to-day EMS emergencies?	<u>The Fresno County EMS Communications Center</u>
7. Who is your primary dispatch agency for a EMS disaster?	<u>The Fresno County EMS Communications Center</u>
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency	<u>1. EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> <u>2. County Command – Madera SO 3 TX: 159.165 (156.7) RX: 151.070 (156.7)</u>
b. Other methods	<u>Local and state interoperability channels</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
County: Tulare County
Reporting Year: 2024

1. Number of primary Public Service Answering Points (PSAP)	<u>8</u>
2. Number of secondary PSAPs	<u>1</u>
3. Number of dispatch centers directly dispatching ambulances	<u>1</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>1</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>0</u>
6. Who is your primary dispatch agency for day-to-day EMS emergencies?	<u>The Tulare County Consolidated Ambulance Dispatch Center</u>
7. Who is your primary dispatch agency for a EMS disaster?	<u>The Tulare County Consolidated Ambulance Dispatch Center</u>
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency	<u>1. EMS Command - Med 10 TX: 467.975 (146.2) RX: 462.975 (114.8)</u> <u>2. County Command – XTU-Command TX:458.975 (131.8) RX:453.975 (114.8)</u>
b. Other methods	<u>Local and state interoperability channels</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TABLE 5: Response/TransportationEMS System: Central California EMS AgencyReporting Year: 2024**Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers**1. Number of EMT-Defibrillation providers 32**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5 min	15/20 min	Best effort	Measured by area
Early defibrillation responder	5 min	15/20 min	Best Effort	Measured by area
Advanced life support responder	5 min	15/20 min	Best Effort	Measured by area
Transport Ambulance				
Fresno (90% Performance)	9 min	12 min	45 min	Measured by area
Kings (90% Performance)	8 min	20 min	60 min	Measured by area
Madera (90% Performance)	9 min	12/20 min	60 min	Measured by area
Tulare (90% Performance)	10 min	20 min	60 min	Measured by area

TABLE 6: Facilities/Critical Care

EMS System: Central California EMS Agency

Reporting Year: 2024

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma registry criteria	<u>7,059</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>867</u>
c) Number of major trauma patients transferred to a trauma center	<u>62</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments:

a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>3</u>
c) Number of basic emergency services	<u>6</u>
d) Number of comprehensive emergency services	<u>4</u>

Receiving Hospitals

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

TABLE 7: Disaster MedicalEMS System: Central California EMS AgencyCounty: Fresno CountyReporting Year: 2024**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Refer to Fresno County CCP List - attached
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes X no _____
2. CISD
Do you have a CISD provider with 24 hour capability? yes X no _____
3. Medical Response Team
 - a. Do you have any team medical response capability? yes _____ no X
 - b. For each team, are they incorporated into your local response plan? yes _____ no X
 - c. Are they available for statewide response? yes _____ no X
 - d. Are they part of a formal out-of-state response system? yes _____ no X
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes _____ no X
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? yes X no _____
 - d. Do you have the ability to do decontamination in the field? yes X no _____

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no _____
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 15

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:
a. real event? yes X no _____
b. exercise? yes X no _____

4. List all counties with which you have a written medical mutual aid agreement.
Developed through RDMHC for OES Region V

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes _____ no X

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes _____ no X

7. Are you part of a multi-county EMS system for disaster response? yes X no _____

8. Are you a separate department or agency? yes _____ no X

9. If not, to whom do you report? Fresno County Public Health Director

10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes _____ no n/a

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**Fresno County Casualty Collection Points (CCP)**

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster MedicalEMS System: Central California EMS AgencyCounty: Kings CountyReporting Year: 2024**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Refer to Kings County CCP List - attached
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes 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 X
 - d. Are they part of a formal out-of-state response system? yes no X
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:

a. real event? yes X no _____

b. exercise? yes X no _____

4. List all counties with which you have a written medical mutual aid agreement.
Developed through RDMHC and OES Region V

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes _____ no X

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes _____ no X

7. Are you part of a multi-county EMS system for disaster response? yes X no _____

8. Are you a separate department or agency? yes _____ no X

9. If not, to whom do you report? Fresno County Public Health Department

10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes _____ no n/a

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

Kings County Casualty Collection Points (CCP)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster MedicalEMS System: Central California EMS AgencyCounty: Madera CountyReporting Year: 2024**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Refer to Madera County CCP List - attached
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes X no
2. CISD
Do you have a CISD provider with 24 hour capability? yes no X
3. Medical Response Team
 - a. Do you have any team medical response capability? yes no X
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:

a. real event? yes X no _____

b. exercise? yes X no _____

4. List all counties with which you have a written medical mutual aid agreement.
Currently under development through RDMHC and OES Region V

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes _____ no X

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes _____ no X

7. Are you part of a multi-county EMS system for disaster response? yes X no _____

8. Are you a separate department or agency? yes _____ no X

9. If not, to whom do you report? Fresno County Public Health Department

10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes _____ no n/a

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

Madera County Casualty Collection Points (CCP)

Cities

Chowchilla	Gudgels Aero-Ag Service Chowchilla Airport 800 S Third Street (@ Avenue 25)
	Dairyland School 12861 Avenue 18 □ (@ Road 19)
Madera	Madera County Health Department 14215 Road 28 (@Avenue 14)
	Madera Community Hospital 27600 Avenue 13 □ (@ Hwy 99)
	National Guard Armory 701 E Yosemite Avenue (@ Flume)
	Madera High School 200 S L Street (@ Sixth Street)
	Jefferson Junior high School 1407 Sunset (@ Foster)
	Madera Airport 4020 Aviation Drive (@ Avenue 17)
Oakhurst	Oakhurst Elementary School Road 427 and Road 426
North Fork	North Fork Elementary School 33087 Rd 228

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster MedicalEMS System: Central California EMS AgencyCounty: Tulare CountyReporting Year: 2024**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Throughout Tulare County
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes X no
2. CISD
Do you have a CISD provider with 24 hour capability? yes no X
3. Medical Response Team
 - a. Do you have any team medical response capability? yes no X
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:

a. real event? yes X no _____

b. exercise? yes X no _____

4. List all counties with which you have a written medical mutual aid agreement.
Currently under development through RDMHC and OES Region V

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes _____ no X

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes _____ no X

7. Are you part of a multi-county EMS system for disaster response? yes X no _____

8. Are you a separate department or agency? yes _____ no X

9. If not, to whom do you report? Fresno County Public Health Department

10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes _____ no n/a

TABLE 8: Resource Directory – EMS ProvidersReporting Year: 2024**Response/Transportation/Providers****County:** Fresno **Provider:** American Ambulance **Response Zone:** Fresno EOA**Address:** 2911 E Tulare Avenue
Fresno, CA 93721 **Number of Ambulance Vehicles in Fleet:** 103**Phone Number:** 559-443-5900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 74

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>154,432</u>	Total number of responses
<u>88,393</u>	Number of emergency responses
<u>71,039</u>	Number of non-emergency responses

<u>129,200</u>	Total number of transports
<u>6,141</u>	Number of emergency transports
<u>123,059</u>	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Fresno**Provider:** Auberry Volunteer Fire Department**Response Zone:** Auberry District**Address:** PO Box 191
Auberry, CA 93602**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 559-855-4084**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> X	Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air	
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water	
					<input type="checkbox"/> IFT		

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> X Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

162 Total number of responses
162 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: Fresno Provider: Bald Mountain Vol. Fire Department Response Zone: Bald Mtn. Fire Dist.

Address: 41967 Auberry Road
Auberry, CA 93602 Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-855-8443 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 <input checked="" type="checkbox"/> X Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

71 Total number of responses
71 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: Fresno **Provider:** California Highway Patrol **Response Zone:** Central Valley

Address: 3770 N. Pierce
Fresno, CA 93727 **Number of Ambulance Vehicles in Fleet:** 1

Phone Number: 559-448-4121 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

Air Ambulance Services

88 Total number of responses
88 Number of emergency responses

Number of non-emergency responses

49 Total number of transports
49 Number of emergency transports
0 Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Clovis City Fire Department **Response Zone:** City of Clovis

Address: 1233 5th Street
Clovis, CA 9312 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-324-2200 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

10,193 Total number of responses
 10,193 Number of emergency responses
 0 Number of non-emergency responses

Transporting Agencies

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

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

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

Air Ambulance Services

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Fresno</u>	Provider: <u>Coalinga City Fire Department</u>	Response Zone: <u>Zone C</u>
Address: <u>300 Elm Street</u> <u>Coalinga, CA 93210</u>	Number of Ambulance Vehicles in Fleet: <u>4</u>	
Phone Number: <u>559-935-1652</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>3</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
						<input checked="" type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>2,585</u>	Total number of responses	<u>1,831</u>	Total number of transports
<u>1,396</u>	Number of emergency responses	<u>99</u>	Number of emergency transports
<u>1,189</u>	Number of non-emergency responses	<u>1,762</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Fresno</u>	Provider: <u>Firebaugh City Fire Department</u>	Response Zone: <u>City of Firebaugh</u>
Address: <u>1575 11th Street</u> <u>Firebaugh, CA 93622</u>	Number of Ambulance Vehicles in Fleet: <u>0</u>	
Phone Number: <u>559-659-2061</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>0</u>	

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

First Responder / Non-Transport

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Fresno Provider: Fowler City Fire Department Response Zone: City of FowlerAddress: 128 S. 5th Street
Fowler, CA 93625Number of Ambulance Vehicles in Fleet: 0**OUT OF SERVICE AND NON-OPERATIONAL**Phone Number: 559-659-2061Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Transporting Agencies

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

<u> </u>	Total number of responses
<u> </u>	Number of emergency responses
<u> </u>	Number of non-emergency responses

Air Ambulance Services

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno

Provider: Fresno City Fire Department

Response Zone: City of Fresno

Address: 911 H Street
Fresno, CA 93721

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-621-4000

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
				<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

Transporting Agencies

32,651	Total number of responses
32,651	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Fresno County Fire Prot. Dist. **Response Zone:** County FPD

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

Phone Number: 559-493-4300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

9,110 Total number of responses
9,110 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

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

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

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

Air Ambulance Services

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: Fresno

Provider: Hume Lake Vol. Fire Department

Response Zone: Hume Lake Christian Camp

Address: 64144 Hume Lake Road
Hume, CA 93628

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-305-7576

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 <input checked="" type="checkbox"/> X Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

Transporting Agencies

49 Total number of responses
49 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Fresno</u>	Provider: <u>Huntington Lake VFD</u>	Response Zone: <u>Huntington FPD</u>
Address: <u>334 Shaw Avenue, Suite 135</u> <u>Clovis, CA 93612</u>	Number of Ambulance Vehicles in Fleet: <u>0</u>	
Phone Number: <u>559-893-2347</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>0</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

65	Total number of responses
65	Number of emergency responses
0	Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Fresno</u>	Provider: <u>Kingsburg City Fire Department</u>	Response Zone: <u>Zone K</u>
Address: <u>1460 Marion Street</u> <u>Kingsburg, CA 93631</u>	Number of Ambulance Vehicles in Fleet: <u>3</u>	
Phone Number: <u>559-935-1652</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
						<input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	X City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>1,872</u>	Total number of responses	<u>1,230</u>	Total number of transports
<u>1,011</u>	Number of emergency responses	<u>102</u>	Number of emergency transports
<u>861</u>	Number of non-emergency responses	<u>1,128</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Fresno**Provider:** Laton Volunteer Fire Department**Response Zone:** Laton FPD**Address:** 20799 S Fowler Avenue
Laton, CA 93242**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 559-381-1063**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

<u>117</u>	Total number of responses
<u>117</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Transporting Agencies

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

<u> </u>	Total number of responses
<u> </u>	Number of emergency responses
<u> </u>	Number of non-emergency responses

Air Ambulance Services

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Fresno **Provider:** Mountain Valley Vol. Fire Depart. **Response Zone:** Mtn Valley FPD**Address:** 46694 Chuckwagon Road
Dunlap, CA 93621 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 559-332-2477 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

61	Total number of responses
61	Number of emergency responses
0	Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno

Provider: North Central Fire Protection District

Response Zone: NCFD

Address: 15850 W Kearney Blvd
Kerman, CA 93630

Number of Ambulance Vehicles in Fleet: 0

Kerman, CA 93630

Phone Number: 559-878-4550

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

559-878-4550

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

Transporting Agencies

2833	Total number of responses
2833	Number of emergency responses
0	Number of non-emergency responses

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

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno **Provider:** Orange Cove City Fire Department **Response Zone:** Orange Cove FPD

Address: 550 Center Street
Orange Cove, CA 93646 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-626-7758 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

Transporting Agencies

468 Total number of responses
468 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Fresno **Provider:** Reedley City Fire Department **Response Zone:** City of Reedley**Address:** 1060 D Street
Reedley, CA 93656 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 559-637-4230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	X City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

471	Total number of responses
471	Number of emergency responses
0	Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Fresno</u>	Provider: <u>Sanger City Fire Department</u>	Response Zone: <u>Zone I</u>
Address: <u>601 West Avenue</u> <u>Sanger, CA 93657</u>	Number of Ambulance Vehicles in Fleet: <u>4</u>	
Phone Number: <u>559-637-4230</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>2,834</u>	Total number of responses	<u>1,863</u>	Total number of transports
<u>1,530</u>	Number of emergency responses	<u>177</u>	Number of emergency transports
<u>1,304</u>	Number of non-emergency responses	<u>1,686</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Fresno **Provider:** Selma Fire Department **Response Zone:** Zone G – Selma EOA**Address:** 2857 A Street
Selma, CA 93662 **Number of Ambulance Vehicles in Fleet:** 4**Phone Number:** 559-891-2211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	X Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>5,517</u>	Total number of responses
<u>2,979</u>	Number of emergency responses
<u>2,538</u>	Number of non-emergency responses

<u>4,577</u>	Total number of transports
<u>183</u>	Number of emergency transports
<u>4,394</u>	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Fresno</u>	Provider: <u>Sequoia Safety Council</u>	Response Zone: <u>Zone J</u>
Address: <u>500 E 11th Street</u> <u>Reedley, CA 93662</u>	Number of Ambulance Vehicles in Fleet: <u>6</u>	
Phone Number: <u>559-891-2211</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>3</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Transport	X ALS	X 9-1-1	X Ground
			<input type="checkbox"/> Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					X IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>6,837</u>	Total number of responses
<u>3,692</u>	Number of emergency responses
<u>3,145</u>	Number of non-emergency responses

<u>5,889</u>	Total number of transports
<u>207</u>	Number of emergency transports
<u>5,682</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses
<u> </u>	Number of emergency responses
<u> </u>	Number of non-emergency responses

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno

Provider: Shaver Lake Vol. Fire Department

Response Zone: Shaver Lake FPD

Address: 41344 Tollhouse Road
Shaver Lake, CA 93664

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-841-3211

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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First Responder / Non-Transport

Transporting Agencies

76	Total number of responses
76	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Fresno	Provider: AirMethods dba: Skylife	Response Zone: Central Valley
Address: 5526 E Air Corp Way Fresno, CA 93727	Number of Ambulance Vehicles in Fleet: 3	
Phone Number: 559-284-2713	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Transport	X ALS	X 9-1-1	<input type="checkbox"/> Ground

Non-Transport BLS 7-Digit Air
 LALS CCT Water
 IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public X Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

1,109 Total number of responses
 1,109 Number of emergency responses
 0 Number of non-emergency responses

888 Total number of transports
 888 Number of emergency transports
 0 Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Kings</u>	Provider: <u>American Ambulance</u>	Response Zone: <u>Kings County EOA</u>
Address: <u>910 Garner Avenue</u> <u>Hanford, CA 93230</u>	Number of Ambulance Vehicles in Fleet: <u>18</u>	
Phone Number: <u>559-585-6802</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>13</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>19,271</u>	Total number of responses	<u>16,725</u>	Total number of transports
<u>10,406</u>	Number of emergency responses	<u>632</u>	Number of emergency transports
<u>8,865</u>	Number of non-emergency responses	<u>16,903</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Kings **Provider:** Hanford City Fire Department **Response Zone:** City of Hanford**Address:** 350 W Grangeville Boulevard
Hanford, CA 93230 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 559-585-2545 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	X City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

5,507	Total number of responses
5,507	Number of emergency responses
0	Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Kings **Provider:** Kings County Fire Department **Response Zone:** Kings County**Address:** 280 N Campus Drive
Hanford, CA 93230 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 559-582-8261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

3,221	Total number of responses
3,221	Number of emergency responses
0	Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Kings **Provider:** Lemoore City Fire Department **Response Zone:** City of Lemoore

Address: 210 Fox Street
Lemoore, CA 93245 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-924-6797 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	X City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

1,456 Total number of responses
1,456 Number of emergency responses
 Number of non-emergency responses

Transporting Agencies

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: Madera **Provider:** Chowchilla City Fire/Law **Response Zone:** City of Chowchilla

Address: 122 Trinity Avenue
Chowchilla, CA 93610 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-665-8624 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire X Law <input type="checkbox"/> Other Explain:	X City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

721 Total number of responses
721 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Madera

Provider: Madera Co FD/CAL FIRE

Response Zone: County of Madera

Address: 14225 Road 28
Madera, CA 93638

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-665-8624

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air	
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water	
					<input type="checkbox"/> IFT		

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
				<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

Transporting Agencies

4,021	Total number of responses
4,021	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Madera **Provider:** Pistoresi Ambulance Service, Inc. **Response Zone:** Chowchilla

Address: 113 North R Street
Madera, CA 93637 **Number of Ambulance Vehicles in Fleet:** 1

Phone Number: 559-673-8004 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>1,432</u>	Total number of responses	<u>1,080</u>	Total number of transports
<u>723</u>	Number of emergency responses	<u>55</u>	Number of emergency transports
<u>659</u>	Number of non-emergency responses	<u>1,025</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: Madera

Provider: Pistoresi Ambulance Service of Madera, Inc.

Address: 113 North R Street
Madera, CA 93637

Number of Ambulance Vehicles in Fleet: 9

Phone Number: 559-673-8004

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

10,413 Total number of responses
5,623 Number of emergency responses
4,790 Number of non-emergency responses

8,347 Total number of transports
394 Number of emergency transports
7,953 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Madera</u>	Provider: <u>Sierra Ambulance Service</u>	Response Zone: <u>Mountain EOA</u>
Address: <u>40755 Winding Way</u> <u>Oakhurst, CA 93644</u>	Number of Ambulance Vehicles in Fleet: <u>6</u>	
Phone Number: <u>559-6423-650</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>3</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
						<input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Not for Profit	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>3,761</u>	Total number of responses
<u>2,031</u>	Number of emergency responses
<u>1,730</u>	Number of non-emergency responses

<u>2,653</u>	Total number of transports
<u>132</u>	Number of emergency transports
<u>2,521</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses
<u> </u>	Number of emergency responses
<u> </u>	Number of non-emergency responses

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Tulare</u>	Provider: <u>American Ambulance of Visalia</u>	Response Zone: <u>Zones 2, 3 and 13</u>
Address: <u>E Noble Avenue</u> <u>Visalia, CA 93292</u>	Number of Ambulance Vehicles in Fleet: <u>15</u>	
Phone Number: <u>559-730-3015</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>12</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>20,816</u>	Total number of responses	<u>19,494</u>	Total number of transports
<u>11,241</u>	Number of emergency responses	<u>723</u>	Number of emergency transports
<u>9,575</u>	Number of non-emergency responses	<u>18,771</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tulare**Provider:** California Hot Springs Ambulance **Response Zone:** Zone 16**Address:** 45122 Mahter Meadow Drive
California Hot Springs, CA 93207**OUT OF SERVICE AND NON-OPERATIONAL****Phone Number:** 559-733-6544**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> X Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting AgenciesNot available Total number of responses 0Number of emergency responses 0Number of non-emergency responses 0Total number of transports 0Number of emergency transports 0Number of non-emergency transports 0**Air Ambulance Services**Total number of responses 0Number of emergency responses 0Number of non-emergency responses 0Total number of transports 0Number of emergency transports 0Number of non-emergency transports 0

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tulare**Provider:** Camp Nelson Volunteer Ambulance **Response Zone:** Zone 14**Address:** 1500 A Nelson Drive
Camp Nelson, CA 93208**OUT OF SERVICE AND NON-OPERATIONAL****Phone Number:** 559-747-8233**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Not for Profit	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

<u>0</u>	Total number of transports
<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Tulare</u>	Provider: <u>Dinuba City Fire Department</u>	Response Zone: <u>Zone 1</u>
Address: <u>496 E Tulare</u> <u>Dinuba, CA 93618</u>	Number of Ambulance Vehicles in Fleet: <u>5</u>	
Phone Number: <u>559-591-5931</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>3</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>5,052</u>	Total number of responses	<u>3,209</u>	Total number of transports
<u>2,728</u>	Number of emergency responses	<u>39</u>	Number of emergency transports
<u>2,324</u>	Number of non-emergency responses	<u>3,170</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Tulare</u>	Provider: <u>Exeter District Ambulance</u>	Response Zone: <u>Zones 3, 5, 8, 13</u>
Address: <u>302 E Palm Street</u> <u>Exeter, CA 93221</u>	Number of Ambulance Vehicles in Fleet: <u>4</u>	
Phone Number: <u>559-594-5250</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Health District	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>3,320</u>	Total number of responses	<u>2,860</u>	Total number of transports
<u>1,793</u>	Number of emergency responses	<u>197</u>	Number of emergency transports
<u>1,527</u>	Number of non-emergency responses	<u>2,663</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Farmersville City Fire Department **Response Zone:** City of Farmersville

Address: 909 W Visalia Road
Farmersville, CA 93223 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-747-0791 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	X City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

420 Total number of responses
 420 Number of emergency responses
 0 Number of non-emergency responses

Transporting Agencies

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

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

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

Air Ambulance Services

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Imperial Ambulance **Response Zone:** Zones 8, 9

Address: 22 N Cottage
Porterville, CA 93257 **Number of Ambulance Vehicles in Fleet:** 7

Phone Number: 559-784-8500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

10,886 Total number of responses
5,878 Number of emergency responses
5,008 Number of non-emergency responses

10,034 Total number of transports
321 Number of emergency transports
9,713 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Tulare</u>	Provider: <u>Sierra LifeStar Ambulance</u>	Response Zone: <u>Zones 8, 9</u>
Address: <u>234 N M Street</u> <u>Tulare, CA 93274</u>	Number of Ambulance Vehicles in Fleet: <u>6</u>	
Phone Number: <u>559-688-2550</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>3</u>	

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>11,640</u>	Total number of responses	<u>8,578</u>	Total number of transports
<u>6,286</u>	Number of emergency responses	<u>223</u>	Number of emergency transports
<u>5,354</u>	Number of non-emergency responses	<u>8,355</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Tulare</u>	Provider: <u>Lindsay Department</u>	Response Zone: <u>City of Lindsay</u>
Address: <u>185 N Gale Hill</u> <u>Lindsay, CA 93247</u>	Number of Ambulance Vehicles in Fleet: <u>0</u>	
Phone Number: <u>559-562-2511</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>0</u>	

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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First Responder / Non-Transport

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Tulare City Fire Department **Response Zone:** City of Tulare

Address: 800 S Blackstone
Tulare, CA 93257 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-684-4290 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> X Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

4,572 Total number of responses
4,572 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

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

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

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

Air Ambulance Services

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare

Provider: Tulare County Fire Department

Response Zone: County of Tulare

Address: 907 W Visalia Road
Farmersville, CA 93223

Number of Ambulance Vehicles in Fleet: 0

Farmersville, CA 93223

Phone Number: 559-747-8233

Average Number of Ambulances on Duty

At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air	
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water	
					<input type="checkbox"/> IFT		

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
X Public <input type="checkbox"/> Private	X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

Transporting Agencies

7,889	Total number of responses
7,889	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tulare **Provider:** Tule River Ambulance **Response Zone:** Tule River Indian Res.**Address:** 340 N Reservation Road
Portersville, CA 93257 **Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 559-747-8233 **Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> X Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> X 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>89</u>	Total number of responses
<u>48</u>	Number of emergency responses
<u>41</u>	Number of non-emergency responses

<u>69</u>	Total number of transports
<u>7</u>	Number of emergency transports
<u>62</u>	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: 2024**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tulare **Provider:** Visalia City Fire Department **Response Zone:** City of Visalia

Address: 309 S Johnson
Visalia, CA 93291 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-734-8116 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Level of Service:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

First Responder / Non-Transport

8,991 Total number of responses
8,991 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

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

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

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

Air Ambulance Services

TABLE 9: Resource Directory - Facilities**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Adventist Health – Reedley **Telephone Number:** (559) 638-8155**Address:** 372 W Cypress Ave, Reedley, CA 93654

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU³ <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: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Adventist Health Center – Selma**Telephone Number:** (559) 891-1000**Address:** 1141 Rose Ave, Selma, CA 93662

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

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Clovis Community Medical Center **Telephone Number:** (559) 324-4000**Address:** 2755 Herndon Ave, Clovis, CA 93611

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Coalinga Regional Medical Center **Telephone Number:** (559) 935-6400**Address:** 1191 Phelps, Coalinga, CA 93210

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Community Regional Medical Center**Telephone Number:** (559) 459-6000**Address:** 2823 Fresno Street, Fresno, CA 93721

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Kaiser Permanente – Fresno **Telephone Number:** (559) 448-4500**Address:** 7300 N Fresno Street, Fresno, CA 93720

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** St. Agnes Medical Center **Telephone Number:** (559) 450-3000**Address:** 1303 E Herndon Ave, Fresno, CA 93720

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Veterans Administration Hospital**Telephone Number:** (559) 225-6100**Address:** 2615 E Clinton Ave, Fresno, CA 93703

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Fresno County**Facility:** Fresno County Crisis Stabilization Center**Telephone Number:** (559) 600-4099**Address:** 4111 E Kings Canyon Road, Fresno, CA 93702

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Alternate Destination	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁵ EDAP²⁶ PICU²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Kings County**Facility:** Adventist Health – Hanford**Telephone Number:** (559) 582-9000**Address:** 115 Mall Drive, Hanford, CA 93230

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁸ EDAP²⁹ PICU³⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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²⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*²⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Madera County**Facility:** Valley Children's Hospital **Telephone Number:** (559) 353-3000**Address:** 9300 Valley Children's Place, Madera, CA 93636

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³¹ EDAP³² PICU³³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II Pediatric <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*³² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Madera County**CLOSED 2023 and 2024 (Re-opened in March 2025)****Facility:** Madera Community Hospital **Telephone Number:** (559) 675-5555**Address:** 1250 E Almond Ave., Madera, CA 93637

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³⁴ EDAP³⁵ PICU³⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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³⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*³⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Tulare County**Facility:** Kaweah Health Medical Center**Telephone Number:** (559) 624-2000**Address:** 400 W Mineral King Ave., Visalia, CA 93291

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

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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³⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*³⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Tulare County**Facility:** Sierra View Medical Center **Telephone Number:** (559) 784-1110**Address:** 465 W Putnam Ave, Porterville, CA 93257

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴⁰ EDAP⁴¹ PICU⁴²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*⁴¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards⁴² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2024**County:** Tulare County**Facility:** Adventist Health - Tulare**Telephone Number:** (559) 688-0821**Address:** 869 N Cherry, Tulare, CA. 93274

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴³ EDAP⁴⁴ PICU⁴⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*⁴⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards⁴⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: Resource Directory - Training Programs**County: Fresno County****Reporting Year: 2024**

Training Institution:	Alert Medic/Reedley Volunteer Fire Dept		Telephone Number:	559-456-6006
Address:	2750 N Clovis Ave #105 Fresno, CA 93727			
Student Eligibility*:	General Public	Cost of Program:	**Program Level	EMT
		Basic: \$1750	Number of students completing training per year:	
		Refresher: _____	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	1/31/28
			Number of courses:	
			Initial training:	3
			Refresher:	_____
			Continuing Education:	_____

Training Institution:	American Ambulance/ Fresno County Public Health		Telephone Number:	559-443-5900
Address:	2911 E Tulare Ave Fresno, CA 93721			
Student Eligibility*:	General Public	Cost of Program:	**Program Level	EMT
		Basic: \$1900	Number of students completing training per year:	
		Refresher: _____	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	9/30/25
			Number of courses:	
			Initial training:	2
			Refresher:	_____
			Continuing Education:	_____

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County: Fresno County****Reporting Year: 2024**

Training Institution:	CSU Fresno		Telephone Number:	559-278-4014
Address:	2345 E San Ramon Ave Fresno, CA 93740			
Student Eligibility*:	General Public	Cost of Program:	**Program Level	EMT
		Basic: _____	\$ per Unit	Number of students completing training per year:
		Refresher: _____		Initial training: _____
				Refresher: _____
				Continuing Education: _____
				Expiration Date: 2/28/27
			Number of courses:	
			Initial training:	1
			Refresher: _____	
			Continuing Education: _____	

Training Institution:	Fresno County Dept of Public Health		Telephone Number:	559-600-3387
Address:	1221 Fulton Street Fresno, CA 93721			
Student Eligibility*:	General Public	Cost of Program:	**Program Level	Paramedic
		Basic: \$8,863	Number of students completing training per year:	
		Refresher: n/a	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	1/31/2026
			Number of courses:	
			Initial training:	2
			Refresher: _____	
			Continuing Education: _____	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Fresno County**Reporting Year:** 2024

Training Institution:	<u>Fresno City College</u>		Telephone Number:	<u>559-265-5776</u>
Address:	<u>2930 E Annadale</u>			
	<u>Fresno, CA 93706</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$46/Unit</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>7/31/28</u>
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	

Training Institution:	<u>Sequoia Safety Council / Orange Cove Fire Department</u>		Telephone Number:	<u>559-638-9995</u>
Address:	<u>500 Center Street</u>			
	<u>Orange Cove, CA 93631</u>			
Student Eligibility*:	<u>Employees</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$750</u>	Number of students completing training per year:	
		Refresher: <u>\$150</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>7/31/26</u>
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County: Fresno County****Reporting Year: 2024**

Training Institution:	Hume Lake Fire Department		Telephone Number:	559-335-2000
Address:	64144 Hume Lake Road Hume, CA 93628			
Student Eligibility*:	General Public	Cost of Program: Basic: \$150 Refresher: n/a	**Program Level	EMT
Number of students completing training per year:				
Initial training: _____				
Refresher: _____				
Continuing Education: _____				
Expiration Date: 11/30/25				
Number of courses:				
Initial training: 1				
Refresher: _____				
Continuing Education: _____				

Training Institution:	National University		Telephone Number:	559-256-4982
Address:	20 River Park Place Avenue Fresno, CA 93711			
Student Eligibility*:	General Public	Cost of Program: Basic: \$unknown Refresher: n/a	**Program Level	EMT
Number of students completing training per year:				
Initial training: _____				
Refresher: _____				
Continuing Education: _____				
Expiration Date: 5/31/25				
Number of courses:				
Initial training: 1				
Refresher: _____				
Continuing Education: _____				

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Fresno County**Reporting Year:** 2024

Training Institution:	<u>Roosevelt Emergency Medical Training</u>		Telephone Number:	<u>559-253-5200</u>
Address:	<u>4250 E Tulare Avenue</u>			
	<u>Fresno, CA 93702</u>			
Student Eligibility*:	<u>Students</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>n/a</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>10/31/27</u>
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	

Training Institution:	<u>Valley ROP</u>		Telephone Number:	<u>559-905-6423</u>
Address:	<u>310 W Myrtle Ave</u>			
	<u>Reedley, CA 93654</u>			
Student Eligibility*:	<u>Students</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>n/a</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>04/30/28</u>
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Kings County

Reporting Year: 2024

Training Institution:	Lemoore College (Note: Name Change from West Hills College)		Telephone Number:	559-925-3490
Address:	555 College Ave Lemoore, CA 93245			
Student Eligibility*:	General Public	Cost of Program:	**Program Level	EMT
		Basic: \$46/unit	Number of students completing training per year:	
		Refresher: \$46/unit	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	8/31/27
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	
				1

Training Institution:	Lemoore College (Note: Name Change from West Hills College)		Telephone Number:	559-925-3490
Address:	555 College Ave Lemoore, CA 93245			
Student Eligibility*:	General Public	Cost of Program:	**Program Level	Paramedic
		Basic: \$46/unit	Number of students completing training per year:	
		Refresher: _____	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	8/31/27
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	
				1

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training ProgramsCounty: Kings CountyReporting Year: 2024

Training Institution:	<u>Lemoore Vol Fire Dept</u>		Telephone Number:	<u>559-924-6797</u>
Address:	<u>210 Fox Street</u>			
	<u>Lemoore, CA 93245</u>			
Student Eligibility*:	<u>Fire Personnel</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic:	Number of students completing training per year:	
		Refresher: \$	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>11/30/26</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	

Training Institution:	<u>College of Sequoias</u>		Telephone Number:	<u>559-583-2650</u>
Address:	<u>925 13th Avenue</u>			
	<u>Hanford, CA 93230</u>			
Student Eligibility*:	<u>Students</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$46/Unit</u>	Number of students completing training per year:	
		Refresher: \$	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>08/31/28</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	
			Continuing Education:	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Madera County**Reporting Year:** 2024

Training Institution:	<u>Minarets Adult Education</u>		Telephone Number:	<u>559-658-1052</u>
Address:	<u>33144 Road 233</u>			
	<u>North Fork, CA 93643</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$500</u>	Number of students completing training per year:	
		Refresher: <u>\$150</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>6/28/25</u>
			Number of courses:	
			Initial training:	
			Refresher:	<u>2</u>
			Continuing Education:	

Training Institution:	<u>Madera Adult School</u>		Telephone Number:	<u>559-675-4425</u>
Address:	<u>26355 Ave 13</u>			
	<u>Madera, CA 93637</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$500</u>	Number of students completing training per year:	
		Refresher: <u>\$150</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>7/31/28</u>
			Number of courses:	
			Initial training:	
			Refresher:	<u>2</u>
			Continuing Education:	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Tulare County

Reporting Year: 2024

Training Institution:	<u>American EMT Academy</u>		Telephone Number:	<u>800-477-6193</u>
Address:	<u>2313 E Tulare Ave</u>			
		<u>Tulare, CA 93274</u>		
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$</u>	Number of students completing training per year:	
		Refresher: <u>\$</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>6/28/25</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	
			Continuing Education:	

Training Institution:	<u>Porterville College</u>		Telephone Number:	<u>559-791-2321</u>
Address:	<u>900 S Main Street</u>			
		<u>Porterville, CA 93257</u>		
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$46/unit</u>	Number of students completing training per year:	
		Refresher: <u>\$46/unit</u>	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	<u>11/30/27</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	
			Continuing Education:	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Tulare County**Reporting Year:** 2024

Training Institution:	College of the Sequoias	Telephone Number:	559-583-2650
Address:	915 South Mooney Blvd Visalia, CA 93277		
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level <u>Paramedic</u>
		Basic: \$	Number of students completing training per year:
		Refresher: \$	Initial training: _____ Refresher: _____ Continuing Education: _____ Expiration Date: <u>1/31/28</u>
			Number of courses: Initial training: <u>2</u> Refresher: _____ Continuing Education: _____

TABLE 11: Resource Directory - Dispatch Agency**County: Fresno County****Reporting Year: 2024**

Name:	Fresno County EMS Communications Center			Primary Contact: <u>Daniel Lynch</u>
Address:	555 N Halifax Ave Clovis, CA 93612			Regional Dispatch Center For Fresno, Kings, and Madera Counties
Telephone Number:	<u>559-600-7838</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>88</u> EMD Training <u> </u> EMT-D <u> </u> BLS <u> </u> LALS <u> </u> ALS <u> </u> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other			If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
Explain: <u>Health</u>				

County: Kings County**Reporting Year: 2024**

Name:	Fresno County EMS Communications Center			Primary Contact: <u>Daniel Lynch</u>
Address:	555 N Halifax Ave Clovis, CA 93612			Regional Dispatch Center For Fresno, Kings, and Madera Counties
Telephone Number:	<u>559-600-7838</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>88</u> EMD Training <u> </u> EMT-D <u> </u> BLS <u> </u> LALS <u> </u> ALS <u> </u> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other			If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
Explain: <u>Health</u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Madera County

Reporting Year: 2024

Name:	<u>Fresno County EMS Communications Center</u>			Primary Contact: <u>Daniel Lynch</u>
Address:	<u>555 N Halifax Ave</u>			
Telephone Number:	<u>559-600-7838</u>			Regional Dispatch Center For Fresno, Kings and Madera Counties
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>88</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other			If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
Explain: <u>Health</u>				

County: Tulare County

Reporting Year: 2024

Name:	<u>Tulare County Consolidated Dispatch Center</u>			Primary Contact: <u>Jennifer Bowman</u>
Address:	<u>1149 Batavia Court</u>			
Telephone Number:	<u>559-687-3314</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>16</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other			If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
Explain:				

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	The Fresno County Exclusive Operating Area
Name of Current Provider(s):	American Ambulance
Area or subarea (Zone) Geographic Description: The Fresno County Exclusive Operating Area includes the northern portion of the County. It currently includes all or portions of the cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin. The only areas of Fresno County not currently included as part of the exclusive operating area are Coalinga/Huron Service Area (Zone C), Selma/Fowler Service Area (Zone G), Sanger/Pine Flat Reservoir Service Area (Zone I), Reedley/Orange Cove/Parlier Service Area (Zone J), and Kingsburg Service Area (Zone K).	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) – <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the Fresno County exclusive operating area to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity	
Type: Emergency Ambulance Level: 9-1-1 and 7-digit response, ALS Ambulance, Critical Care Transport, ALS Interfacility Transports, and Stand-by services with transport authorization	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Since 1984, the Fresno County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1984 which awarded a three year contract. A second competitive procurement process was initiated in 1986 which awarded a five year contract with an additional 4 year extension to the provider. A third competitive bid process in 1997 was also implemented and ended on December 2007. After a competitive bid process in 2007, a five-year contract was awarded and implemented on January 1, 2008 that included one optional five-year extension. In 2017 a competitive bid process was completed and a new exclusive ambulance agreement was implemented on January 1, 2018. The exclusive agreement included the option for a 5-year extension, which was approved by the Fresno County Board of Supervisors. The agreement will expire on 12/31/2027. Prior to each procurement process, all request for proposals were submitted and approved by the State EMS Authority.	

EMS PLAN

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County – Ambulance Zone C (Non-Exclusive Operating Area)
Name of Current Provider(s):	Coalinga City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone C is located in southwestern Fresno County and includes the Cities of Coalinga and Huron, and the unincorporated areas surrounding these cities. It borders the County of Kings on the south and east, the Counties of San Luis Obispo and Monterey on the west, and the Fresno County Exclusive Operating area on the north.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone C is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone C is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Fresno County Ambulance Zone C is a non-exclusive operating area.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Selma Exclusive Operating Area (Fresno County – Ambulance Zone G)
Name of Current Provider(s):	Selma City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone G is located in central Fresno County and includes the Cities of Selma and Fowler and the western portion of the City of Parlier. It also includes the unincorporated areas surrounding these cities. It borders Ambulance Zone K on the south, the Reedley Exclusive Operating Area on the east, Ambulance Zone I on the north, and the Fresno County Exclusive Operating area on the west and north.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - Exclusive Operating Area Include intent of local EMS agency and Board of Supervisors action. Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Selma Exclusive Operating Area to a single emergency ground ambulance service. By creating the Selma EOA in Fresno County, it is the intent of the Local EMS Agency, at the recommendation of the Fresno County Board of Supervisors, to sustain the current level of medical standards and performance.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization.	
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 statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The EMS Agency, at the recommendation of the Fresno County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. The City of Selma is a public entity, which was established ambulance services in 1969. The City of Selma Fire Department has operated in the geographical area of the Selma EOA since that time without interruption. In 1986, Selma Fire Department evolved to Advanced Life Support. Since 1969, Selma has been the only ambulance service providing emergency ambulance services within the geographical area of the Selma EOA in Fresno County. On occasion, other ambulance providers respond into the Selma's response area when needed for mutual aid assistance. There has been no change in the ownership of Selma, nor has the geographical area of their service area substantially changed.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County – Ambulance Zone I (Non-Exclusive Operating Area)
Name of Current Provider(s):	Sanger City Fire Department / Sequoia Safety Council
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone I is located in central Fresno County and includes the Cities of Sanger, the communities of Del Rey, Centerville and Minkler, and includes the unincorporated areas surrounding these areas. It borders Ambulance Zone G and the Reedley Exclusive Operating Area on the South, and the Fresno County Exclusive Operating area on the north, west and east.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone I is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone I is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Fresno County Ambulance Zone I is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County - Reedley Exclusive Operating Area (Ambulance Zone J)
Name of Current Provider(s):	Sequoia Safety Council
Area or subarea (Zone) Geographic Description: The Reedley Exclusive Operating Area is located in southeastern Fresno County and includes the Cities of Reedley, Orange Cove, the eastern portion of the City of Parlier, and the communities of Squaw Valley, Dunlap, Miramonte, and Pinehurst. It borders the County of Tulare on the South, Sequoia and Kings Canyon National Parks on the east, Fresno County Ambulance Zone G (non-exclusive) on the west, and Fresno County Ambulance Zone I (non-exclusive) on the north.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Reedley Exclusive Operating Area to a single emergency ground ambulance service. By creating the Reedley EOA in Fresno County, it is the intent of the Local EMS Agency, at the recommendation of the Fresno County Board of Supervisors, to sustain the current level of medical standards and performance.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The EMS Agency, at the recommendation of the Fresno County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Sequoia Safety Council is a non-profit community owned service, which was established in 1953. Sequoia Safety Council has operated in the geographical area of the Reedley EOA since that time without interruption. In 1986, Sequoia Safety Council evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 1987. Since 1953, Sequoia Safety Council has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Reedley EOA in Fresno County. On occasion, other ambulance providers respond into the Sequoia Safety Council's response area when needed for mutual aid assistance. There has been no change in the ownership of Sequoia Safety Council, nor has the geographical area of their service area changed.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County – Ambulance Zone K (Non-Exclusive Operating Area)
Name of Current Provider(s):	Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone K is located in south Fresno County and includes the Cities of Kingsburg and the unincorporated areas surrounding this area. It borders Ambulance Zone G on the north, the County of Tulare on the South, and the Fresno County Exclusive Operating area on the north and west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone K is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone K is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Fresno County Ambulance Zone K is a non-exclusive operating area.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County – Ambulance Zone N - ELIMINATED
Name of Current Provider(s):	<u>This Ambulance Zone was eliminated on January 1, 2018 and was included the Fresno EOA and the competitive bid process</u>
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone N is located in north-central Fresno County and includes the Cities of Kerman, the communities of Biola and Rolinda. This area includes the unincorporated areas surrounding this area, which includes the county islands in the north west area of the City of Fresno. It is bordered by the County of Madera on the north and the Fresno County Exclusive Operating area on the south, east, and west. The border is the boundary of the North Central Fire Protection District. The eastern border of this ambulance zone changes as the City of Fresno annexes areas of Ambulance Zone N. When that occurs, the annexed portion is automatically included in the Fresno County Exclusive Operating Area.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone N is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone N was eliminated.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Fresno County Ambulance Zone N is a non-exclusive operating area. Fresno County Ambulance Zone N was included in the competitive bid process for the Fresno County Exclusive Operating Area and will be added to the Area effective January 1, 2018.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Kings County Exclusive Operating Area
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Exclusive Operating Area includes the entire County of Kings excluding the Riverdale Service Area (Zone 01), Kingsburg Service Area (Zone 03), and the Lemoore Naval Air Station Service Area (Zone 04).
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> Include intent of local EMS agency and Board of Supervisors action. Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the exclusive operating area to a single ground emergency ambulance service and ground advanced life support service.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, ALS Ambulance, ALS IFT, stand-by services with transport authorization.
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 statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Since 1995, the Kings County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1995 which awarded a five year contract. A competitive process has been used in 2000 and 2010. The most recent agreement expired on October 31, 2020. A new competitive bid process was conducted in 2020 and the RFP was submitted and approved by the State EMS Authority as an amendment to the EMS plan. American Ambulance was chosen to continue as the exclusive provider under a new 5 year agreement beginning November 1, 2020 through October 31, 2025. The exclusive agreement also contains an option for one 5-year extension upon approval by the EMS Agency and County.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Kings County Ambulance Zone 01
Name of Current Provider(s):	American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 01 is located on the northern border of Kings County, immediately adjacent to the Fresno County community of Riverdale. This area is Bordered on the south by the Kings River, which allows quicker response times from Fresno County. It contains only a rural area of Kings County and does not include any incorporated areas.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 1 is a <u>non-exclusive</u> area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Kings County Ambulance Zone 1 is a non-exclusive area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Kings County Ambulance Zone 1 is a non-exclusive area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Central California EMS Agency

Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 03

Name of Current Provider(s): Kingsburg City Fire Department

Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 03 is located on the north-eastern border of Kings County and Fresno County, which is immediately adjacent to the City of Kingsburg in Fresno County. This area is bordered on the south by the Kings County EOA Zone 09 and 02, Tulare County on the East, and Fresno County on the west and north. The area contains a rural/unincorporated area of Kings County.

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

Include intent of local EMS agency and Board of Supervisors action.

Kings County Ambulance Zone 3 is a non-exclusive area.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Kings County Ambulance Zone 3 is a non-exclusive area.

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

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Kings County Ambulance Zone 3 is a non-exclusive area.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Kings County Ambulance Zone 04
Name of Current Provider(s):	United States - Naval Air Station-Lemoore
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 04 is the geographical area and jurisdiction of the federal government installation – Naval Air Station –Lemoore. It is bordered by the Kings County EOA on the north, east and south, and is bordered by Fresno County on the west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station – Lemoore	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Madera County – Chowchilla Area Ambulance Zone
Name of Current Provider(s):	Pistoresi Ambulance Service, Inc.
Area or subarea (Zone) Geographic Description: The Madera County – Chowchilla Area Ambulance Zone is located in the northwestern Madera County and includes the City of Chowchilla, the communities of Fairmead, Dairyland, and the unincorporated areas surrounding these communities. It borders the Madera Area Zone on the south, the County of Merced on the west, and the Madera County Mountain Exclusive Operating area on the north.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. The Madera County – Chowchilla Area Ambulance Zone is <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). The Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.	
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 statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.	

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Madera County – Madera Area Ambulance Zone
Name of Current Provider(s):	Pistoresi Ambulance Service of Madera, Inc.
Area or subarea (Zone) Geographic Description: Madera County – Madera Area is located in the southwestern Madera County and includes the City of Madera and the communities of Madera/Bonadelle Ranchos, Rolling Hills, Eastside Acres, Raymond, and the unincorporated areas surrounding these communities. It borders the County of Fresno on the south and east, the Madera County – Chowchilla Area on the North, and the Madera County Mountain Exclusive Operating area on the northeast.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Madera County – Madera Area Ambulance Zone is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.	

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	The Madera County Mountain Exclusive Operating Area
Name of Current Provider(s):	Sierra Ambulance Service, Inc
Area or subarea (Zone) Geographic Description: The Madera County Mountain Exclusive Operating Area includes the north-eastern portion of Madera County. It includes the communities of Oakhurst, Ahwahnee, Coarsegold, North Fork, Bass Lake, and O'Neals. It borders the Counties of Mariposa on the northwest, Mono on the northeast, and Fresno on the east. The southern border of the Mountain EOA is adjacent to the south-western area of Madera County, which is a non-exclusive response area.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Madera County Mountain Exclusive Operating Area to a single emergency ground ambulance service. By creating the Mountain EOA, it is the intent of the Local EMS Agency, at the recommendation of the Madera County Board of Supervisors, to sustain the current level of medical standards and performance.	
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. <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The EMS Agency, at the recommendation of the Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Sierra Ambulance Service is a non-profit community owned service which was established in 1964. Sierra Ambulance Service has operated in the geographical area of the Mountain EOA since that time without interruption. In 1985, Sierra Ambulance Service evolved from Limited Advanced Life Support (EMT-II) to Advanced Life Support (Paramedic). Since 1964, Sierra Ambulance Service has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Mountain EOA. On occasion, other ambulance providers respond into the Sierra Ambulance Service area when needed for mutual aid assistance. There has been no change in the ownership of Sierra ambulance, nor has the geographical area of their service area changed.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 1 (Exclusive Operating Area)
Name of Current Provider(s):	Dinuba City Fire Department
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 1 is located in the northwest portion of Tulare County. This zone includes the City of Dinuba, the communities of Cutler and Orosi, and the unincorporated areas surrounding these communities. Ambulance Zone 1 is bordered by Fresno County on the north, Tulare County Ambulance Zone 10 on the west, Tulare County Ambulance Zone 3 and 13 on the east, and ambulance Zone 2 on the south..	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u> Include intent of local EMS agency and Board of Supervisors action. Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 1 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition. <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Dinuba City Fire Department was established in 1909 and has been the sole provider of ambulance services in the geographical response area without interruption. In 1978, Dinuba's ambulance services evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 2007. On occasion, other ambulance providers respond into the Dinuba's response area when needed for mutual aid assistance. There has been no change in the ownership of Dinuba City Fire Department's ambulance, nor has the geographical area of their service area changed. This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 2
Name of Current Provider(s):	American Ambulance of Visalia
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 2 is located in the northwest portion of Tulare County. This zone includes the City of Visalia, the communities of Goshen and Tagus, and the unincorporated areas surrounding these communities. Ambulance Zone 2 is bordered by Tulare County Ambulance Zone 10 and 1 on the north, Tulare County Ambulance Zone 5 on the east, Tulare County Ambulance Zone 6 on the south, and the County of Kings on the west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - Tulare County Ambulance Zone 2 is a non-exclusive operating area. After the departure of Mobile Life Support on September 1, 2016, The EMS Agency notified the County and ambulance providers that Ambulance Zone 2 was no longer an exclusive operating area due to a change in manner and scope.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 2 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 2 is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 3
Name of Current Provider(s):	American Ambulance of Visalia / Exeter District Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 3 is located in north-central Tulare County and includes the Cities of Woodlake and the communities of Lemon Cove, Badger, and the unincorporated areas surrounding this area. It borders Ambulance Zone 5 on the south, Ambulance Zone 4 on the east, Ambulance Zone 13 on the north, and Ambulance Zone 1 and 2 on the west	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 3 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 3 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 3 is a non-exclusive operating area.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 4	
Name of Current Provider(s):	American Ambulance of Visalia Exeter District Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 4 is located in the northeast portion of Tulare County. This zone includes the community of Three Rivers and the unincorporated areas surrounding this community. Ambulance Zone 4 is bordered by Tulare County Ambulance Zone 13 on the north, Tulare County Ambulance Zone 5 and 3 on the west, Tulare County Ambulance Zone 9, 14, and 17 on the south, and the Sequoia National Park/Mono County on the east.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 4 is a non-exclusive operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 4 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 3 is a non-exclusive operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 5 (Exclusive Operating Area)	
Name of Current Provider(s):	Exeter District Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 5 is located in the central portion of Tulare County. This zone includes the cities of Exeter and Farmersville, and the unincorporated areas surrounding these cities. Ambulance Zone 5 is bordered by Tulare County Ambulance Zone 3 on the north, Tulare County Ambulance Zone 2 on the west, Tulare County Ambulance Zone 8 on the south, and Tulare County Ambulance Zone 9 on the east.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 5 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.	
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 <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Exeter District Ambulance is a non-profit community owned ambulance service, which was established in 1977. Exeter has operated in the same geographical area of the Ambulance Zone 5 since that time without interruption. In 1978, Exeter evolved to Limited Advanced Life Support (EMT-II) and to paramedics in 2007. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Exeter District Ambulance, nor has the geographical area of their service area changed. This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 6
Name of Current Provider(s):	Sierra LifeStar Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 6 is located in the southwestern portion of Tulare County. This zone includes the City of Tulare and the unincorporated areas surrounding the city. Ambulance Zone 6 is bordered by Tulare County Ambulance Zone 2 on the north, Tulare County Ambulance Zone 8 on the east, Tulare County Ambulance Zone 7 on the south, and the County of Kings on the west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 6 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity The Tulare County Ambulance Zone 6 is non-exclusive	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Tulare County Ambulance Zone 6 is non-exclusive	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 7
Name of Current Provider(s):	Sierra LifeStar Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 7 is located in the southwestern portion of Tulare County. This zone includes the cities of Pixley and Earlimart and the unincorporated areas surrounding these cities. Ambulance Zone 7 is bordered by Tulare County Ambulance Zone 6 on the north, Tulare County Ambulance Zone 9 on the east, Tulare County Ambulance Zone 12 on the south, and the County of Kings on the west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 7 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). The Tulare County Ambulance Zone 7 is non-exclusive .	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Tulare County Ambulance Zone 7 is non-exclusive.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 8
Name of Current Provider(s):	Exeter District Ambulance Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 8 is located in central Tulare County and includes the City of Lindsay and the unincorporated areas surrounding this area. It borders Ambulance Zone 5 on the north, Ambulance Zone 9 on the east, Ambulance Zone 9 on the south, and Ambulance Zone 6 on the west	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 8 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 8 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 8 is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 9
Name of Current Provider(s):	Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 9 is located in central Tulare County and includes the City of Porterville, the communities of Springville, Terra Bella, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 8 and 4 on the north, Ambulance Zone 14 and 16 on the east, Kern County on the south, and Ambulance Zone 6, 7, and 12 on the west	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 9 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 9 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 9 is a non-exclusive operating area.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 10
Name of Current Provider(s):	Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 10 is located in the northwestern portion of Tulare County. This zone includes the community of Traver, and the unincorporated areas surrounding this area. Ambulance Zone 10 is bordered by Fresno County on the north, Tulare County Ambulance Zone 1 on the east, Tulare County Ambulance Zone 2 on the south, and the County of Kings on the west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 10 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 10 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 10 is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 11	
Name of Current Provider(s):	Tule River Indian Health Center
Area or subarea (Zone) Geographic Description: Zone 11 is the geographical area of the Tule River Indian Reservation, which is located in eastern Tulare County.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 11 is operated by the Tule River Indian Health Center in the geographical boundaries of the Tule River Indian Reservation.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 11 is operated by the Tule River Indian Health Center in the geographical boundaries of the Tule River Indian Reservation.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 11 is operated by the Tule River Indian Health Center in the geographical boundaries of the Tule River Indian Reservation.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 12
Name of Current Provider(s):	Sierra LifeStar Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 12 is located in the southwestern portion of Tulare County. This zone includes the unincorporated areas north of the County of Kern. Ambulance Zone 12 is bordered by Tulare County Ambulance Zone 7 on the north, Tulare County Ambulance Zone 9 on the east, the County of Kern on the south, and the County of Kings on the west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 12 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity Tulare County Ambulance Zone 12 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 12 is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 13
Name of Current Provider(s):	American Ambulance of Visalia / Exeter District Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 13 is located in north-central Tulare County and includes the community of Badger, Hartland, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 3 and 4 on the south, Ambulance Zone 1 on the west, Fresno County on the north, and Mono County/Kings Canyon National Park on the east.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 13 is a non-exclusive operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 13 is a non-exclusive operating area.	
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 statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 13 is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 14
Name of Current Provider(s):	Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 14 is located in central Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 9 and 4 on the north, Ambulance Zone 17 and 18 on the east, Ambulance Zone 16 and 18 on the south, and Ambulance Zone 9 on the west.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 14 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 14 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 14 is a non-exclusive operating area.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 15
Name of Current Provider(s):	Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 15 is located in southern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 16 on the north, Ambulance Zone 18 on the east, Kern County on the south, and Ambulance Zone 16 on the west	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 15 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 15 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 15 is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 16
Name of Current Provider(s):	Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 16 is located in southern Tulare County and includes the unincorporated rural area of Tulare County and the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 9 and 14 on the north, Ambulance Zone 18 on the east, Ambulance Zone 15 on the south, and Ambulance Zone 9 on the west	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 16 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 16 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 16 is a non-exclusive operating area.	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 17
Name of Current Provider(s):	Imperial Ambulance / Rescue Helicopter
Area or subarea (Zone) Geographic Description:	
Tulare County Ambulance Zone 17 is located in east-central Tulare County and includes the extreme wilderness area of the Sequoia National Forrest. It borders Ambulance Zone 4 on the north, the County of Mono on the east, Ambulance Zone 18 on the south, and Ambulance Zone 14 on the west. This area is innaccesible by ambulance and rarely has any requests for service.	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action.	
Tulare County Ambulance Zone 17 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Tulare County Ambulance Zone 17 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
Tulare County Ambulance Zone 17 is a non-exclusive operating area.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Tulare County – Ambulance Zone 18
Name of Current Provider(s):	Imperial Ambulance / Liberty Ambulance (Ridgecrest-Kern County)
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 18 is located in southeastern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 17 on the north, the County of Mono on the east, County of Kern on the south, and Ambulance Zone 14, 15, and 16 on the west	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 18 is a <u>non-exclusive</u> operating area.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 18 is a non-exclusive operating area.	
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Tulare County Ambulance Zone 18 is a non-exclusive operating area.	



D
Daniel J Lynch
EMS Director

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www.ccems.org

2024

Paramedic Triage to Alternate Destination Update

May 2025

EMS Plan Annex – Triage to Alternate Destination Program

EMS Agency Certification

Report Year: 2024

	Community Paramedic	Triage Paramedic
Total certified and accredited	N/A	261
Number newly certified this year	N/A	49
Number recertified this year	N/A	0**
Total accredited on July 1 of reporting year	N/A	261
Number of certification reviews resulting in:		
• Formal Investigations	N/A	0
• Probation	N/A	0
• Suspensions	N/A	0
• Revocations	N/A	0
• Denials	N/A	0
• No action taken	N/A	0

** The TAD program was approved by EMSA certification began by 11/1/23. Recertification will begin in the fall of 2025.

Facility Resource

County: Fresno County

Alt. Destination: Fresno County Crisis Stabilization Center

Facility Address: 4411 E Kings Canyon Avenue

Fresno, CA 93702

Phone Number: (559) 453-1008

Authorized Facility: Mental Health Sobering Center

The alternate destination facility maintains adequate licensed medical and professional staff, facilities, and equipment in accordance with the provisions of section 1831 of the Health and Safety Code and Code of Regulations, Title 22, Division 9, Chapter 5.

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource Report Year: 2024

County: <u>Fresno County</u>	Response Area: <u>Fresno County EOA</u>
ALS Provider: <u>American Ambulance</u>	
Address: <u>2911 E Tulare Avenue</u>	
	<u>Fresno, CA 93721</u>
Phone Number: <u>(559) 443-5900</u>	
<p>Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p>	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	154,432
Total number of transports to general acute care hospitals:	126,888
Total number of transports to alternate destination facilities:	2,216
• Number of transports to authorized mental health facility:	2,216
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2024

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone C</u>
ALS Provider: <u>Coalinga Fire Department</u>	Address: <u>300 W Elm Avenue</u>
	<u>Coalinga, CA 93210</u>
Phone Number: <u>(559) 935-1652</u>	<p>Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p>	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	2,585
Total number of transports to general acute care hospitals:	1,789
Total number of transports to alternate destination facilities:	42
• Number of transports to authorized mental health facility:	42
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2024

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone K</u>
ALS Provider: <u>Kingsburg Fire Department</u>	Address: <u>1460 Marion Street</u>
	<u>Kingsburg, CA 93631</u>
Phone Number: <u>(559) 897-5457</u>	<p>Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p>	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	1,872
Total number of transports to general acute care hospitals:	1,224
Total number of transports to alternate destination facilities:	6
• Number of transports to authorized mental health facility:	6
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2024

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone I</u>
ALS Provider: <u>Sanger Fire Department</u>	Address: <u>601 West Avenue</u>
	<u>Sanger, CA 93657</u>
Phone Number: <u>(559) 875-6568</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Written Agreement with LEMSA to Participate in EMS System
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	2,834
Total number of transports to general acute care hospitals:	1,810
Total number of transports to alternate destination facilities:	53
• Number of transports to authorized mental health facility:	53
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2024

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone G</u>
ALS Provider: <u>Selma Fire Department</u>	
Address: <u>1711 Tucker Street</u>	
	<u>Selma, CA 93662</u>
Phone Number: <u>(559) 891-2211</u>	
<p>Written Agreement with LEMSA to Participate in EMS System</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p>	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	5,517
Total number of transports to general acute care hospitals:	4,439
Total number of transports to alternate destination facilities:	138
• Number of transports to authorized mental health facility:	138
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2024

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone J</u>
ALS Provider: <u>Sequoia Safety Council</u>	Address: <u>500 11th Street</u>
	<u>Reedley, CA 93654</u>
Phone Number: <u>(559) 638-9995</u>	<p>Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p>	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	6837
Total number of transports to general acute care hospitals:	5,746
Total number of transports to alternate destination facilities:	143
• Number of transports to authorized mental health facility:	143
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2024

County: <u>Madera County</u>	Response Area: <u>Madera Valley / Chowchilla</u>
ALS Provider: <u>Pistoresi Ambulance Service</u>	Address: <u>113 North R Street</u>
	<u>Madera, CA 93637</u>
Phone Number: <u>(559) 673-8004</u>	<input checked="" type="checkbox"/> Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	11,845
Total number of transports to general acute care hospitals:	9,315
Total number of transports to alternate destination facilities:	112
• Number of transports to authorized mental health facility:	112
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2024

County: <u>Madera County</u>	Response Area: <u>Madera Mountain EOA</u>
ALS Provider: <u>Sierra Ambulance Service</u>	
Address: <u>40755 Winding Way</u>	
	<u>Oakhurst, CA 93644</u>
Phone Number: <u>(559) 642-0650</u>	
<div style="border: 1px solid black; padding: 10px;"><p>Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p><p>Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p></div>	
<div style="border: 1px solid black; padding: 10px;"><p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p><p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p><p>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p><p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p></div>	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	3,761
Total number of transports to general acute care hospitals:	2,546
Total number of transports to alternate destination facilities:	7
• Number of transports to authorized mental health facility:	7
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

County: Fresno / Madera Counties

Reporting Year: 2024

EMS Agency Training Program

Do you have a process for certifying and accrediting community paramedics in providing community paramedicine services and for monitoring and withdrawing approvals to ensure continued compliance with statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the training for community paramedics include the following program specialties: <ul style="list-style-type: none"> Providing directly observed therapy to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease? Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the training for triage paramedics include the following program specialties: <ul style="list-style-type: none"> Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient. This paragraph does not impact or alter existing authorities applicable to a licensed paramedic operating under the medical control policies adopted by a local EMS agency medical director to treat and keep a hospice patient in the patient's current residence, or otherwise require transport to an acute care hospital in the absence of an approved triage to alternate destination hospice program? Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in section 1811 of the Health and Safety Code? Providing transport services for patients who identify as veterans and desire transport to a local veteran's administration emergency department for treatment, when appropriate? 	 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the Mental Health Facility training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, instruction on the following topics: <ol style="list-style-type: none"> Mental health crisis intervention by a qualified instructor? Assessment and treatment of intoxicated patients? Policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility? 	 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the Mental Health TAD training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, training on the following topics: <ol style="list-style-type: none"> Psychiatric orders? 	 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

EMS Plan Annex – Triage to Alternate Destination Program

b) Neuropharmacology?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Alcohol and substance abuse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Patient consent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Patient documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Medical quality improvement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the training for triage paramedics authorizing transport to a sobering center include the following instruction:	
a) The impact of alcohol intoxication on the local public health and emergency medical services system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A
b) Alcohol and substance use disorders?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c) Triage and transport parameters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A
d) Health risks and interventions in stabilizing acutely intoxicated patients?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A
e) Common conditions with presentations similar to intoxication?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A
f) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A

EMS Plan Annex – Triage to Alternate Destination Program

CENTRAL CALIFORNIA EMS AGENCY TRIAGE TO ALTERNATE DESTINATION Quarterly / Annual Summary

2024

LEMSA Summary of Outcomes					
	Q1	Q2	Q3	Q4	Annual Total
Total # of 911 scene call patients who are treated and transported to an E.D.	631	760	765	669	2825
Total # of 911 scene call patients who are treated and transported to a Sobering Center	n/a	n/a	n/a	n/a	0
Total # of 911 scene call patients who are treated and transported to a mental health facility	587	780	704	646	2717
Total # of 911 scene call patients who are treated and transported to a Veteran's Admin E.D.	6	10	9	5	30
Total # of patients transported to an alternate destination that required secondary transfer to an acute care E.D. within 6 hours	4	3	1	2	10

Facility Data Reports					
Facility Name: Fresno County Crisis Stabilization center					
Facility Type: Authorized Mental Health Facility					
	Q1	Q2	Q3	Q4	Annual Total
Median Ambulance Patient Offload Times (min)	15:05	10:17	11:03	10:28	11:43
Total # of EMS Transports to Facility	587	780	704	646	2717
Total # of patients turned away, diverted, or who required secondary transfer to an acute care E.D. within 6 hours from facility.	28	31	15	15	89
Summary of primary reasons for turning away, diverting, or who required secondary transfer to an acute care E.D. within 6 hours from facility:					
Several individuals reported drug use, which was not disclosed to paramedics. There were refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. Four patients were refused due to previous disruptions in the CSC.					
Summary of feedback about program from Emergency Medical Care Committee:					
The October EMCC meeting was cancelled. At the July, 2024 EMCC meeting, the report was presented to the EMCC. There were no questions or comments. The report was accepted.					



2024 *Regional Trauma Plan* **UPDATE**

May 2025

Originally Implemented on June 19, 1984

D
Daniel J Lynch
EMS Director

Miranda Lewis, MD
EMS Medical Director

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Dept of Public Health
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Mission Statement of the Trauma Care System

"To reduce morbidity and mortality in the trauma patient by establishing, promoting, and maintaining a system of excellence in trauma care that includes prevention education as well as effective and appropriate delivery of emergency medical treatment for victims of traumatic injury, and is supported by system access, pre-hospital providers, hospitals, and our community."

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I. TRAUMA SYSTEM SUMMARY

The Fresno County Department of Public Health's Emergency Services Division (known as the Central California EMS Agency) is the designated Local EMS Agency for Fresno, Kings, Madera, and Tulare Counties. It is responsible for planning, developing, and implementing the EMS and trauma systems. The EMS Agency must approve all EMS provider agencies, base and receiving hospitals, STEMI and trauma centers. Each EMS system participant must function within the system defined by the EMS Agency policies and procedures.

The trauma system that exists today in Fresno, Kings, Madera, and Tulare Counties is a mature system that has evolved over many years. First implemented by the Local EMS Agency in 1984, the EMS Agency has developed for the Counties of Fresno, Kings, Madera, and Tulare an effective trauma system based upon regional trauma planning by the EMS Agency. The trauma system is the result of a genuine commitment and cooperative effort of government, community physicians, hospitals, EMS providers, and the community. While the four-county EMS region has a very diverse geography, the trauma system is designed by the EMS Agency to provide optimal trauma care while recognizing the unique mixture of rural and urban areas, including much-extended response and transport times. Centered in central California, Community Regional Medical Center is the only EMS Agency designated Level I Trauma Center in the Central Valley. Valley Children's Hospital is the only Level II Pediatric Trauma Center. Kaweah Health Medical Center, in the City of Visalia, is a designated Level III Trauma Center and is the primary destination for ground ambulance trauma patients and specific helicopter patients in Tulare County.

The operational aspects of the trauma system begin at the pre-response level with a countywide "Enhanced" 9-1-1 (E9-1-1) telephone system in each of the four counties. A designated ambulance dispatch center coordinates all ambulance service requests for each county. The Fresno County EMS Communications Center is the centralized ambulance dispatch center for all ambulance responses in Fresno, Kings, and Madera Counties. Tulare County has one centralized ambulance dispatch center provided by the Tulare County Consolidated Ambulance Dispatch (TCCAD), a non-profit entity created by ambulance providers in Tulare County. Both dispatch centers have trained Emergency Medical Dispatchers (EMD) who prioritize ambulance responses using EMS Agency-approved dispatch protocols. Pre-arrival first-aid instructions are given in appropriate cases.

The trauma triage system in Fresno, Kings, and Madera Counties routes moderately and severely injured trauma patients directly to the Level I Trauma Center (Community Regional Medical Center) by-passing all other hospitals. Pediatric trauma patients are taken either to the Level I trauma center or Valley Children's Hospital (Pediatric Level II Trauma Center), depending on the location of the incident. Patients with minor injuries are transported to the appropriately staffed facility of their choice. Trauma patients meeting trauma center criteria in Tulare County go to Kaweah Health Medical Center, a designated Level III Trauma Center. Trauma patients in Tulare County transported by air ambulance are transported to Kaweah Health Medical Center or Community Regional Medical Center, depending on their location.

Throughout the four-county area, base hospitals participate in trauma destination decisions involving transportation time exceeding 60 minutes. Except for patients in cardiac arrest or with a compromised airway, most rural patients meeting triage criteria are transported directly to a trauma

center. In addition, air ambulance transport is utilized as much as possible in all rural areas of the region, weather permitting.

The three trauma centers and three receiving hospitals in Fresno, Kings, Madera, and Tulare Counties serve as base hospitals for EMT-Paramedic prehospital personnel. Community Regional Medical Center is the designated base hospital for EMT-Advance (Parkmedic) program for the neighboring Kings Canyon and Sequoia National Park systems. Base Hospital Physicians and Mobile Intensive Care Nurses (MICN) provide online base hospital medical direction in accordance with EMS Agency policies and procedures. The EMS Agency accredits Base Hospital Physicians and MICNs upon successfully completing training and testing requirements.

The prehospital response throughout Fresno, Kings, Madera, and Tulare Counties is by Paramedic staffed advanced life support units. Three local helicopter agencies, Air Methods-SkyLife, CHP, Reach/GMR, and multiple air ambulances in adjacent counties are immediately available for simultaneous dispatch of air ambulance or rescue helicopter services. Additional air ambulance service is available through mutual aid when local resources are exhausted. Treatment protocols for trauma throughout the four-county area emphasize short on-scene times and rapid transportation with advanced life support treatment during transit. The trauma patient destination is determined by prehospital personnel using triage criteria, which is very similar to the CDC/ACS triage criteria that have less weight on the mechanism of injury. Base hospitals are involved in destination determination for prolonged transports and multi-casualty incidents. The utilization of air ambulance and helicopter services is integrated into EMS policy. In 2024, there were 2,040 helicopter responses to trauma incidents in Fresno, Kings, Madera, and Tulare Counties, which resulted in 192 helicopter transports to Community Regional Medical Center, 75 transports to Kaweah Health Medical Center, and 8 to Valley Children's Hospital. While the cancellation rate is significant, it represents a very aggressive response to potential critical trauma victims. It has greatly reduced the number of prolonged emergency ground transports from rural areas.

Trauma Patient Volume

The trauma registry included 7,059 patients in 2024. Approximately 51% of these patients were transported to CRMC, 38% to KHMC, and 11% to VCH.

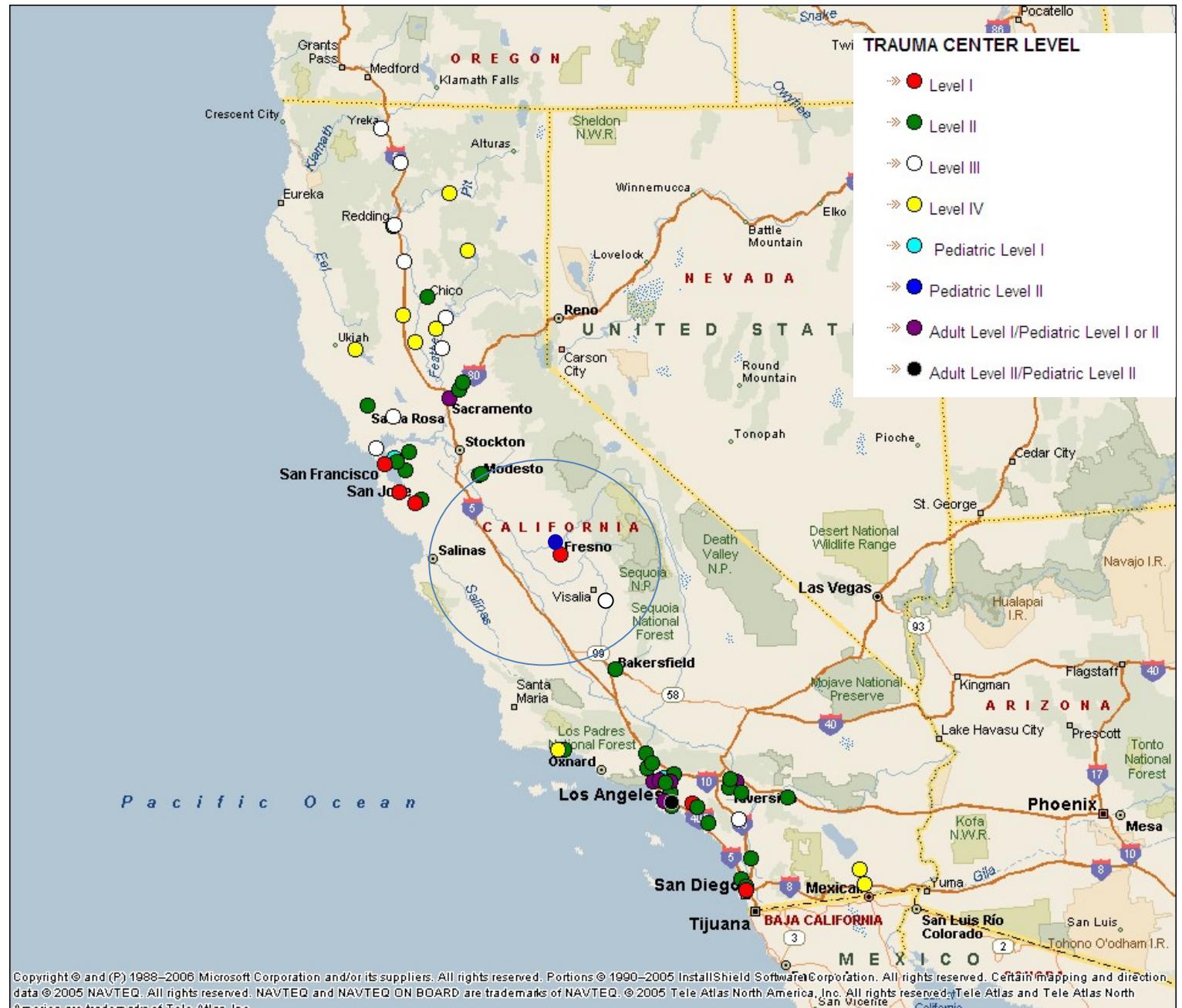
The Regional Trauma Audit Committee is an advisory committee to the Local EMS Agency concerning all aspects of the trauma system. The committee monitors system operations and reviews specific cases including problem transfers involving trauma patients. The trauma nurse coordinators from the trauma centers and emergency department personnel from some of the receiving hospitals in Fresno, Kings, Madera, and Tulare Counties provide information on trauma patients seen at those facilities.

Central California EMS Agency Statistics (2024)

- 17% of prehospital calls involve trauma.
- 44,893 Prehospital trauma responses.
 - Falls – 17,108 (38%)
 - Traffic Accident – 10,187 (23%)
 - Assault – 2,866 (6%)
 - Other trauma injuries – 14,732 (33%)

The EMS Trauma Plan Update describes the on-going commitment of the EMS Agency, the Counties of Fresno, Kings, Madera and Tulare, the trauma centers and receiving hospitals, and the prehospital providers to the communities they serve.

California Trauma Centers



II. CHANGES IN TRAUMA SYSTEM

The trauma system is always in evolution. As more information and data becomes available, the more changes that are made to improve the system. Over the many years that the trauma system has been in existence, it has continuously been changed and modified to meet the needs of the community and meet the challenges of new skills, education and techniques.

Valley Children's Hospital

In April 2025, Valley Children's Hospital re-verified as a Level II Pediatric Trauma Center. Valley Children's Hospital continues to provide excellent pediatric trauma care in Central California. They are the only Level II Pediatric Trauma Center in the Central Valley.

Kaweah Health Medical Center

Kaweah Health Medical Center re-verified as a Level III Trauma Center in April 2024. Even though Kaweah Health Medical Center is designated a Level III Trauma Center, the visiting ACS site reviewers state that Kaweah is doing some of the Level II trauma center requirements.

Trauma Registry Software and Data Reporting

The EMS Agency is currently using ESO V5 as the trauma registry for our EMS region. All trauma registry data is uploaded to the State's trauma registry site.

On-Scene times with Critical Trauma

For several years the EMS Agency has set a goal to transport critical trauma off-scene within 10 minutes of arrival of the ambulance. While we have set the performance measurement at 90% of patients off-scene in 10 minutes or less., . On April 1, 2015, in addition to the reduction in the use of spinal immobilization, the EMS Agency implemented the “7-minute clock”. After 7 minutes from arriving on-scene, the ambulance crew would receive a page that they have been on-scene for 7 minutes, which was a reminder to get off scene. With the reduction in the use of spinal immobilization and the use of the “7-minute clock” we have continued to see an improvement of the off-scene performance time. This time has improved from 77% in 10 minutes or less in 2020 to 89% off scene time in 10 minutes or less in 2021. We continue to evaluate the incidents that exceed the 10-minute criteria.

Reach/GMR

The CCEMSA Region gained another air ambulance provider in 2023. Reach/GMR H-82 was put into service on June 15, 2023. H-82 is stationed in Porterville, CA and is available for scene calls and interfacility transfers.

III. TRAUMA CENTERS

The EMS Agency has the following designated trauma centers:

Hospital	County	System Level
Community Regional Medical Center (CRMC)	Fresno	Level I Trauma Center/Burn Center
Valley Children's Hospital (VCH)	Madera	Level II Pediatric Trauma Center
Kaweah Health Medical Center (KHMC)	Tulare	Level III Trauma Center

In 2013, the EMS Agency modified EMS policy to require trauma centers to obtain and maintain verification from the American College of Surgeons (ACS). This verification and re-verification process is used by the EMS Agency for the periodic review to maintain trauma center designation. All three trauma centers are currently verified by the American College of Surgeons.

Community Regional Medical Center received ACS Level I verification in 2013. CRMC remains one of the busiest emergency departments in the state. While there are no delays in the treatment and care of critical trauma patients, the bed availability and availability of specialty care becomes impacted at times. Clinic and follow-up is often delayed due to an enormous volume of patients. The trauma director and manager have significant challenges and have been able to maintain a very high level of quality care. There is concern that there is a critical lack of bed capacity in the EMS region and any large event could easily overwhelm the hospital system. In addition, the limited bed capacity prevents Regional Trauma Center from receiving some transfers from outlying hospitals and these patients are transferred out of the area. There is continuing concern that the changes in health care may impact the availability of the care that is currently available. The EMS Agency with the Trauma Audit Committee monitors the transfers within our system.

Valley Children's Hospital received their ACS Pediatric Level II verification February 12, 2018. Valley Children's Hospital continues to be committed in offering support to the Central Valley for Pediatric trauma care and education.

Kaweah Health Medical Center received ACS Level III verification April 24, 2017. The EMS Agency continues to monitor the number of transfers from Kaweah Health to Community Regional Medical Center, and the number of transfers out to CRMC has decreased over this last year.

The Trauma Centers are very active and meet the immediate needs of the EMS and trauma systems. Community Regional Medical Center as the Level I Trauma Center is a committed and dedicated trauma center who provides a great deal of leadership and direction for the EMS system. Each of the trauma centers provides a tremendous amount of injury prevention activities, which are welcomed by the public and provider agencies.

IV. TRAUMA SYSTEM GOALS AND OBJECTIVES

The trauma system is an integral part of the existing regional EMS Plan. A continuing goal of the trauma system is to assure a well-prepared, coordinated and appropriate response to persons who incur traumatic injuries in the EMS region. System goals and objectives have been developed to provide a means to measure the effectiveness of the trauma system plan.

We continue to monitor the following objectives as a measure of system effectiveness:

Goal 1. Assure that a comprehensive system of emergency medical and trauma services are available to the residents and visitors of Fresno, Kings, Madera and Tulare Counties.

Objective 1.1 – Provide impartial and objective administration of the EMS and Trauma Systems.

Objective 1.2 – Routinely monitor and review trauma system based upon compliance with established policies and system standards.

Objective 1.3 - Issues that arise shall be reviewed through the EMS CQI process and Trauma Audit Committee reviews.

UPDATE: Goal 1 and each of the objectives are being met. The EMS Agency continues to monitor all aspects of the trauma system using the EMS CQI process and Trauma Audit Committee.

Goal 2. Assure definitive trauma care regardless of ability to pay.

Objective 2.1 – Monitor trauma care through the use of audit filters based upon trauma triage standards, transfer guidelines and system review of financial information.

UPDATE: Goal 2 and its objective are being met. The Trauma Audit Committee and the Central Regional Trauma Coordinating Committee of California are very active in providing trauma system monitoring.

Goal 3. Promote system cost-effectiveness and economic viability.

Objective 3.1 – As permitted, provide continuous review for cost effective care delivery practices

Objective 3.2 – Share through the system and trauma audit committee.

Objective 3.3 – Monitor and pursue appropriate funding sources as needed, including grants and other state or federal funding sources.

UPDATE: Goal 3 and its objectives are being met. The EMS Agency works consistently with system participants in assuring a cost-effective system approach.

Goal 4. Coordinate local trauma services between the counties within the EMS region.

Objective 4.1 – Establish agreements with each of the counties

Objective 4.2 – Establish transfer agreements between trauma centers and receiving hospitals within the region.

UPDATE: Goal 4 and its objectives are being met. and there are no issues. The Trauma Audit Committee monitors and discusses trauma system transfer issues at every meeting.

Goal 5. Provide objective evaluation of the trauma system through data analysis utilizing the trauma registry.

Objective 5.1 – Perform monthly audits and review with the trauma facility and the system trauma audit committee.

UPDATE: Goal 5 and its objective are being met. The EMS Agency continues to review any trauma system performance issues that may arise using the trauma registry data.

Goal 6. Promote public awareness and information regarding trauma services and injury prevention.

Objective 6.1 – Support annual health fairs, public service announcements, dissemination of annual reports to public entities, and injury prevention outreach programs.

UPDATE: Goal 6 and its objective are being met. and there are no issues. All three trauma centers are very engaged in public education and promotion of injury prevention. The major topics in injury prevention have been stop the bleed, car seat safety, and gun storage safety. These community service campaigns are ongoing and will only be expanding in the coming years.

V. CHANGES TO IMPLEMENTATION SCHEDULE

There are minor changes to the implementation schedule. For the most part, the goals and objectives do not have implementation dates since the system is constantly being monitored and reviewed. While the EMS Authority has requested implementation dates to be included in the plan update, the EMS Agency feels strongly that implementation dates are not always necessary since the system is monitored on a daily, monthly and quarterly basis. The EMS Agency will include implementation dates in updated plans when new events or objectives occur.

VI. SYSTEM PERFORMANCE IMPROVEMENT

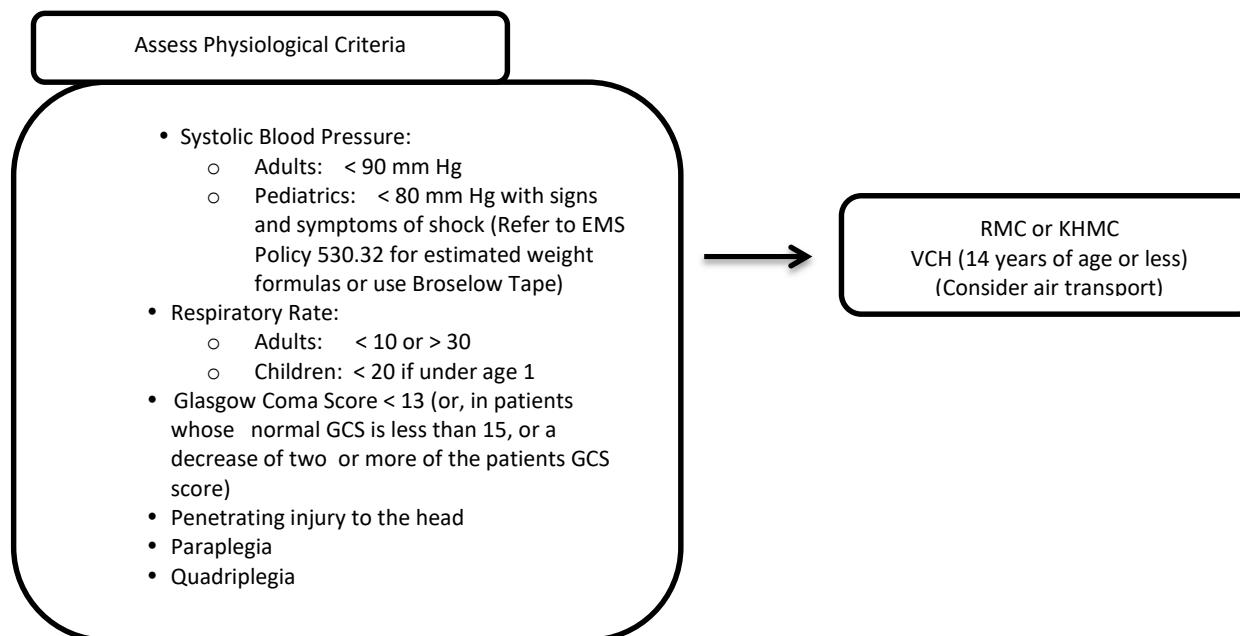
The EMS Agency continues to monitor the on-scene times with trauma patients, the destination of patients through the field triage criteria, and the transfer times from the trauma centers and receiving hospitals. The EMS Agency will monitor and measure the results of these changes.

ATTACHMENT A

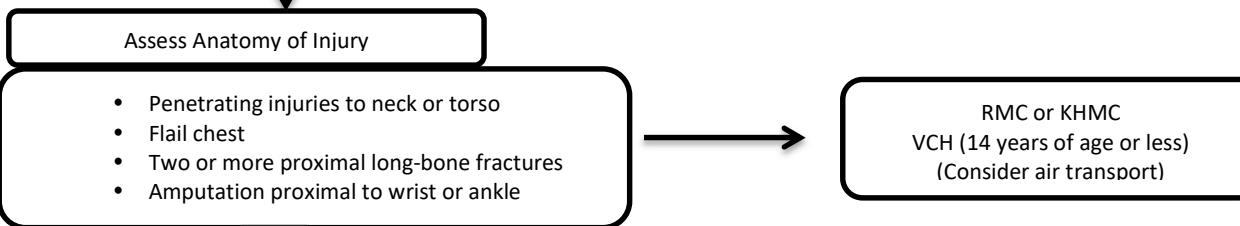
Trauma Destination Chart

TRAUMA DESTINATION CHART

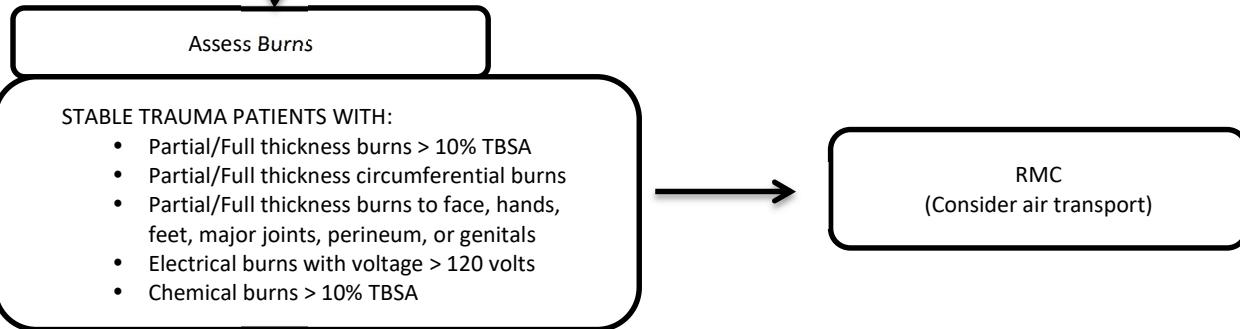
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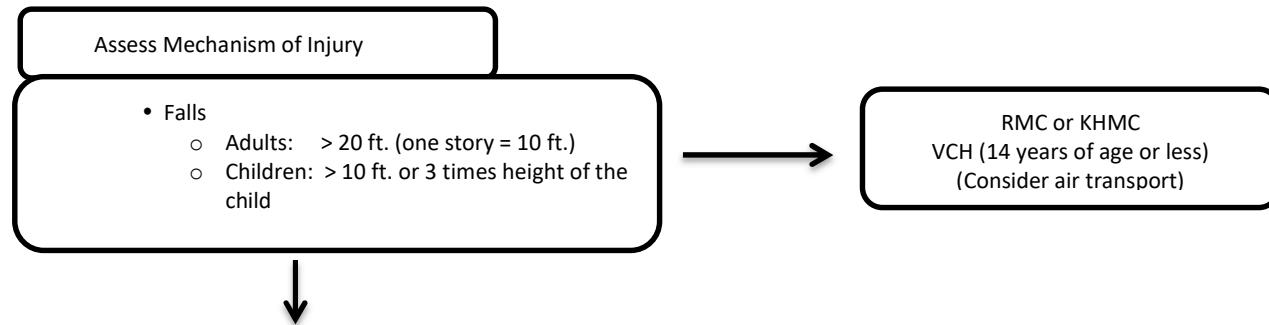
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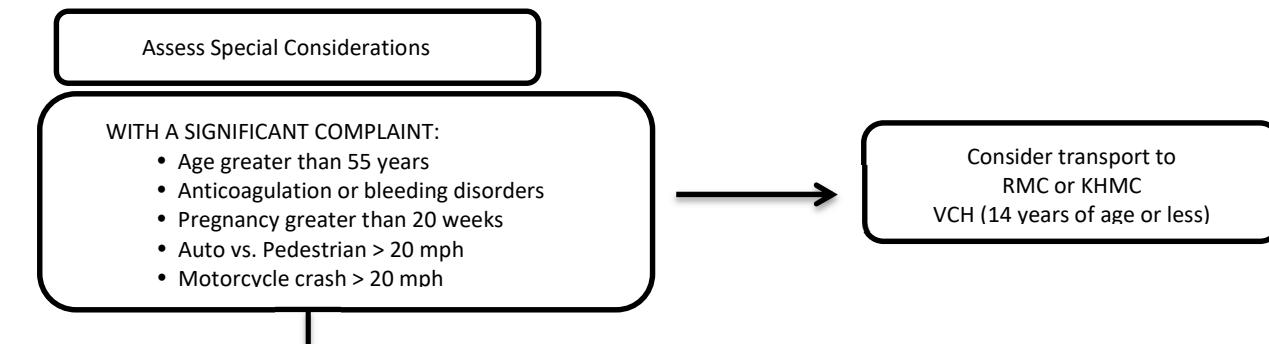
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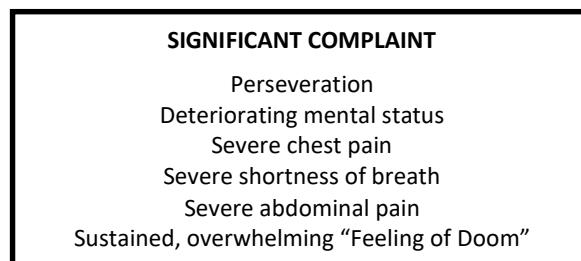
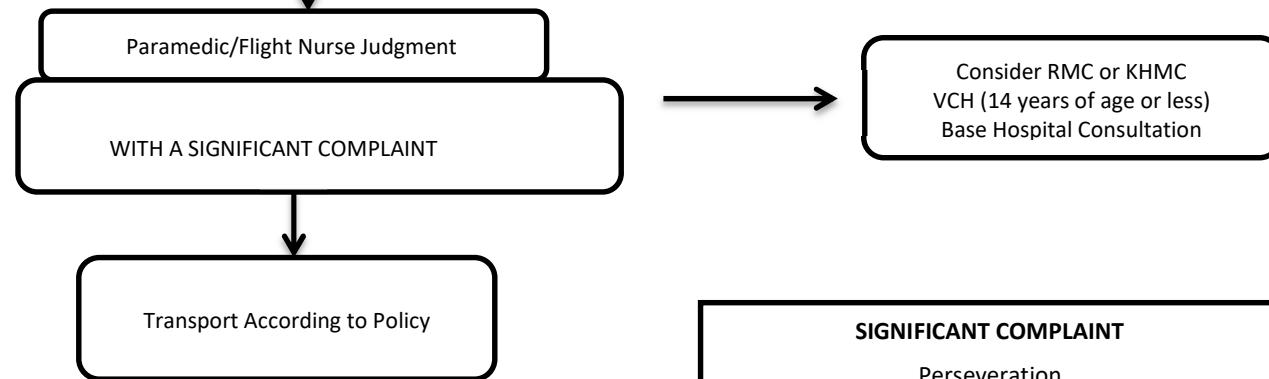
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2024 **STEMI CRITICAL CARE SYSTEM PLAN UPDATE**

May 2025

Mission Statement of the STEMI Critical Care System

*"To reduce morbidity and mortality in the STEMI patient
by establishing, promoting, and maintaining a system of excellence in STEMI care
that includes prevention education as well as effective and appropriate delivery
of emergency medical treatment for victims of STEMI injury,
and is supported by system access, pre-hospital providers, hospitals,
and our community."*

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I. STEMI CRITICAL CARE SYSTEM SUMMARY

The Fresno County Department of Public Health's Emergency Services Division (known as the Central California EMS Agency) is the designated Local EMS Agency for Fresno, Kings, Madera, and Tulare Counties and is responsible for planning, developing, and implementing the EMS and STEMI Critical Care System. The EMS Agency must approve all EMS provider agencies, base and receiving hospitals, STEMI, Trauma, and Stroke Centers. Each EMS system participant must function within the system defined by the EMS Agency policies and procedures. The EMS Agency staff that oversees the STEMI Critical Care System are:

Dan Lynch	Director of Emergency Medical Services
Miranda Lewis, MD	EMS Medical Director
Mato-Kuwapi Parker	Specialty Services Coordinator

The operational aspects of the STEMI Critical Care System begin at the pre-response level with a countywide "Enhanced" 9-1-1 (E9-1-1) telephone system in each of the four counties. All ambulance service requests for each county are coordinated by a designated ambulance dispatch center. The Fresno County EMS Communications Center is the centralized ambulance dispatch center for all ambulance responses in Fresno, Kings, and Madera Counties. Tulare County has one centralized ambulance dispatch center provided by the Tulare County Consolidated Ambulance Dispatch (TCCAD), which is a non-profit entity created by the ambulance providers in Tulare County. Both dispatch centers have trained Emergency Medical Dispatchers (EMD) who prioritize ambulance responses using EMS Agency approved dispatch protocols. Pre-arrival first-aid instructions are given in appropriate cases.

In the Central California EMS Agency region, patient destination is determined by field level 12-Lead ECG interpretation. In the event that a STEMI is detected on the 12-Lead ECG, patients will be transported to the nearest designated cardiac center within 60 minutes transport time. The designated cardiac centers in Fresno County are Community Regional Medical Center and Saint Agnes Medical Center. The third designated cardiac center in the CCEMSA region is Kaweah Health Medical Center in Tulare County. In the event that transport time to a designated cardiac center is greater than 60 minutes, patients will be transported to the closest appropriate emergency department. Helicopter rendezvous will also be considered by the field crews for transport to a designated cardiac center. Throughout the four-county region, base hospitals participate in STEMI destination decisions when ground transport time exceeds 60 minutes.

The three designated cardiac centers and three receiving hospitals in Fresno, Kings, Madera, and Tulare Counties serve as base hospitals for EMT-Paramedic prehospital personnel. Base Hospital Physicians and Mobile Intensive Care Nurses (MICN) provide on-line base hospital medical direction in accordance with EMS Agency policies and procedures. Base Hospital Physicians and MICN's are accredited by the EMS Agency upon successful completion of training and testing requirements.

The prehospital response throughout Fresno, Kings, Madera, and Tulare Counties is by Paramedic staffed advanced life support units. Three local helicopter agencies, Air Methods – SkyLife, Reach/GMR, and CHP, and an air ambulance in an adjacent county are immediately available for

simultaneous dispatch of air ambulance services. Additional air ambulance service is available through mutual aid when local resources are exhausted. Treatment protocols for STEMI throughout the four-county area emphasize short on-scene times and rapid transportation with advanced life support treatment provided during transit. The utilization of air ambulance services is integrated into EMS policy. In 2024, there were three helicopter responses to STEMI incidents in Fresno, Kings, Madera, and Tulare Counties, which resulted in two helicopter transports to Community Regional Medical Center and one transport to Kaweah Health Medical Center.

STEMI Patient Volume

In 2024, 403 patients were treated and transported to a designated cardiac center. Approximately 37% of these patients were transported to Community Regional Medical Center, 30% were transported to Saint Agnes Medical Center, and 33% were transported to Kaweah Health Medical Center.

Central California EMS Agency Statistics (2024)

- 403 patients transported to a designated cardiac center
 - 37% to Community Regional Medical Center
 - 30% to Saint Agnes Medical Center
 - 33% to Kaweah Health Medical Center



II. DESIGNATED CARDIAC CENTERS

The EMS Agency has the following designated cardiac centers:

Hospital	County	Designation Level	Designation Date	Expiration Date
Community Regional Medical Center	Fresno	STEMI Receiving	1/1/2000	6/30/2028
Saint Agnes Medical Center	Fresno	STEMI Receiving	1/1/2000	6/30/2028
Kaweah Health Medical Center	Tulare	STEMI Receiving	7/9/2004	6/30/2028

Note: These STEMI Centers existed prior to implementation of state regulations

STEMI IDENTIFICATION

The method of identification of STEMI in the prehospital setting is by patient presentation, signs and symptoms, and 12-Lead ECG interpretation. Patients that are being treated under the Coronary Ischemic Chest Discomfort protocol will have a 12-Lead ECG administered by a paramedic. In the event that the cardiac monitor returns a reading of STEMI in progress, the patient will be transported to the closest STEMI Receiving Center listed above if the transport time is within 60 minutes. If the transport time exceeds 60 minutes, the patient will be transported to the closest appropriate facility or helicopter rendezvous will be considered. STEMI patient destination as stated in policy 547 is determined by 12-Lead ECG interpretation or Base Hospital Consultation (if required).

STEMI COMMUNICATION

Upon identification of a STEMI in the prehospital setting and initiation of treatment, the paramedic will contact the STEMI Receiving Center as stated in the General Procedures EMS Policy 530.02. The paramedic will use the Standard Call-In format to communicate patient condition as well as the 12-Lead ECG interpretation of STEMI. The purpose of a Standard Call-In is to provide the STEMI Receiving Center with adequate information to prepare for STEMI continuity of care.

STEMI TRANSFER

In some instances, a STEMI patient may need to be transferred from a basic emergency department that is not a designated STEMI Receiving Center. In those cases, an Advanced Life Support interfacility transfer would be initiated by the originating hospital. EMS Policy 553 provides direction on ALS interfacility transfers within the EMS region.

STEMI DATA COLLECTION

All three STEMI Centers are using the National Cardiovascular Data Registry (NCDR) to manage hospital STEMI data. The EMS Agency is working with STEMI Receiving Centers on a process to export the data from NCDR and upload it to the State STEMI database. The Central CA EMS

Agency recently (April 2025) had the STEMI tab in the state ImageTrend database populated with the EMS region STEMI Centers. The plan is to have a workflow established and data uploaded to the state by June 1, 2025.

III. STEMI SYSTEM GOALS AND OBJECTIVES

The STEMI system is one part of the overall EMS Plan. The goal of the STEMI system is to assure a well-prepared, coordinated, and appropriate response to persons who are identified via 12-Lead ECG as possibly experiencing a STEMI incident. System goals and objectives have been developed to provide a means to measure the effectiveness of the STEMI system plan. The following objectives are monitored as a measure of system effectiveness:

Goal 1. Assure that a comprehensive system of emergency medical services is available to the residents and visitors of Fresno, Kings, Madera and Tulare Counties.

Objective 1.1 – Provide impartial and objective administration of the EMS and STEMI Systems.

Objective 1.2 – Routinely monitor and review the STEMI system based upon compliance with established policies and system standards.

Objective 1.3 - Issues that arise shall be reviewed through the EMS CQI process and Medical Control Committee reviews.

Goal 2. Assure definitive STEMI care regardless of ability to pay.

Objective 2.1 – Monitor STEMI care through the use of audit filters based upon trauma triage standards, transfer guidelines and system review of financial information.

Goal 3. Promote system cost-effectiveness and economic viability.

Objective 3.1 – As permitted, provide continuous review for cost effective care delivery practices

Objective 3.2 – Share through the system and CQI and Medical Control committees.

Objective 3.3 – Monitor and pursue appropriate funding sources as needed, including grants and other state or federal funding sources.

Goal 4. Coordinate local STEMI services between the counties within the EMS region.

Objective 4.1 – Establish agreements with each of the counties

Objective 4.2 – Establish transfer agreements between STEMI centers and receiving hospitals within the region.

Goal 5. Provide objective evaluation of the STEMI system through data analysis.

Objective 5.1 – Perform monthly audits and review with the STEMI facilities and the system

CQI and Medical Control committees.

Goal 6. Promote public awareness and information regarding STEMI services and cardiac care public education.

Objective 6.1 – Support annual health fairs, public service announcements, dissemination of annual reports to public entities, and cardiac care outreach programs.

IV. INTEGRATION WITH NEIGHBORING JURISDICTIONS

The Central California EMS Agency consists of four counties. The STEMI Receiving Centers reside in two of the four counties. In Fresno and Madera Counties, STEMI patients will be transported to either Community Regional Medical Center or Saint Agnes Medical Center which both reside in Fresno County. In Kings and Tulare Counties, the STEMI patient will be transported to either Kaweah Health Medical Center or Community Regional Medical Center. It is possible, however, that a STEMI patient may originate outside of the CCEMSA Region. The neighboring jurisdictions are aware of which facilities are designated STEMI Receiving Centers in Fresno and Tulare Counties.

V. SYSTEM PERFORMANCE IMPROVEMENT

The EMS Agency monitors STEMI system performance on a monthly basis with the use and input of the Continuous Quality Improvement and Medical Control Committees. Any issues or gaps identified within the EMS system are brought to these two committees. Interventions and/or solutions are discussed and implemented to correct the issue or gap identified. Both of these committees meet on a monthly basis throughout the year.

VI. ATTACHMENT A

SUPPORTING STEMI POLICIES

CCEMSA Policy 530.02 General Procedures

CCEMSA Policy 547 Patient Destination

CCEMSA Policy 553 ALS Interfacility Transports

CCEMSA Policy 320 STEMI Critical Care System Overview

CCEMSA Policy 321 STEMI Receiving Center and STEMI Referring Hospital Standards

CCEMSA Policy 322 STEMI Receiving Center and STEMI Referring Hospital Designation

CCEMSA Policy 323 STEMI Critical Care System Monitoring/Data Management



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2024

STROKE CRITICAL CARE SYSTEM PLAN UPDATE

May 2025

Mission Statement of the Stroke Critical Care System

"To reduce morbidity and mortality in the stroke patient by establishing, promoting, and maintaining a system of excellence in stroke care that includes prevention education as well as effective and appropriate delivery of emergency medical treatment for victims of stroke injury, and is supported by system access, pre-hospital providers, hospitals, and our community."

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I. STROKE CRITICAL CARE SYSTEM SUMMARY

The Fresno County Department of Public Health's Emergency Services Division (known as the Central California EMS Agency) is the designated Local EMS Agency for Fresno, Kings, Madera, and Tulare Counties and is responsible for planning, developing, and implementing the EMS and Stroke Critical Care System. The EMS Agency must approve all EMS provider agencies, base and receiving hospitals, STEMI, Trauma, and Stroke Centers. Each EMS system participant must function within the system defined by the EMS Agency policies and procedures. The EMS Agency staff that oversees the Stroke Critical Care System are:

Dan Lynch	Director of Emergency Medical Services
Miranda Lewis, MD	EMS Medical Director
Mato-Kuwapi Parker	Specialty Services Coordinator

The operational aspects of the Stroke Critical Care System begin at the pre-response level with a countywide "Enhanced" 9-1-1 (E9-1-1) telephone system in each of the four counties. All ambulance service requests for each county are coordinated by a designated ambulance dispatch center. The Fresno County EMS Communications Center is the centralized ambulance dispatch center for all ambulance responses in Fresno, Kings, and Madera Counties. Tulare County has one centralized ambulance dispatch center provided by the Tulare County Consolidated Ambulance Dispatch (TCCAD), which is a non-profit entity created by the ambulance providers in Tulare County. Both dispatch centers have trained Emergency Medical Dispatchers (EMD) who prioritize ambulance responses using EMS Agency approved dispatch protocols. Pre-arrival first-aid instructions are given in appropriate cases.

In the Central California EMSA Agency region, patient destination is determined by paramedic assessment of the signs and symptoms of stroke along with the calculation of a G-FAST score. Transport to the Comprehensive Stroke Center (Community Regional Medical Center) will occur in the event that a patient presents with a G-FAST score of 4 and is within a 45-minute transport time to Community Regional Medical Center. Outside of the 45-minute time requirement, patients will be transported to the nearest Primary Stroke Center. All patients exhibiting signs and symptoms of stroke with a G-FAST score of 3 will be transported to the nearest Primary Stroke Center. Helicopter rendezvous will also be considered by the field crews for transport to a designated stroke center.

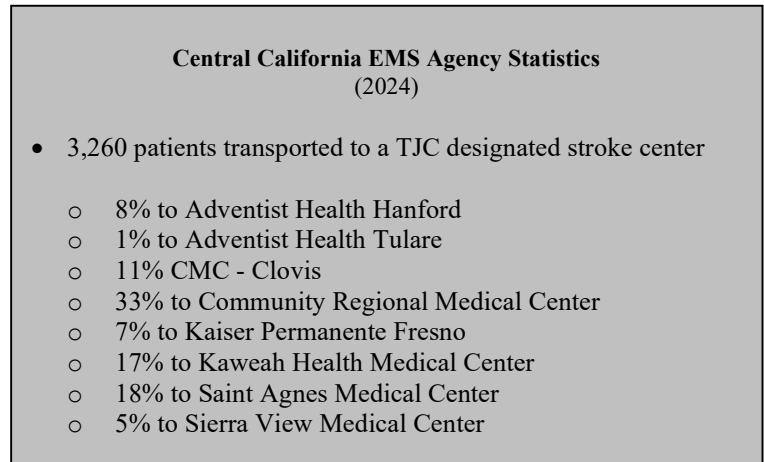
Six of the eight Joint Commission designated stroke centers serve as base hospitals for EMT-Paramedic prehospital personnel. Base Hospital Physicians and Mobile Intensive Care Nurses (MICN) provide on-line base hospital medical direction in accordance with EMS Agency policies and procedures. Base Hospital Physicians and MICN's are accredited by the EMS Agency upon successful completion of training and testing requirements.

The prehospital response throughout Fresno, Kings, Madera, and Tulare Counties is by Paramedic staffed advanced life support units. Three local helicopter agencies, Air Methods – SkyLife, Reach/GMR, and CHP, and an air ambulance in an adjacent county are immediately available for simultaneous dispatch of air ambulance services. Additional air ambulance service is available through mutual aid when local resources are exhausted. Treatment protocols for stroke throughout the four-county area emphasize short on-scene times and rapid transportation with advanced life

support treatment provided during transit. The utilization of air ambulance services is integrated into EMS policy.

Stroke Patient Volume

In 2024, 3,345 patients were identified as a stroke/CVA/TIA patient upon initial impression as documented by prehospital personnel. A stroke specific BLS and ALS protocol was put in place in April 2024 along with stroke destination criteria.



II. DESIGNATED STROKE CENTERS

The CCEMSA region has the following stroke centers as designated by Joint Commission:

Hospital	County	Designation Level	Designation Date	Expiration Date
Community Regional Medical Center	Fresno	Comprehensive	3/1/2024	2/28/2027
Community Regional Medical Center – Clovis	Fresno	Primary	4/1/2024	2/28/2027
Saint Agnes Medical Center	Fresno	Primary	3/1/2024	2/28/2027
Kaiser Permanente Medical Center	Fresno	Primary	3/1/2024	2/28/2027
Adventist Health Hanford	Kings	Primary	3/1/2024	2/28/2027
Adventist Health Tulare	Tulare	Primary	10/17/2024	2/28/2027
Kaweah Health Medical Center	Tulare	Primary	3/1/2024	2/28/2027
Sierra View Medical Center	Tulare	Primary	3/1/2024	2/28/2027

STROKE IDENTIFICATION

The method of identification of stroke in the prehospital setting is by patient presentation, signs and symptoms, and use of the G-FAST Stroke Assessment. The patient destination policy has been updated to provide for appropriate routing of stroke patients to appropriate stroke facilities. A patient exhibiting signs and symptoms of stroke with a G-FAST score of 4 will be transported to the Comprehensive Stroke Center when transport time is less than 45 minutes. A patient with a G-FAST of 3 and stroke signs and symptoms will be transported to a Primary Stroke Center.

STROKE COMMUNICATION

Upon identification of a stroke in the prehospital setting and initiation of treatment, the paramedic will contact the appropriate stroke center as stated in the General Procedures EMS Policy 530.02. The paramedic will use the Standard Call-In format to communicate patient condition as well as the assessment using the G-FAST Stroke Assessment. The purpose of a Standard Call-In is to provide the stroke center with adequate information to prepare for stroke continuity of care.

STROKE TRANSFER

In some instances, a stroke patient may need to be transferred from a basic emergency department that is not a designated stroke center. In those cases, an Advanced Life Support interfacility transfer would be initiated by the originating hospital. EMS Policy 553 provides direction on ALS interfacility transports within the EMS region.

STROKE DATA COLLECTION

All designated Stroke Centers are using AHA Get with the Guidelines (GWTG) to manage hospital Stroke data. The EMS Agency is working with the Stroke Centers on a process to export the data from GWTG and upload it to the State Stroke database. The Central CA EMS Agency recently (April 2025) had the Stroke tab in the state ImageTrend database populated with the EMS region

Stroke Centers. The plan is to have required data collection filters, and a workflow established, and data uploaded to the state by June 1, 2025.

III. STROKE SYSTEM GOALS AND OBJECTIVES

The stroke system is one part of the overall EMS Plan. The goal of the stroke system is to assure a well-prepared, coordinated, and appropriate response to persons who are identified as possibly experiencing a stroke incident. System goals and objectives have been developed to provide a means to measure the effectiveness of the stroke system plan. The following objectives are monitored as a measure of system effectiveness:

Goal 1. Assure that a comprehensive system of emergency medical services is available to the residents and visitors of Fresno, Kings, Madera and Tulare Counties.

Objective 1.1 – Provide impartial and objective administration of the EMS and Stroke Systems.

Objective 1.2 – Routinely monitor and review the stroke system based upon compliance with established policies and system standards.

Objective 1.3 - Issues that arise shall be reviewed through the EMS CQI process and Medical Control Committee reviews.

Goal 2. Assure definitive stroke care regardless of ability to pay.

Objective 2.1 – Monitor stroke care through the use of audit filters based upon trauma triage standards, transfer guidelines and system review of financial information.

Goal 3. Promote system cost-effectiveness and economic viability.

Objective 3.1 – As permitted, provide continuous review for cost effective care delivery practices

Objective 3.2 – Share through the system and CQI and Medical Control committees.

Objective 3.3 – Monitor and pursue appropriate funding sources as needed, including grants and other state or federal funding sources.

Goal 4. Coordinate local stroke services between the counties within the EMS region.

Objective 4.1 – Establish agreements with each of the designated stroke centers.

Objective 4.2 – Establish transfer agreements between stroke centers and receiving hospitals within the region.

Goal 5. Provide objective evaluation of the stroke system through data analysis.

Objective 5.1 – Perform monthly audits and review with the stroke centers and the system CQI and Medical Control committees.

Goal 6. Promote public awareness and information regarding stroke services and public education.

Objective 6.1 – Support annual health fairs, public service announcements, dissemination of annual reports to public entities, and stroke care outreach programs.

IV. INTEGRATION WITH NEIGHBORING JURISDICTIONS

The Central California EMS Agency consists of four counties. The Stroke Centers reside in three of the four counties. The neighboring jurisdictions are aware of which facilities are designated Comprehensive and Primary Stroke Centers in Fresno, Kings, and Tulare Counties.

V. SYSTEM PERFORMANCE IMPROVEMENT

The EMS Agency will monitor stroke system performance on a monthly basis with the use and input of the Continuous Quality Improvement and Medical Control Committees. Any issues or gaps identified within the EMS system are brought to these two committees. Interventions and/or solutions are discussed and implemented to correct the issue or gap identified. Both of these committees meet on a monthly basis throughout the year.

VI. ATTACHMENT A

SUPPORTING STROKE POLICIES

CCEMSA Policy 530.02 General Procedures

CCEMSA Policy 510.16 Stroke

CCEMSA Policy 530.40 Suspected Stroke

CCEMSA Policy 547 Patient Destination

CCEMSA Policy 553 ALS Interfacility Transports

CCEMSA Policy 360 Stroke Critical Care System Overview

CCEMSA Policy 361 Stroke Center Standards

CCEMSA Policy 362 Stroke Center Designation

CCEMSA Policy 363 Stroke Critical Care system Monitoring/Data Management



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2024 CONTINUOUS QUALITY IMPROVEMENT PLAN UPDATE

May 2025

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I. Authority

On January 1, 2006 the California Emergency Medical Services Authority (EMSA) implemented regulations related to quality improvement for Emergency Medical Service throughout the state. The Central California Emergency Medical Services Agency (CCEMSA) Quality Improvement Program satisfies the requirements of Title 22, Chapter 12, Article 4 of the California Code of Regulations.

In addition, EMSA's former document #166, Emergency Medical Services System Quality Improvement Program Model Guidelines provided additional information on the expectations for development and implementation of a Quality Improvement Program for the delivery of EMS for Local EMS agencies and EMS service providers. Fundamental to this process is the understanding that the program will develop over time and allows for individual variances based on available resources.

II. Mission/Vision Statement

Mission Statement

The EMS Agency is committed to the needs of the multicounty pre-hospital environment. Our mission is to inspire, educate, evaluate, direct, provide resources, and ensure that each citizen receives the highest level of care.

Our goals are to facilitate an environment of collaboration among all providers and agencies in which there is innovation, purpose, standardized care, proactive technologies, preparedness, coordination, and integration.

Our values are honesty, loyalty, equality, originality, integrity, and communication. care.

Vision Statement

The Emergency Medical Services System for Fresno, Kings, Madera and Tulare Counties will provide effective high quality patient care through an integrated patient care delivery system which provides services in a multi-disciplinary manner with efficiency and cost effectiveness.

III. Continuous Quality Improvement Defined

Central CA EMS Agency is charged by the State to approve and monitor Quality Improvement Programs. Many healthcare providers, hospitals and other facilities have in place, or are implementing, Continuous Quality Improvement (CQI) Programs. Many of the ambulance providers have implemented the "Just Culture" ideals and have committed to this process in its CQI programs.

The County mandates that all EMS providers, both BLS and ALS Providers, as well as Base Hospitals and specialty centers, institute CQI programs within their organizations that are in accordance with EMS Agency policies and procedures. The CQI programs

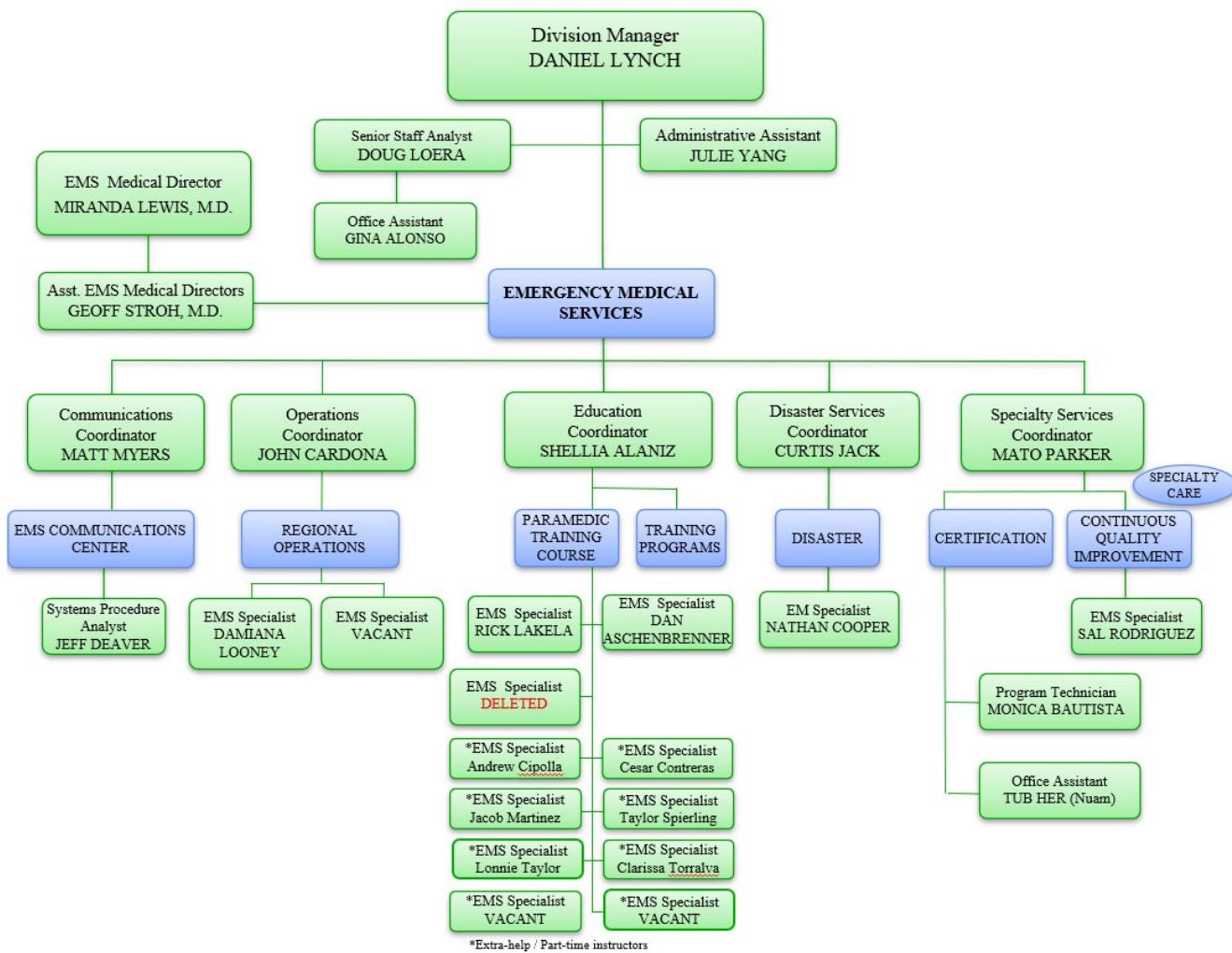
are monitored by the EMS Medical Director and EMS Agency Specialty Services Coordinator.

CQI takes on the responsibility of continuously examining performance in the system to see where the personnel, system, and processes can continue to improve. The overall concept of quality improvement begins with the idea that all members of the team or system want to do well and continues with an examination of the system to determine how it can be structured to achieve this goal. The theories of CQI look at what was done and what was done right so that the members can learn from both. Positive reinforcement is very important in a CQI Program so that trust is instilled, and fear is driven out. This is a "Top-Down" requirement and applies to the administrators of the program to the most junior level healthcare provider.

CQI programs must define the goals and objectives that meet the quality of care that the EMS system desires to achieve. These goals and objectives can be found in the core indicators and the performance standards identified by the EMS CQI committee.

IV. Structure and Organizational Description

Central California EMS Agency



CCEMSA Demographics

CCEMSA is both geographically and demographically diverse. Located at the California's Central San Joaquin Valley, CCEMSA is the gateway to the Yosemite, Sequoia, and Kings Canyon National Parks and the Sierra Nevada mountains. Encompassing 14,401 square miles, the CCEMSA has a population of 1,840,876. It is also estimated that annual tourism population exceeds 3.2 million people each year.



EMS System Overview

The CCEMSA EMS System responds to approximately 290,000 calls for medical emergencies per year. With this volume of responses, the CQI process and monitoring of personnel is essential.

The CCEMSA's EMS System includes a variety of agencies and organizations working together to accomplish the goal of providing rapid emergency medical response and treatment. While most EMS responses are day-to-day emergencies, the EMS Agency also plans and prepares for disaster medical response through an active Disaster Medical Response Committee. All of the components of the EMS system, whether day-to-day or disaster, are included in the CQI process.

The CCEMSA EMS System includes:

- Emergency Medical Dispatch (EMD)
- Fire services first response and treatment
- Private and public ground and air ambulance response, treatment and transport
- Law enforcement agencies
- Hospitals and specialty care centers
- Training institutions and programs for EMS personnel

Organizational Structure relating to CQI

The Central California EMS Agency, a division of the Fresno County Department of Public Health, oversees a system of services organized to provide rapid response to serious medical emergencies, including immediate medical care and patient transport to definitive care in an appropriate hospital setting. The Boards of Supervisors in Fresno, Kings, Madera, and Tulare Counties designated the Fresno County Department of Public Health – Emergency Services Division as the Local EMS Agency (LEMSA) for the four-county EMS region.

The EMS Director reports directly to the Director of Public Health. The Director of Public Health Reports directly to the County Administrative Officer and Board of Supervisors which is comprised of five elected Supervisors, each representing a distinct area of the County.

The EMS Medical Director oversees medical components of the EMS System and is responsible for prehospital medical control within the system. This includes protocol development, policies, procedures, equipment approval, medical dispatch, base station protocols, and continuous quality performance.

The Regional Medical Control Committee is an advisory committee to the EMS Medical Director and is responsible for vetting local policies and procedures prior to implementation and introducing issues that are identified in the EMS system. The committee is comprised of the emergency department medical director for each of the receiving and base hospitals in the 4-county EMS region.

The Continuous Quality Improvement Committee is a subcommittee of the Regional Medical Control Committee and provides the Medical Control Committee with data, reports and recommended changes to EMS policy and procedure.

Continuous Quality Improvement Committee

While the EMS Medical Director is responsible for the overall provision of care throughout the EMS system, the Continuous Quality Improvement Committee is the workhorse of the CQI system. It is this committee that mines the data, identifies and/or verifies potential issues and recommends changes or standards to address issues.

The responsibilities of the CQI Committee include:

- Review/Monitor Data from EMS System
- Select quality indicators, items for review and monitoring, create action plans, and monitor performance (i.e., time, patient satisfaction, workforce satisfaction, protocol compliance, outcome data).
- After review by EMS Agency, serve as a forum to discuss issues/concerns brought to the attention of the EMS Agency by internal and external customers
- Propose, review, and participate in EMS research
- Promote CQI training throughout the EMS System
- Policy/Protocol Review – Selected policies reviewed with prenotification sent out to allow participant feedback. Initial review by CQI Coordinator/Medical Director and proposed revisions discussed at CQI Committee
- Provide recommendations to Training Division, including:
 - Orientation - Paramedic eight-hour introduction to Central California EMS Agency policies, procedures and local scope of practice.
 - Primary Training, including:
 - Local EMS Paramedic Training Course
 - Local EMT Courses (Fire Department/Schools/Provider Agencies)
 - AED (AED Provider Agencies)
 - Emergency Medical Dispatcher Training
 - Mobile Intensive Care Nursing Training
 - Base Hospital Physician Course
 - Continuing Education
 - Case Review/Tape Review
 - Provider Agency C.E.
 - EMS C.E. – Topics Based on CQI identified deficiencies.

CQI Committee Members

- CQI Medical Director (Assistant EMS Medical Director)
- EMS CQI Coordinator
- Base Hospital Physician (chosen by Medical Control Committee)
- Prehospital Liaison Nurse (chosen by Base Hospital Committee)
- Prehospital Liaison Officer – (Four – preferably one from each County)
- EMS Dispatcher
- Training Program representative
- Fire First Responder (chosen by Fire Chiefs Association)

- Ex-Officio Members
 - EMS Medical Director
 - EMS Director
- CQI Committee Guests - CQI Medical Director or CQI Coordinator may approve the attendance of guests

V. EMS Agency Responsibilities

In accordance with State H&S code section 1797.204, the EMS Agency shall plan, implement and evaluate and EMS System. The EMS Agency is structured to be responsive to H&S code section 1797.103 by addressing the following components of an EMS system:

- Manpower and training
- Communications
- Transportation
- Assessment of hospitals and critical care centers
- System organization and management
- Data collection and evaluation
- Public information and education
- Disaster response

The EMS Agency's CQI program plays a role in each of these components, which includes the following:

- Implement, monitor and evaluate the CQI System and CQI requirements
- Provide oversight of the CQI Committee
- Provide regular CQI reports to Medical Control Committee, Base Hospital Committee, EMSOC, CQI Committee and EMS Staff meetings
- Review individual QI Reports and take necessary action
- Provide an access point for Internal/External Customers as identified in EMS policy
- Monitor quality indicators via database analysis
- Review and participate in research generated by the CQI process
- Forward CQI Committee recommendations to EMS Training Division
- Manage EMS database to assure quality and completeness of databases

VI. CQI Data Collection and Reporting

Data and the ability to use data has become the life-blood of a truly effective CQI system. The ability to obtain accurate measurements of system core measures is extremely helpful when identifying goals and objectives for the EMS system. It is also helpful in identifying areas that are more challenging in the system where CQI should be more focused.

The EMS Agency accesses a few databases that contain data relevant to Continuous Quality Improvement (CQI) in EMS. These databases include electronic patient care

reporting (ePCR), EMS dispatch CAD, and the EMS system's trauma registry. In October 2018, the CCEMSA joined the Cardiac Arrest Registry to Enhance Survival (CARES) and have used the CARES data as a tool to assist with improving cardiac arrest outcomes. Reporting on the data is determined by the CQI committee to measure or understand the areas that are monitored. These data systems are used to evaluate performance in the following ways:

- Prospectively identify areas of potential improvement
- Answer questions about the EMS System
- Monitor changes once improvement plans are implemented
- Provide accurate information enabling data driven decisions
- Monitor individual performance within the EMS system
- Support research that will improve our system and potentially broaden EMS knowledge through publication

VII. Evaluation of Indicators

EMS Agency Quality Indicators

The EMS Agency's CQI Committee has identified Quality Indicators that are monitored on a routine basis and ongoing reports are provided to the EMS Medical Control Committee and system providers. The EMS Agency Quality Indicators may be duplicative of the State EMSA Core Measures, which were developed after the EMS Agency's Quality Indicators, which have been monitored for years.

The Quality Indicators are separated into priorities of importance. Priority Indicators are those indicators that include performance standards set by the Regional Medical Control Committee or the CQI Committee. Priority Quality Indicators include:

- Trauma Scene Times (<10 minutes)
- Medical Scene Times (<20 minutes)
- Cardiac Arrest Survival Rates
- Trauma Survival Rates
- Percentage of Unrecognized Esophageal Intubation

Secondary Priority Quality Indicators are periodic reviews and issues that provider agencies are asked to review and monitor. Information is then reviewed by the committee for consistency and comparison. In many instances, best practice is identified and shared as CE topics. Secondary Priority indicators include:

- RMCT Ratios (at each Base Hospital)
- Cardiac Arrest (compliance with times in protocol)
- Nature of Incident Frequency on QA Reports
- Pediatric Survival Rates
- Prehospital Violence

- 90% Successful IV after Three Attempts
- 95% Successful ET Placement after Three Attempts

Core Measurement Indicators

Core Indicator reports, as provided by the state, have been included in the EMS agencies reporting and monitoring process. Core measures is currently being integrated into the ePCR platforms used throughout the EMS region. The EMS Agency or the provider agency can quickly access the providers current measurement for each Core value. As this expands, the Core Measures will be a valuable tool to compare the CCEMSA with other systems across the State.

Provider Agencies and Base Hospitals

While the Emergency Services Division is responsible for creating and coordinating the overall Quality Improvement Plan, each provider agency and base hospitals are responsible for developing their own EMS QI plan to monitor internal quality indicators and perform quality improvement activities in accordance with EMS Agency policies.

Provider agencies, first responders, and base hospitals also monitor the quality indicators and proactively work with personnel to understand the objectives and provide education needed to meet the objectives. For example, Field Supervisors, Quality Assurance Managers, and Training Officers may perform audits of responses to monitor the quality of care provided. Finding best practices and sharing those practices with others in the organization.

It is important to note that the purpose of Quality Indicators and activities is to improve on the things that EMS is doing well and to identify processes that require improvement. The focus of EMS performance improvement is not punitive and any issues that are identified need to be assessed as a system issue before becoming an individual issue.

VIII. Annual Update

The CCEMSA EMS Medical Director and CQI Coordinator will evaluate the CQI Program annually to ensure that the CQI Plan is in alignment with the EMS Agency's strategic goals. From this information, an Annual Update will be created and will include the following:

- Indicated monitors
- Key findings and priority issues identified
- Identification of any trends

- Improvement action plans and plans for further action
- Description of any in-house policy revisions
- Description of any continuing education and skills training provided as a result of Improvement Plans
- Description of whether the goals were met and whether follow up is needed
- Description of next year's work plan based on the current year's indicator review

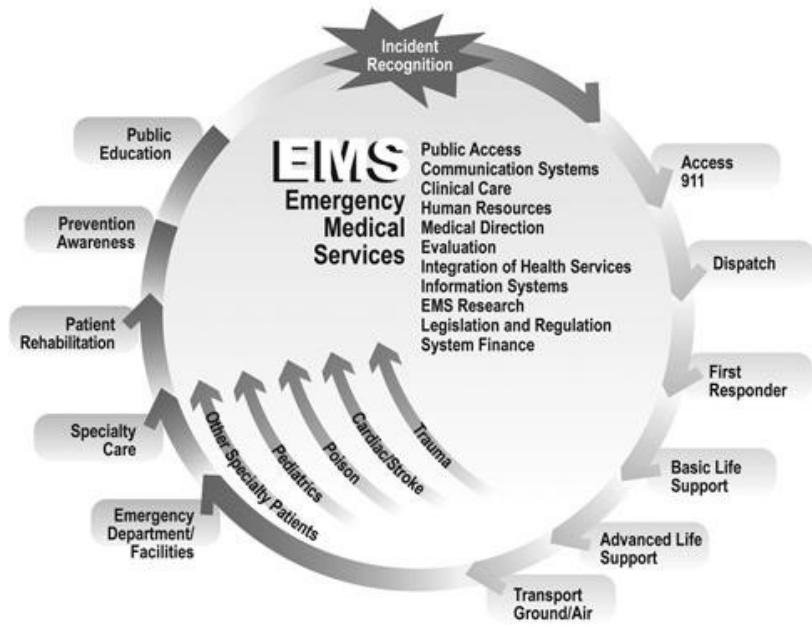
IX. Action to Improve

Improvement can only be achieved through constant surveillance of the system and its components. The evaluation of the system as a whole is crucial to ensuring that optimal response to the sick and injured occurs when the system has been activated. Continuous Quality Improvement (CQI) provides a method for understanding the system processes and allows for their revision using data obtained from those same processes.

CQI is a dynamic process that provides critical feedback and performance data on the EMS system based on defined indicators that reflect standards in the community, state and the nation. Traditional components of a CQI process include:

- Define a problem
- Measure data to validate and quantify the problem
- Analyze the data and symptoms of the problem to determine the root cause
- Develop and implement a plan of action through education or policy/process revision
- Measure and monitor the results providing feedback
- Continuous monitoring of control system to assure compliance

CQI incorporates Quality Assurance aspects but is unique in its approach to problem analysis and problem solving.



CQI in the CCEMSA region is dynamic. Similar to trauma and its Trauma Audit Committee, specialty systems of care, (STEMI, Stroke, EMSC), will also be supported by its own CQI process that will integrate into the EMS Agencies CQI system. These specialty CQI committees, some of which are still in development, take a technical and clinical look at system performance. These committees thoroughly evaluate the effectiveness of each respective program as well as shortfalls. These committees are considered the experts in the field. They use available data and analysis to make recommendations for change, if needed, to each respective system of care. These recommended changes are discussed with the EMS Director.

CQI Skills Retainment Requirements

Through its CQI system, the EMS Agency has implemented and maintained several requirements that assist in the maintenance of essential knowledge and skills. These CQI requirements include:

- Patient Contact requirement of 240 patient contacts per year. If unable to obtain 240 patient contacts, the paramedic will be evaluated for 5 ALS calls.
- Paramedic Field Evaluation – for the first two years after initial accreditation, a paramedic shall be by a provider training officer at least once every 6 months.
- ACLS Requirement
- BLS/PHTLS Requirement
- AED service providers shall be evaluated for skills efficiency every 6 months
- AED service providers will have at least 4 hours of case review every two years

X. Training and Education

The provider agencies, through their internal CQI process, are responsible for creating and monitoring issue resolution programs in conjunction with the EMS Medical

Director, up to and including individual performance improvement plans, education and training, standardized education and if necessary, discipline.

Once a decision to take action or to solve a problem has occurred, training, and education are critical components that need to be addressed. The need for training is presented to the provider agency and personnel from said agency work in conjunction with the CQI personnel to ensure that appropriate training is presented to the pre-hospital care personnel.

To implement change, one must deliver verifiable, ongoing training that is appropriate to the skill level and service goals of the organization. Depending on the issue and weight of the problem, the EMS Agency can identify a topic to be included in continuing education or the EMS Agency can develop standardized training to be disseminated to all the provider agencies. Examples of this training include paramedic update classes held annually to assure that all field staff are up to date with all policies, procedures, and protocols, as well as Mobile Intensive Care Nurse updates.

The EMS Agency approves and monitors on an on-going basis EMT and Paramedic Training Programs, and Continuing Education Provider Programs. EMT and Paramedic Training Programs are approved, monitored, and managed in accordance with Title 22 regulations. Continuing Education Provider Programs are approved, monitored, and managed in accordance with Title 22 regulations and Division *Prehospital Continuing Education Policies and Procedures*. Updates are requested on a bi-annual basis with an account for the number of courses taught.

The EMS Agency conducts an orientation course to prospective paramedics seeking local accreditation. This course focuses on local policy, procedures, and protocols. An exam is given at the end of the course with a mandatory pass rate of 80%.

A training course is offered to nurses seeking MICN accreditation, which also includes an exam at the end of the course with a mandatory pass rate of 80%. Additionally, MICN's are required to complete ALS ground ambulance transport ride-along and are assigned a preceptor for responding to ALS radio call-ins and requests for medical control.

EMS Agency approved base hospitals are obligated to provide education to pre-hospital providers. Typically, this education is in collaboration with other hospitals. Other forms of Base Hospital education include case review, base station call review, specialty system of care overview, and clinical observations.