

# Central California Emergency Medical Services Agency

## 2023 REGIONAL EMERGENCY MEDICAL SERVICES PLAN UPDATE



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**January 2024**

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

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Central California EMS Agency  
2023 EMS Plan UPDATE

**System Summary**

This Emergency Medical Services (EMS) Plan update outlines the progress that has occurred over the past year. It is difficult to discuss the changes in the last year without acknowledging the incredible impact of the unprecedented rain and snowfall in the first half of the year and the continued impact of hospital overcrowding and its impact on the healthcare system, which includes the EMS system. While COVID-19 has greatly reduced its stronghold on the County, our community continues to be challenged by respiratory illness, RSV, flu and some impact from COVID-19. Exacerbated by the closure of Madera Community Hospital in January 2023, these healthcare issues continue to push the hospital systems to their near-breaking points. The admission rates of hospitals have increased significantly, and hospital emergency departments are routinely filled with admitted patients waiting for an available hospital bed. The EMS system is frequently impacted by increased ambulance patient off-load times (APOT).

The EMS System continues to address significant disruptions and distractions caused by unnecessary legislation and/or legal challenges 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.

The CCEMSA region continues to see 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.

EMS system providers have gradually recovered from the impacts of COVID-19 as it is related to staffing and financial sustainability. The volume of non-emergent patients transported by ambulance and seen in local emergency departments exceeds historical levels. Over 60% of the residents in the CCEMSA Region are Medi-Cal dependent, and 90% of the ambulance patients are either on Medi-Cal or Medi-Care. Since both Medi-Cal and Medicare are fixed rates and do not cover the marginal cost of ambulance transport, this leaves a substantial financial burden on the patient, ambulance provider, and private insurance carriers. The EMS Agency has supported legislation to add additional funding to the ambulance system through increases in Medi-Cal, the Quality Assurance Fee, the Ground Emergency Medical Transport program, and the Intergovernmental Transfer process. California Assembly bill 716 appears to be helpful to ambulance

providers. However, the increasing burden on ambulance providers and the lack of stable reimbursement of ambulance services will continue to place the EMS system in a challenging position.

Overall, the EMS system remains resilient. While the COVID-19 pandemic has taken its toll, 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.

The EMS system continues to use 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 2023. 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
  - Spent time and effort protecting the EMS region and EMS agency system from disruptive legislation and regulations that would decrease local control, remove medical control, and add significant costs to system operations.
  - Added an assistant EMS Medical Director that will assist the EMS agency in its continuity of operations as retirements are considered.
  - Updated EMS Policies and Procedures for the 4-county EMS region
  - Construction and implementations of a new EMS Training Facility that serves Fresno, Kings, Madera, and Tulare counties and several fire departments in Fresno County.
  - Reorganized the EMS Agency staffing and responsibilities in response to staffing changes.
  - With assistance from the EMS Authority, we secured additional State General Fund assistance to help support the regional EMS system.
  - Updated multiple prehospital agreements.
- Staffing and Training
  - Continued the expansion of the capacity of two paramedic training courses each year in an effort to increase the number of paramedic graduates, which will assist in the recruitment and employment of paramedics throughout the region.
  - Upgraded 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.

- Communications
  - Installed and implemented a backup radio system for dispatch redundancy.
  - 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 language in section 100306 of the California Code of Regulations.
  
- Response and Transportation
  - Continued to address the increase of non-emergent requests for ambulance and impact on overwhelmed hospital emergency departments. The EMS agency implemented its “Assess and Refer” program and its suspension of ambulance responses to low priority requests.
  - Continued to monitor policies to address immediate transport of patients as a priority.
  - 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
  - Participation and leadership of the Central Region Trauma Coordinating Committee for development and management of a trauma system with-in the surrounding 12 counties.
  - Assist in the ACS re-verification of Community Regional Medical Center as a Level I Trauma Center and Kaweah Delta Medical Center as a Level III Trauma Center, and Valley Children’s Hospital as a Level II Pediatric Trauma Center. All trauma centers have ACS verification.
  - The Fresno County Crisis Stabilization Center continues to serve as an approved alternate destination for prehospital behavioral health patients.
  - Staff has been meeting with hospitals and stroke coordinators to develop and finalize a stroke destination system. This includes development of policies/procedures and agreements. The challenge that has delayed this project is the overcrowded hospital issue and the limited appetite to work on this particular issue.
  - STEMI center policies have been implemented and Agreements are currently being approved by the hospitals and Board of Supervisors.
  - The EMS Agency monitors the hospital census and emergency department status due to the overcrowding issues.
  
- Data Collection and Evaluation
  - Continued to evaluate and monitor on-scene time performance regarding STAT trauma and STAT Medical patients.
  - Continued the collection, verification and submittal of prehospital and trauma data to CEMSIS.
  - 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



- 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 a 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. The County of Tulare also has a consolidated EMS dispatch center that is recognized by the County, EMS agency, and fire agencies as the designated EMS dispatch center in Tulare County.

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 the dispatch center 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 educations 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.	☑	The EMS Agency has reorganized staff to address the priorities of the EMS Agency and to address cross-training of personnel through-out the agency. The organizational chart included in this update reflects the changes that have been made in job assignments.	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Act and Code of Regulations.
1.02	Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes	☑	The EMS Agency Continuous Quality Improvement committee has implemented the evaluation of the alternate destination program. This committee also reviews the EMS agency's Assess and Refer program.	The objective is to monitor the care and treatment of EMS responses and report outcomes to the EMS system.
1.04	Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.  The local EMS agency medical director should have administrative experience in emergency medical services systems.	☑	In 2023, the EMS agency added an assistant EMS Medical Director to the organization who is a fellow on emergency medicine and will assist in training and CQI.	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>	☑	<p>Valley Children’s Hospital, and Community Regional Medical Center were re-verified by ACS. 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>
1.09	<p>Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.</p>	☑	<p>The EMS agency has set a goal to re-engineer the inventory system to assure response capabilities</p>	<p>Continue to improve response to special populations.</p>
1.10	<p>Each Local EMS Agency shall identify population groups served by the EMS system which require specialized services.</p> <p>Each EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services.</p>	☑	<p>While the EMS agency has met this requirement for many years, the one area of weakness was in disaster response and identifying these populations in the event of evacuation due to power shut-off or other disasters requiring evacuation. We are working with our PHEP program and our various county departments to develop a better plan to access data that would identify fragile populations.</p>	<p>Continue to improve response to special populations.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.12	Each local EMS agency shall provide for review and monitoring of EMS system operations.	☑	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.	Continue to improve and enhance the EMS system wherever possible.
1.13	Each Local EMS agency shall coordinate EMS system operations	☑	In 2023, the EMS Agency worked with CalFire to upgrade and enhance the connection of dispatch computers through a Cad-to-Cad interface. This allowed for immediate sharing of call information and coordination with first responders.	Continue to improve and enhance the EMS system wherever possible.
1.14	Each Local EMS Agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.	☑	The policy and procedures are reviewed, and policies are updated as needed on the EMS Agencies updated website. 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.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.15	Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.	☑	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.	Continue to improve and enhance the EMS system wherever possible.
1.16	Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund	☑	The EMS Agency has been struggling with a balanced budget due to increasing personnel costs and impacts of inflation. The EMS Agency is re-assessing fees and the costs to its member counties. The EMS Fund has decreased, 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.	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Act and Code of Regulations.
2.01	The EMS agency shall routinely assess personnel and training needs	☑	The EMS Agency continued to increase the capacity of its primary paramedic training courses. This required adding an FTE to the primary paramedic program. The EMS agency replaced and updated training equipment to assure that students and providers have the most appropriate equipment and resources. In May, the EMS training relocated to a larger space to accommodate larger class sizes.	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>	<p>Continue to improve and enhance the EMS system wherever possible.</p>
2.04 and 3.09	<p>Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines</p>	<input checked="" type="checkbox"/>	<p>The Fresno CalFire dispatch center receives medical 9-1-1 calls directly from PSAPS and then transfers through a cad-to-cad interface to the EMS agency's designated EMS dispatch center for prearrival instructions and priority dispatch determination.</p>	<p>Continue to improve and enhance the EMS system wherever possible.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
3.05	All hospitals within the local EMS system shall have the ability to communicate by two-way radio	<input type="checkbox"/>	Hospitals throughout the EMS region use StatusNet software, which is a hospital-to-hospital communications system. This software has been installed in every receiving hospital and allows the hospitals to communicate with each other.	Continue to improve and enhance the EMS system wherever possible.
3.09 / 4.03 / 6.04	The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response	<input checked="" type="checkbox"/>	The two designated EMS dispatch centers in the CCEMSA use Medical Priority Dispatch System, which is in compliance with AB 438 and EMS agency policy and procedures. The priorities for each type of response are determined/approved by the EMS Medical Director. These priorities are routinely evaluated by EMS agency staff.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
4.01	<p>Each local EMS Agency shall determine the boundaries of emergency medical transportation service areas.</p> <p>The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas</p>	<input checked="" type="checkbox"/>	<p>This year, the EMS agency worked with a Madera County ambulance provider to modify response areas for compliance updates and to assure that the closest ambulance was sent.</p>	<p>Continue to find opportunities to increase the level of service throughout the EMS region</p>
4.03 and 6.04	<p>The local EMS agency shall determine criteria for classifying medical requests and shall determine the appropriate level of medical response for each.</p>	<input checked="" type="checkbox"/>	<p>The EMS Medical Director and the EMS director perform a very specific and deep re-evaluation of the response data every 3 years to assure that the appropriate response priority is assigned to each call determinant. This evaluation is an in-depth study of 3 years data, consisting of over 300,000 responses. The result has safely reduced the number of vehicles responding with red lights and sirens.</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
5.02	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.	☑	The EMS agency has worked closely with the trauma centers and the local hospital council to re-establish and update transfer protocols and procedures for interfacility transfers. In addition, prehospital triage protocols have also been reviewed as we establish stroke center procedures. A new transfer agreement for all hospitals was approved in September 2023.	Continue to find opportunities to increase the level of service throughout the EMS region
5.05	<p>The local EMS agency shall encourage hospitals to prepare for mass casualty management.</p> <p>The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.</p>	☑	This year, the EMS Agency's Disaster Coordinator provided Hospital Incident Command System training to several hospitals in the region.	Continue to work with local area hospitals for integration into the EMS system.

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"> <li>a) The number and role of system participants</li> <li>b) The design of catchment area</li> <li>c) Identification of patients who should be triaged or transferred to a designated center</li> <li>d) The role of non-designated hospitals including those which are outside of the primary triage area, and</li> <li>e) A plan for monitoring the evaluation of the system.</li> </ul>	<input checked="" type="checkbox"/>	<p>Fresno County utilizes the Crisis Stabilization Center as an approved alternat 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>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. It is anticipated that a stroke system will be implemented in 2024 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.	☑	<p>Using other grant funds, the EMS agency purchased FirstWatch software system to assist in the management of data 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.

**TABLE 1: System Organization and Management**

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

**Planning Activities**

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

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

**System Finances**

1.16 Funding Mechanism		X			
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<b>Medical Direction</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
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	

<b>Enhanced Level: Trauma Care System</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
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*

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

**Dispatchers**

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

2.05 First Responder Training		X	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

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

*Communications*

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

**Public Access**

<b>3.07</b> 9-1-1 Planning/ Coordination		X	X	X	
<b>3.08</b> 9-1-1 Public Education		X		X	

**Resource Management**

<b>3.09</b> Dispatch Triage		X	X	X	X
<b>3.10</b> Integrated Dispatch		X	X		

*Response / Transportation*

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

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

**Enhanced Level: Advanced Life Support**

<b>4.16</b> ALS Staffing		X	X		X
<b>4.17</b> ALS Equipment		X			

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

**Enhanced Level: Exclusive Operating Permits**

<b>4.19</b> Transportation Plan		X		X	X
<b>4.20</b> "Grandfathering"		X			
<b>4.21</b> Compliance		X		X	X
<b>4.22</b> Evaluation		X			X



*Facilities / Critical Care*

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

**Enhanced Level: Advanced Life Support**

<b>5.07</b> Base Hospital Designation		X			
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**Enhanced Level: Trauma Care System**

<b>5.08</b> Trauma System Design		X			X
<b>5.09</b> Public Input		X			

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

<b>5.10</b> Pediatric System Design		X		X	X
<b>5.11</b> Emergency Departments		X	X		X
<b>5.12</b> Public Input		X		X	

**Enhanced Level: Other Specialty Care Systems**

<b>5.13</b> Specialty System Design		X			X
<b>5.14</b> Public Input		X			

*Data Collection / System Evaluation*

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

**Enhanced Level: Advanced Life Support**

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

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

*Public Information and Education*

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X	Action needed to complete		X
7.02 Injury Control		X	Action needed to complete		X
7.03 Disaster Preparedness		X	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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<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long- range Plan</b>
<b>8.18</b> Specialty Center Roles		X			

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

<b>8.19</b> Waiving Exclusivity		X			
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## TABLE 2: System Organization and Management

EMS System: Central California EMS Agency

Reporting Year: 2023

**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>12.17%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>87.83%</u>

County: Kings

a. Basic Life Support (BLS)	<u>2.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>97.9%</u>

County: Madera

a. Basic Life Support (BLS)	<u>1.6%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>98.4%</u>

County: Tulare

a. Basic Life Support (BLS)	<u>9.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>90.9%</u>

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

2. Type of agency a.\*  
 a - Public Health Department  
 b - County Health Services Agency \*Fresno County Department of Public Health under contract to Kings, Madera and Tulare Counties  
 c - Other (non-health) County Department  
 d - Joint Powers Agency  
 e - Private Non-profit Entity

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 – Health Agency 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>\$2,248,454</u>
Contract Services (e.g. medical director)	<u>\$2,126,970</u>
Operations (e.g. copying, postage, facilities)	<u>\$1,343,916</u>
Travel, Education, Garage	<u>\$7,500</u>
Fixed assets	<u>\$55,000</u>
Indirect expenses (overhead)	<u>\$0</u>
Ambulance subsidy	<u>\$258,000</u>
EMS Fund payments to physicians/hospital	<u>Managed by each County</u>
Dispatch center operations (non-staff)	<u>\$2,101,205</u>
Training program operations (non-staff)	<u>\$161,840</u>
Other: Public Health Funding	<u>\$0</u>
<b>TOTAL EXPENSES</b>	<b><u>\$8,302,886</u></b>

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 included PHEP, HPP, or OES.

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

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	-0-
Preventive Health and Health Services (PHHS) Block Grant	-0-
Office of Traffic Safety (OTS)	-0-
State general fund	<u>\$959,900</u>
County general fund	-0-
Other local tax funds (e.g., EMS district)	-0-
County contracts (e.g. multi-county agencies)	<u>\$161,624</u>
Certification fees	<u>\$135,698</u>
Training program approval fees	-0-
Training program tuition/Average daily attendance funds (ADA)	<u>\$770,500</u>
Job Training Partnership ACT (JTPA) funds/other payments	-0-
Base hospital application fees	-0-
Base hospital designation fees	-0-
Trauma center application fees	-0-
Trauma center designation fees	-0-
Pediatric facility approval fees	-0-
Pediatric facility designation fees	-0-
Other critical care center application fees	-0-
Type: <u>n/a</u>	
Other critical care center designation fees	-0-
Type: <u>n/a</u>	
Ambulance service/vehicle fees	-0-
Contributions	-0-
EMS Fund (SB 12/612)	<u>\$130,000</u>
Other grants:	<u>\$474,612</u>
Other fees: <u>Dispatch Services</u>	<u>\$3,041,980</u>
Other (specify): <u>Other Public Health Funding</u>	<u>\$2,628,572</u>
 <b>TOTAL REVENUE</b>	 <b><u>\$8,302,886</u></b>



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

**7. Fee structure for FY 2023-24**

         We do not charge any fees

  X   Our fee structure is:

First responder certification	<u>-0-</u>
EMS dispatcher certification	<u>\$63</u>
EMT certification	<u>\$127</u>
EMT recertification	<u>\$82</u>
EMT-defibrillation certification	<u>-0-</u>
EMT-defibrillation recertification	<u>-0-</u>
Advanced EMT certification	<u>-0-</u>
Advanced EMT recertification	<u>-0-</u>
Paramedic accreditation	<u>\$48</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$39</u>
MICN/ARN recertification	<u>\$39</u>
EMT training program approval	<u>-0-</u>
EMT-Advanced training program approval	<u>-0-</u>
Paramedic training program approval	<u>-0-</u>
MICN/ARN training program approval	<u>-0-</u>
Base physician certification/recertification	<u>\$36</u>
Base hospital designation	<u>-0-</u>
Trauma center application	<u>-0-</u>
Trauma center designation	<u>-0-</u>
Pediatric facility approval	<u>-0-</u>
Pediatric facility designation	<u>-0-</u>
Other critical care center application	<u>-0-</u>
Type: <u>n/a</u>	
Other critical care center designation	<u>-0-</u>
Type: <u>n/a</u>	

	<u>Fresno</u>	<u>Kings</u>	<u>Madera</u>	<u>Tulare</u>
Ambulance service license	<u>\$221</u>	<u>\$0</u>	<u>\$0</u>	<u>\$100</u>
Ambulance vehicle permits	<u>\$30</u>	<u>\$0</u>	<u>\$0</u>	<u>\$25</u>
Other: Paramedic Training Tuition	<u>\$8,820</u>			

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

EMS System: Central California EMS Agency

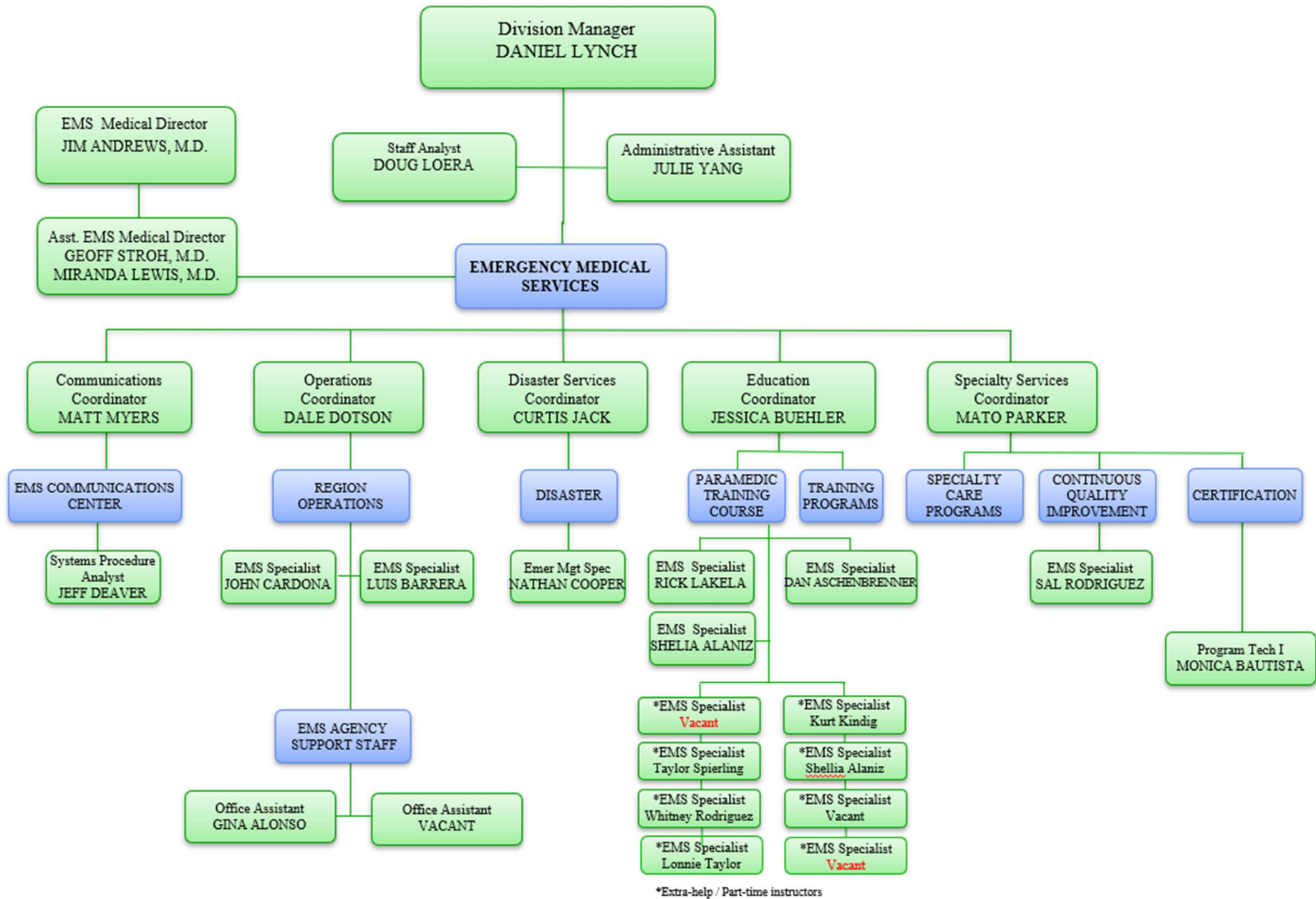
Reporting Year: 2022

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY <u>HOURLY</u> EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
EMS Admin./ Coord./Dir.	EMS Director	1	\$57.06hr	79.5%	
Senior Staff Analyst	EMS Analyst	1	\$41.00/hr	81.6%	
ALS Coord./ Field Coord./ Trng Coord.	Senior EMS Specialist	4	\$38.83/hr	83.5%	
Program Coord./ Field Liaison (Non-clinical)	EMS Specialist	6	\$35.35/hr	88.8%	
Trauma Coord.	Included in other job				
Med. Director	EMS Medical Director	1	Contract	Contract	
Other MD/ Med. Consult./ Trng. Med. Dir.	Assistant EMS Medical Director	2	Contract	Contract	

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

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY <u>HOURLY</u> EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
Emergency Mgmt Specialist	Emergency Mgmt Specialist	1	\$28.13/hr	81.4%	
QA/QI Coordinator	Senior EMS Specialist	1	\$38.83/hr	83.5%	
IT/GIS Support	Systems Procedures Analyst (IT)	1	\$40.98/hr	81.4%	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Administrative Assistant	1	\$21.24/hr	83.7%	
Other Clerical	Office Assistant III	2	\$19.49/hr	85.6%	
Program Technician	Certification Coordinator	1	\$22.27/hr	83.7%	

# CENTRAL CALIFORNIA EMS AGENCY



\*Extra-help / Part-time instructors

**TABLE 3: Personnel/Training**

EMS System: Central California EMS Agency

Reporting Year: 2023

	<b>EMT</b>	<b>Paramedic</b>	<b>CCP</b>	<b>MICN</b>	<b>EMS Dispatchers</b>	<b>Base Physician</b>
Total certified	2453		16	279	118	257
Number newly certified this year	364	88	3	38	25	47
Number recertified this year	965	246	10	104	31	36
Total number of accredited personnel on July 1 of the reporting year		624				
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 2,453
  - b) Number of public safety (defib) certified (non-EMT) 141
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: 2023

1. Number of primary Public Service Answering Points (PSAP)	<u>13</u>
2. Number of secondary PSAPs	<u>2</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>1</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 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>	<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: Kings County  
 Reporting Year: 2023

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | 4   |
| 2. Number of secondary PSAPs   | 0   |
| 3. Number of dispatch centers directly dispatching ambulances  | 0   |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | 0   |
| 5. Number of designated dispatch centers for EMS Aircraft  | 0   |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?<br><u>The Fresno County EMS Communications Center</u> |   |
| 7. Who is your primary dispatch agency for a EMS disaster?<br><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 – 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: 2023

- |  |   |
|--|---|
| 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?<br><u>The Fresno County EMS Communications Center</u> |   |
| 7. Who is your primary dispatch agency for a EMS disaster?<br><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 – 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: 2023

- |   |   |
|---|---|
| 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?<br><u>The Tulare County Consolidated Ambulance Dispatch Center</u> |   |
| 7. Who is your primary dispatch agency for a EMS disaster?<br><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  |   |
| 1. <u>EMS Command - Med 10 TX: 467.975 (146.2) RX: 462.975 (114.8)</u>  |   |
| 2. <u>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/Transportation**

EMS System: Central California EMS Agency

Reporting Year: 2023

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 32

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5 min	15 min	Best effort	Measured by area
Early defibrillation responder	5 min	15 min	Best Effort	Measured by area
Advanced life support responder	5 min	15 min	Best Effort	Measured by area
Transport Ambulance				
Fresno (90% Performance)	9 min	12 min	45 min	Measured by area
Kings (90% Performance)	8 min	15 min	60 min	Measured by area
Madera (95% Performance)	10 min	20 min	60 min	Measured by area
Tulare (95% Performance)	10 min	20 min	60 min	Measured by area

**TABLE 6: Facilities/Critical Care**

EMS System: Central California EMS Agency

Reporting Year: 2023

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

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma registry criteria 7,287
- b) Number of major trauma victims transported directly to a trauma center by ambulance 1,309
- c) Number of major trauma patients transferred to a trauma center 51
- d) Number of patients meeting triage criteria who weren't treated at a trauma center Unknown

**Emergency Departments**

Total number of emergency departments:

- a) Number of referral emergency services 0
- b) Number of standby emergency services 3
- c) Number of basic emergency services 6
- d) Number of comprehensive emergency services 4

**Receiving Hospitals**

- 1. Number of receiving hospitals with written agreements 3
- 2. Number of base hospitals with written agreements 3





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

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

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

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

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2023

**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)**

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

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

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

EMS System: Central California EMS Agency

County: Madera County

Reporting Year: 2023

**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)**

**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 Medical**

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2023

**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 8: Resource Directory – EMS Providers**

Reporting Year: 2023

**Response/Transportation/Providers**

**County:** Fresno      **Provider:** American Ambulance      **Response Zone:** Fresno EOA

**Address:** 2911 E Tulare Avenue      **Number of Ambulance Vehicles in Fleet:** 103  
Fresno, CA 93721

**Phone Number:** 559-443-5900      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 70

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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 checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>174,477</u> Total number of responses	<u>130,841</u> Total number of transports
<u>77,100</u> Number of emergency responses	<u>5,339</u> Number of emergency transports
<u>97,377</u> Number of non-emergency responses	<u>125,429</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: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 0  
Auberry, CA 93602

**Phone Number:** 559-855-4084 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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**

<u>138</u> Total number of responses	<u>                    </u> Total number of transports
<u>138</u> Number of emergency responses	<u>                    </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>                    </u> Number of non-emergency transports

**Air Ambulance Services**

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



**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

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

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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**

56 Total number of responses  
56 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 Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <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
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

**Air Ambulance Services**

<u>71</u> Total number of responses	<u>51</u> Total number of transports
<u>71</u> Number of emergency responses	<u>51</u> Number of emergency transports
<u>          </u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Coalinga City Fire Department **Response Zone:** Zone C

**Address:** 300 Elm Street **Number of Ambulance Vehicles in Fleet:** 4  
Coalinga, CA 93210

**Phone Number:** 559-935-1652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>2,747</u> Total number of responses	<u>2,131</u> Total number of transports
<u>1,352</u> Number of emergency responses	<u>65</u> Number of emergency transports
<u>1,395</u> Number of non-emergency responses	<u>2,066</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

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

**Address:** 1575 11<sup>th</sup> Street **Number of Ambulance Vehicles in Fleet:** 0  
Firebaugh, CA 93622

**Phone Number:** 559-659-2061 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <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

346 Total number of responses  
346 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: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 0  
Fresno, CA 93721

**Phone Number:** 559-621-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

24,941 Total number of responses  
24,941 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

**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: 2023

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Huntington Lake VFD **Response Zone:** Huntington FPD

**Address:** 334 Shaw Avenue, Suite 135 **Number of Ambulance Vehicles in Fleet:** 0  
Clovis, CA 93612

**Phone Number:** 559-893-2347 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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

64 Total number of responses  
64 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

**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: 2023

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Kingsburg City Fire Department **Response Zone:** Zone K

**Address:** 1460 Marion Street **Number of Ambulance Vehicles in Fleet:** 3  
Kingsburg, CA 93631

**Phone Number:** 559-935-1652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			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	

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

<u>2,488</u> Total number of responses	<u>1,785</u> Total number of transports
<u>1,275</u> Number of emergency responses	<u>63</u> Number of emergency transports
<u>1,213</u> Number of non-emergency responses	<u>1,722</u> Number of non-emergency transports

**Air Ambulance Services**

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









**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Sanger City Fire Department **Response Zone:** Zone I

**Address:** 601 West Avenue **Number of Ambulance Vehicles in Fleet:** 4  
Sanger, CA 93657

**Phone Number:** 559-637-4230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			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	

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

<u>3,377</u> Total number of responses	<u>2,173</u> Total number of transports
<u>1,852</u> Number of emergency responses	<u>117</u> Number of emergency transports
<u>1,525</u> Number of non-emergency responses	<u>2,054</u> Number of non-emergency transports

**Air Ambulance Services**

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



**Table 8: Resource Directory**

Reporting Year: 2023

**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

**Address:** 2857 A Street **Number of Ambulance Vehicles in Fleet:** 4  
Selma, CA 93662

**Phone Number:** 559-891-2211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>6,269</u> Total number of responses	<u>4,973</u> Total number of transports
<u>2,635</u> Number of emergency responses	<u>187</u> Number of emergency transports
<u>3,634</u> Number of non-emergency responses	<u>4,784</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

**County:** Fresno **Provider:** Sequoia Safety Council **Response Zone:** Zone J

**Address:** 500 E 11<sup>th</sup> Street **Number of Ambulance Vehicles in Fleet:** 6  
Reedley, CA 93662

**Phone Number:** 559-891-2211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

<u>7,112</u> Total number of responses	<u>5,448</u> Total number of transports
<u>3,328</u> Number of emergency responses	<u>262</u> Number of emergency transports
<u>3,784</u> Number of non-emergency responses	<u>5,186</u> Number of non-emergency transports

**Air Ambulance Services**

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



**Table 8: Resource Directory**

Reporting Year: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 3  
Fresno, CA 93727

**Phone Number:** 559-284-2713 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

1,072 Total number of responses  
1,072 Number of emergency responses  
0 Number of non-emergency responses

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

**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

**County:** Kings      **Provider:** American Ambulance      **Response Zone:** Kings County EOA

**Address:** 910 Garner Avenue      **Number of Ambulance Vehicles in Fleet:** 18  
Hanford, CA 93230

**Phone Number:** 559-585-6802      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 13

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>22,556</u> Total number of responses	<u>16,465</u> Total number of transports
<u>11,839</u> Number of emergency responses	<u>641</u> Number of emergency transports
<u>10,717</u> Number of non-emergency responses	<u>15,817</u> Number of non-emergency transports

**Air Ambulance Services**

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



**Table 8: Resource Directory**

Reporting Year: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 0  
Hanford, CA 93230

**Phone Number:** 559-582-8261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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

2,941 Total number of responses  
2,941 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

**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: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 0  
Lemoore, CA 93245

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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

1,695 Total number of responses  
1,695 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: 2023

**Response/Transportation/Providers**

**County:** Madera **Provider:** Chowchilla City Police Department **Response Zone:** City of Chowchilla

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

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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**

<u>648</u> Total number of responses	<u>                    </u> Total number of transports
<u>648</u> Number of emergency responses	<u>                    </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>                    </u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 0  
Madera, CA 93638

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

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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

4,227 Total number of responses  
4,227 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

**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: 2023

**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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2,114 Total number of responses  
1,191 Number of emergency responses  
923 Number of non-emergency responses

1,373 Total number of transports  
66 Number of emergency transports  
1,307 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: 2023

**Response/Transportation/Providers**

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

**County:** Madera **Provider:** Sierra Ambulance Service **Response Zone:** Mountain EOA

**Address:** 40755 Winding Way **Number of Ambulance Vehicles in Fleet:** 6  
Oakhurst, CA 93644

**Phone Number:** 559-6423-650 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			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	

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

<u>4,321</u> Total number of responses	<u>2,558</u> Total number of transports
<u>2,571</u> Number of emergency responses	<u>150</u> Number of emergency transports
<u>1,750</u> Number of non-emergency responses	<u>2,408</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** American Ambulance of Visalia **Response Zone:** Zones 2, 3 and 13

**Address:** E Noble Avenue **Number of Ambulance Vehicles in Fleet:** 14  
Visalia, CA 93292

**Phone Number:** 559-730-3015 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>22,635</u> Total number of responses	<u>18,586</u> Total number of transports
<u>10,497</u> Number of emergency responses	<u>594</u> Number of emergency transports
<u>12,138</u> Number of non-emergency responses	<u>17,992</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: 2023

**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

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> 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 <input type="checkbox"/> IFT	
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public X Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>Not available</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**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

<p><b><u>Written Contract:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p>X Transport <input type="checkbox"/> Non-Transport</p> <p>X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS</p> <p>X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT</p> <p>X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water</p>
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<p><b><u>Ownership:</u></b></p> <p>X Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other</p> <p>Explain: Not for Profit</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal</p> <p><input type="checkbox"/> County <input type="checkbox"/> Fire District</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

0 Total number of transports  
0 Number of emergency transports  
0 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: 2023

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** Dinuba City Fire Department **Response Zone:** Zone 1

**Address:** 496 E Tulare **Number of Ambulance Vehicles in Fleet:** 4  
Dinuba, CA 93618

**Phone Number:** 559-591-5931 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			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	

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

<u>4,091</u> Total number of responses	<u>2,763</u> Total number of transports
<u>2,308</u> Number of emergency responses	<u>88</u> Number of emergency transports
<u>1,783</u> Number of non-emergency responses	<u>2,675</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

**County:** Tulare **Provider:** Exeter District Ambulance **Response Zone:** Zones 3, 5, 8, 13

**Address:** 302 E Palm Street **Number of Ambulance Vehicles in Fleet:** 4  
Exeter, CA 93221

**Phone Number:** 559-594-5250 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

<u>3,315</u> Total number of responses	<u>2,365</u> Total number of transports
<u>1,954</u> Number of emergency responses	<u>75</u> Number of emergency transports
<u>1,361</u> Number of non-emergency responses	<u>2,290</u> Number of non-emergency transports

**Air Ambulance Services**

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



**Table 8: Resource Directory**

Reporting Year: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 6  
Porterville, CA 93257

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

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			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

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

<u>12,571</u> Total number of responses	<u>9,951</u> Total number of transports
<u>6,244</u> Number of emergency responses	<u>318</u> Number of emergency transports
<u>6,327</u> Number of non-emergency responses	<u>9,633</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: 2023

**Response/Transportation/Providers**

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

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

**Address:** 234 N M Street **Number of Ambulance Vehicles in Fleet:** 6  
Tulare, CA 93274

**Phone Number:** 559-688-2550 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> X Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> X Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			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
					X IFT	

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

<u>11,009</u> Total number of responses	<u>8,668</u> Total number of transports
<u>5,580</u> Number of emergency responses	<u>277</u> Number of emergency transports
<u>5,429</u> Number of non-emergency responses	<u>8,391</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: 2023

**Response/Transportation/Providers**

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

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

**Address:** 185 N Gale Hill **Number of Ambulance Vehicles in Fleet:** 0  
Lindsay, CA 93247

**Phone Number:** 559-562-2511 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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**

<u>774</u> Total number of responses	<u>                    </u> Total number of transports
<u>774</u> Number of emergency responses	<u>                    </u> Number of emergency transports
<u>1</u> Number of non-emergency responses	<u>                    </u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 0  
Tulare, CA 93257

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

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

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

<u>4,335</u> Total number of responses	<u>                    </u> Total number of transports
<u>4,335</u> Number of emergency responses	<u>                    </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>                    </u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2023

**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 **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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <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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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <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

8,629 Total number of responses  
8,629 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

**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: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 2  
Portersville, CA 93257

**Phone Number:** 559-747-8233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

276 Total number of responses  
170 Number of emergency responses  
106 Number of non-emergency responses

170 Total number of transports  
5 Number of emergency transports  
165 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: 2023

**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 **Number of Ambulance Vehicles in Fleet:** 0  
Visalia, CA 93291

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

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

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

<u>8,700</u> Total number of responses	<u>                    </u> Total number of transports
<u>8,700</u> Number of emergency responses	<u>                    </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>                    </u> Number of non-emergency transports

**Air Ambulance Services**

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

**TABLE 9: Resource Directory - Facilities**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Adventist Health – Reedley

**Telephone Number:** (559) 638-8155

**Address:** 372 W Cypress Ave, Reedley, CA 93654

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>2</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Adventist Health Center – Selma

**Telephone Number:** (559) 891-1000

**Address:** 1141 Rose Ave, Selma, CA 93662

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b><u>Pediatric Critical Care Center<sup>4</sup></u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b><u>EDAP<sup>5</sup></u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b><u>PICU<sup>6</sup></u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>4</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>5</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>6</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Clovis Community Medical Center

**Telephone Number:** (559) 324-4000

**Address:** 2755 Herndon Ave, Clovis, CA 93611

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>8</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>9</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>7</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>8</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>9</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Coalinga Regional Medical Center

**Telephone Number:** (559) 935-6400

**Address:** 1191 Phelps, Coalinga, CA 93210

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>10</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>EDAP<sup>11</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>PICU<sup>12</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center – What Level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>10</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>12</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Community Regional Medical Center

**Telephone Number:** (559) 459-6000

**Address:** 2823 Fresno Street, Fresno, CA 93721

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>13</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b>EDAP<sup>14</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>PICU<sup>15</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>13</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>14</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>15</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Kaiser Permanente – Fresno      **Telephone Number:** (559) 448-4500

**Address:** 7300 N Fresno Street, Fresno, CA 93720

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>16</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>17</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>18</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>16</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>17</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>18</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** St. Agnes Medical Center

**Telephone Number:** (559) 450-3000

**Address:** 1303 E Herndon Ave, Fresno, CA 93720

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>19</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b>EDAP<sup>20</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>PICU<sup>21</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>19</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>20</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>21</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Veterans Administration Hospital

**Telephone Number:** (559) 225-6100

**Address:** 2615 E Clinton Ave, Fresno, CA 93703

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>22</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>23</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>24</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>22</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>23</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>24</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Fresno County

**Facility:** Fresno County Crisis Stabilization Center

**Telephone Number:** (559) 600-4099

**Address:** 4111 E Kings Canyon Road, Fresno, CA 93702

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Alternate Destination	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>25</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>26</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>27</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>25</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>26</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>27</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Kings County

**Facility:** Adventist Health – Hanford

**Telephone Number:** (559) 582-9000

**Address:** 115 Mall Drive, Hanford, CA 93230

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency   <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency   <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>28</sup></b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p><b>EDAP<sup>29</sup></b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p><b>PICU<sup>30</sup></b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center – What Level:</u></b></p> <p><input type="checkbox"/> Level I   <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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<sup>28</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>29</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>30</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2022

**County:** Madera County

**Facility:** Valley Children’s Hospital      **Telephone Number:** (559) 353-3000

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>31</sup></b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
<b>EDAP<sup>32</sup></b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II Pediatric
<b>PICU<sup>33</sup></b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>31</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>32</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>33</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Madera County

**CLOSED IN JANUARY 2023**

**Facility:** Madera Community Hospital

**Telephone Number:** (559) 675-5555

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

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center<sup>34</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>35</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>36</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>34</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>35</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>36</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Tulare County

**Facility:** Kaweah Health Medical Center

**Telephone Number:** (559) 624-2000

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>37</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b>EDAP<sup>38</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>PICU<sup>39</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>37</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>38</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>39</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Tulare County

**Facility:** Sierra View Medical Center      **Telephone Number:** (559) 784-1110

**Address:** 465 W Putnum Ave, Porterville, CA 93257

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>40</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>41</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>42</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center – What Level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--

<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>40</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>41</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>42</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**TABLE 9: RESOURCE DIRECTORY**

**Facilities**

**Reporting Period:** 2023

**County:** Tulare County

**Facility:** Adventist Health - Tulare

**Telephone Number:** (559) 688-0821

**Address:** 869 N Cherry, Tulare, CA. 93274

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Pediatric Critical Care Center<sup>43</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>44</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>45</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center – What Level:</u></b>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>43</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>44</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>45</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 10: Resource Directory - Training Programs**

**County:** Fresno County

**Reporting Year:** 2023

Training Institution:	<u>Alert Medic/Reedley Volunteer Fire Dept</u>		Telephone Number:	<u>559-456-6006</u>
Address:	<u>2750 N Clovis Ave #105</u>			
	<u>Fresno, CA 93727</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$1595</u>	Number of students completing training per year:	
	Refresher:	<u>          </u>	Initial training:	<u>          </u>
			Refresher:	<u>          </u>
			Continuing Education:	<u>          </u>
			Expiration Date:	<u>1/31/28</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>          </u>

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

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

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

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Fresno County

Reporting Year: 2023

Training Institution:	<u>CSU Fresno</u>	Telephone Number:	<u>559-278-4014</u>
Address:	<u>2345 E San Ramon Ave</u>		
	<u>Fresno, CA 93740</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>n/a</u>	Initial training:	_____
Refresher:	_____	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	<u>6/30/22</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	_____
		Continuing Education:	_____

**EXPIRED**  
Currently under review by EMS

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

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

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

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Fresno County

Reporting Year: 2023

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>	**Program Level	<u>EMT</u>
Cost of Program:			
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>6/30/22</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	
		Continuing Education:	

**EXPIRED**  
Currently under review by EMS

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>	**Program Level	<u>EMT</u>
Cost of Program:			
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:	<u>1</u>
		Refresher:	<u>1</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: Fresno County

Reporting Year: 2023

Training Institution:	<u>Hume Lake Fire Department</u>		Telephone Number:	<u>559-335-2000</u>
Address:	<u>64144 Hume Lake Road</u>			
	<u>Hume, CA 93628</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$150</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u>                    </u>
			Refresher:	<u>                    </u>
			Continuing Education:	<u>                    </u>
			Expiration Date:	<u>11/30/25</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>                    </u>

Training Institution:	<u>National University</u>		Telephone Number:	<u>559-256-4982</u>
Address:	<u>20 River Park Place Avenue</u>			
	<u>Fresno, CA 93711</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$150</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u>                    </u>
			Refresher:	<u>                    </u>
			Continuing Education:	<u>                    </u>
			Expiration Date:	<u>5/31/25</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>                    </u>
			Continuing Education:	<u>                    </u>

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

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

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Fresno County

**Reporting Year:** 2023

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>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>n/a</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training:	<u>                    </u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>10/31/27</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Kings County

Reporting Year: 2023

Training Institution:	<u>West Hills College</u>	Telephone Number:	<u>559-925-3759</u>
Address:	<u>555 College Ave</u> <u>Lemoore, CA 93245</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u>                    </u>
Refresher:	<u>\$46/unit</u>	Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>8/31/27</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>                    </u>

Training Institution:	<u>West Hills College</u>	Telephone Number:	<u>559-925-3759</u>
Address:	<u>555 College Ave</u> <u>Lemoore, CA 93245</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$46/unit</u>	Initial training:	<u>                    </u>
Refresher:	<u>                    </u>	Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>8/31/27</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>                    </u>

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

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

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Kings County

Reporting Year: 2023

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: <u>\$</u>	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: _____

\*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: 2023

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>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>\$500</u>	Number of students completing training per year:	
	Refresher: <u>\$150</u>	Initial training:	<u>                    </u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>6/28/25</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>5</u>
		Continuing Education:	<u>                    </u>

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

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

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Tulare County

Reporting Year: 2023

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>	**Program Level	<u>EMT</u>	
	Cost of Program:		Number of students completing training per year:	
	Basic: \$		Initial training:	<u>                    </u>
	Refresher: \$		Refresher:	<u>                    </u>
			Continuing Education:	<u>                    </u>
			Expiration Date:	<u>6/28/25</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>                    </u>

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

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

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

**TABLE 11: Resource Directory - Dispatch Agency**

**County:** Fresno County

**Reporting Year:** 2023

Name: <u>Fresno County EMS Communications Center</u>		Primary Contact: <u>Daniel Lynch</u>	
Address: <u>555 N Halifax Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties	
<u>Clovis, CA 93612</u>			
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>80</u> EMD Training <u>      </u> BLS
			<u>      </u> EMT-D <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 Explain: <u>Health</u>	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**County:** Kings County

**Reporting Year:** 2023

Name: <u>Fresno County EMS Communications Center</u>		Primary Contact: <u>Daniel Lynch</u>	
Address: <u>555 N Halifax Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties	
<u>Clovis, CA 93612</u>			
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>80</u> EMD Training <u>      </u> BLS
			<u>      </u> EMT-D <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 Explain: <u>Health</u>	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

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

**County:** Madera County

**Reporting Year:** 2023

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>555 N Halifax Ave</u>		Regional Dispatch Center For Fresno, Kings and Madera Counties		
	<u>Clovis, CA 93612</u>				
Telephone Number:	<u>559-600-7838</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input checked="" type="checkbox"/> Other			
		Explain: <u>Health</u>			

**County:** Tulare County

**Reporting Year:** 2023

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

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> The Fresno County Exclusive Operating Area
<b>Name of Current Provider(s):</b> American Ambulance
<p><b>Area or subarea (Zone) Geographic Description:</b>          The Fresno County Exclusive Operating Area includes the northern portion of the County. It currently includes all or portions of the cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin. The only areas of Fresno County not currently included as part of the exclusive operating area are Coalinga/Huron Service Area (Zone C), Selma/Fowler Service Area (Zone G), Sanger/Pine Flat Reservoir Service Area (Zone I), Reedley/Orange Cove/Parlier Service Area (Zone J), and Kingsburg Service Area (Zone K).</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) – <u>Exclusive</u></b>          Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the Fresno County exclusive operating area to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</p> <p><u>Type:</u> Emergency Ambulance  <u>Level:</u> 9-1-1 and 7-digit response, ALS Ambulance, Critical Care Transport, ALS Interfacility Transports, and Stand-by services with transport authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.          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 an 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.</p>

# EMS PLAN

## AMBULANCE ZONE SUMMARY FORM

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> The Kings County Exclusive Operating Area
<b>Name of Current Provider(s):</b> American Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> The Kings County Exclusive Operating Area includes the entire County of Kings excluding the Riverdale Service Area (Zone 01), Kingsburg Service Area (Zone 03), and the Lemoore Naval Air Station Service Area (Zone 04).
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u></b>          Include intent of local EMS agency and Board of Supervisors action.</p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the exclusive operating area to a single ground emergency ambulance service and ground advanced life support service.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p><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.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>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.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Kings County Ambulance Zone 01
<b>Name of Current Provider(s):</b> American Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> 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.
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b>          Include intent of local EMS agency and Board of Supervisors action.</p> <p>Kings County Ambulance Zone 1 is a <u>non-exclusive</u> area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Kings County Ambulance Zone 1 is a non-exclusive area.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Kings County Ambulance Zone 1 is a non-exclusive area.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Kings County Ambulance Zone 03
<b>Name of Current Provider(s):</b> Kingsburg City Fire Department
<b>Area or subarea (Zone) Geographic Description:</b> 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.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Include intent of local EMS agency and Board of Supervisors action.  Kings County Ambulance Zone 3 is a <u>non-exclusive</u> area.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Kings County Ambulance Zone 3 is a non-exclusive area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  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.

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> The Madera County Mountain Exclusive Operating Area
<b>Name of Current Provider(s):</b> Sierra Ambulance Service, Inc
<p><b>Area or subarea (Zone) Geographic Description:</b>          The Madera County Mountain Exclusive Operating Area includes the north-eastern portion of Madera County. It includes the communities of Oakhurst, Ahwahnee, Coarsegold, North Fork, Bass Lake, and O’Neals. It borders the Counties of Mariposa on the northwest, Mono on the northeast, and Fresno on the east. The southern border of the Mountain EOA is adjacent to the south-western area of Madera County, which is a non-exclusive response area.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u></b></p> <p>Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Madera County Mountain Exclusive Operating Area to a single emergency ground ambulance service. By creating the Mountain EOA, it is the intent of the Local EMS Agency, at the recommendation of the Madera County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>          Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity.  <u>Type:</u> Emergency Ambulance  <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>          If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The EMS Agency, at the recommendation of the Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Sierra Ambulance Service is a non-profit community owned service which was established in 1964. Sierra Ambulance Service has operated in the geographical area of the Mountain EOA since that time without interruption. In 1985, Sierra Ambulance Service evolved from Limited Advanced Life Support (EMT-II) to Advanced Life Support (Paramedic). Since 1964, Sierra Ambulance Service has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Mountain EOA. On occasion, other ambulance providers respond into the Sierra Ambulance Service area when needed for mutual aid assistance. There has been no change in the ownership of Sierra ambulance, nor has the geographical area of their service area changed.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

<b>Local EMS Agency or County Name:</b> Central California EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Tulare County – Ambulance Zone 5 (Exclusive Operating Area)
<b>Name of Current Provider(s):</b> Exeter District Ambulance Service
<p><b>Area or subarea (Zone) Geographic Description:</b>  Tulare County Ambulance Zone 5 is located in the central portion of Tulare County. This zone includes the cities of Exeter and Farmersville, and the unincorporated areas surrounding these cities. Ambulance Zone 5 is bordered by Tulare County Ambulance Zone 3 on the north, Tulare County Ambulance Zone 2 on the west, Tulare County Ambulance Zone 8 on the south, and Tulare County Ambulance Zone 9 on the on the east.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u></b>  Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 5 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity  <u>Type:</u> Emergency Ambulance  <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.</p> <p>Exeter District Ambulance is a non-profit community owned ambulance service, which was established in 1977. Exeter has operated in the same geographical area of the Ambulance Zone 5 since that time without interruption. In 1978, Exeter evolved to Limited Advanced Life Support (EMT-II) and to paramedics in 2007. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Exeter District Ambulance, nor has the geographical area of their service area changed.</p> <p>This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CEMSA did not assume responsibility for EMS until 2004).</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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



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AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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