CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 405 Page 1 of 9
Subject	EMS Dispatch Policy	
References	California Vehicle Code; Title 13 of the California Code of Regulations; Title 22 of the California Code of Regulations	Effective: 01/01/96

I. POLICY

A. Only ambulance dispatch centers authorized by the Local EMS Agency shall be allowed to provide ambulance dispatch services in Fresno, Kings, Madera, and Tulare Counties.

B. Ambulance dispatch centers shall ensure that each request for ambulance service is managed in a manner consistent with established EMS Policies and Procedures.

C. Upon receipt of a request for ambulance service at a 911 Public Safety Answering Point (PSAP), the PSAP facility will manage the transfer and/or conference of the reporting party to the designated ambulance dispatch center in a manner consistent with established procedures for each county.

D. The use of medical call prioritization protocols and medical pre-arrival protocols shall be approved by the Local EMS Agency.

II. DEFINITIONS

A. Ambulance Dispatch Center - A private or public dispatch center authorized by the local EMS Agency to provide ambulance dispatch services for a specific ambulance service area.

B. Ambulance Provider Agency/Provider Agency - A private or public organization, or entity, or individual utilizing any ground, water, or air vehicle specifically designed, constructed, modified, equipped, arranged, maintained, operated, used or staffed, including vehicles specifically licensed or operated pursuant to California Vehicle Code Section 2416, for the purpose of transporting sick, injured, invalid, convalescent, infirm, or otherwise incapacitated persons and which has met all license and other requirements in applicable Federal, State, and local law and regulation (Section 51151.1 of Title 22 of the California Code of Regulations and Section 1100.2(a) of Title 13 of the California Code of Regulations).

C. Ambulance Service Areas - Ambulance service area boundaries shall be used as guidelines in determining the dispatching of ambulances within Fresno, Kings Madera and Tulare Counties. Ambulance response zones within these ambulance service areas have been designated by the EMS Agency through EMS Policy and Procedure. These response zones are utilized for the identification of the primary ambulance unit and any applicable back-up ambulance units. In addition, these zones are also used for data collection.

Approved By EMS Director	**Daniel J. Lynch** (Signature on File at EMS Agency)	Revision **03/08/2024**
EMS Medical Director	**Miranda Lewis, M.D.** (Signature on File at EMS Agency)	

D. Ambulance Response Zone - A specific geographic area within the ambulance service area, which is designated by the EMS Agency for the assignment of primary and back-up ambulance resources.

E. Back-Up Response - A response to provide back-up by a mutual aid ambulance to an incident requiring more than one (1) ambulance, a response into another service area who's resources are committed or unavailable, or to provide assistance to a primary responding ambulance.

F. Cover Unit - The movement of a unit from its home service area to provide temporary ambulance coverage for one or more service areas without ambulance coverage.

G. Emergency Medical Dispatch Protocols – Protocols used by an Emergency Medical Dispatcher to determine priority of response and provision of appropriate pre-arrival instructions.

H. Emergency Medical Dispatcher (EMD) – An individual who has successfully completed a course of instruction approved by the Local EMS Agency and who is certified by the Local EMS Agency.

I. Event Stand-By – A special event that requires an ambulance be on stand-by in the event a medical emergency occurs. A special event stand-by can require that the ambulance(s) be committed to that event or that the ambulance is non-committed to the event (still available for call assignment as required by system demands). Examples of Event stand-by's include football and basketball games, fairs, concerts, etc.

J. Indirect Requests - A source other than the patient, someone with the patient (including on-scene rescuers), or a physician calling for their patient. This includes a calling party that is unable to answer key questions regarding the patient because they are not with the patient.

K. Incident Stand-By – An incident that necessitates that an ambulance be on stand-by in the event a medical emergency occurs. This can include, but not be limited to, incidents involving a fire, hazardous materials, police action or as requested.

L. Operations Channel – A radio channel, different than the primary dispatch channel, that is assigned by the ambulance dispatch center for an incident or incidents.

M. Priority 1 - A lights and siren immediate response for a presumed life-threatening condition. Such incidents have a significant probability of a patient in cardiac arrest, having an airway problem, or serious compromise of the respiratory or cardiovascular systems, including, shock. This prompts the response of the closest advanced life support ambulance unit (if available) and the closest non-transport first responder unit in order to provide the most rapid response of personnel who can provide immediate basic life support in the form of airway management, CPR, bleeding control, and, if available, defibrillation. If the provider agency for the zone in question offers paramedic services, a paramedic ambulance shall be dispatched on this call for the provision of an advanced life support assessment. Transport is the next most important treatment mechanism. Therefore, the closest ambulance unit should be responded, including the diversion of an ambulance unit enroute to a lesser priority response. Specific response time requirements may exist through agreements with provider agencies.

N. Priority 2 - A lights and siren immediate response for a presumed emergency condition. This priority prompts the immediate response of the closest advanced life support ambulance unit (if available). If the provider agency for the zone in question offers paramedic services, a paramedic ambulance shall be dispatched on this call for the provision of an advanced life support assessment. Such incidents may require immediate transportation and, if available, advanced life support care to treat the patient's emergency condition. In an urban setting with rapid ambulance response times, the response of a non-transport first responder unit is not necessary as the need for immediate basic life support intervention is limited. However, in rural, remote, or wilderness areas where the ambulance response is prolonged, the response of a non-transport first responder unit is appropriate to provide supportive basic life support until the arrival of the ambulance. Specific response time requirements may exist through agreements with provider agencies.

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O. Priority 3 - A non-lights/siren urgent response for a presumed non-life-threatening, but urgent condition. This priority prompts the immediate response of the closest advanced life support ambulance unit (if available) for reasons other than an immediate threat to life or limb. If the provider agency for the zone in question offers paramedic services, a paramedic ambulance shall be dispatched on this call for the provision of an advanced life support assessment. EXCEPTION: The EMS Agency has identified and approved specific priority 3 incidents that allow a basic life support (BLS) ambulance to be the primary ambulance response. These responses are listed in EMS Policy 401 – Attachment A.

Priority 3 calls cannot be "stacked" or "held." They cannot be delayed by breaks, crew changes, resupply, refueling, or meal breaks. Specific response time requirements may exist through agreements with provider agencies. Priority 3 calls include any prehospital non-scheduled request in which the patient's destination is an acute care facility. The response will be made by the closest available ambulance. A non-scheduled request is a call which, by its nature, could not be scheduled. If the request is schedulable, it may be considered for scheduled priority status. If the destination for a prehospital incident is the emergency department or acute treatment area of an acute care facility, then the ambulance response should be no less than a Priority 3. If the destination is a diagnostic or scheduled treatment area of an acute care facility, evaluate the call for scheduled priority status.

P. Priority 4 - A non-lights/siren emergency response for a presumed non-life-threatening, but urgent interfacility transfer. This priority requires an immediate dispatch for reasons other than an immediate threat to life or limb. Specific response time requirements may exist through agreements with provider agencies. These calls cannot be "stacked" or "held." They cannot be delayed by breaks, crew changes, resupply, refueling, or meal breaks. Example: Transfer of a rule-out myocardial infarction.

Q. Priority 5 - A non-emergency response for a scheduled or schedulable ambulance transport. Specific response time requirements may exist through agreements with provider agencies. A scheduled pickup time shall be established for all Priority 5 calls. Often, the staff of the requesting institutions will simply ask for the ambulance "ASAP" or "no big hurry." The EMD shall work with the caller to establish a reasonable pickup time that most accurately reflects the earliest possible time that a transport unit is needed. If no pickup time is arranged and/or documented, the call will be classified as a Priority 3 (prehospital) or Priority 4 (interfacility).

By establishing a scheduled pickup time, the requesting institutions will have time at which they may expect the unit and plan accordingly. Each of these calls should be scheduled for pickup as quickly as possible. If the requesting party is unable to decide or unwilling to decide upon a scheduled time, the EMD shall offer the caller a pickup time (verbally) based on his/her best judgment as to when the call may be completed.

NOTE: Prior to scheduling a non-emergency schedulable ambulance transport, the Ambulance Dispatch Center should be in receipt of a signed Physician Certification Statement (PCS). The PCS will help to insure that the use of an ambulance is medically necessary to transport the patient to the desired destination. If the PCS is not received by the Ambulance Dispatch Center, the responding provider agency will be under no obligation to provide services for the requested service. In the event that this occurs, the Ambulance Dispatch Center will attempt to provide the requesting party with a list of alternative transportation options.

R. Priority 6 – Scheduled ambulance transport outside of the CCEMSA service area.

S. Priority 7 – A non-committed event stand-by.

T. Priority 70 – Committed event stand-by

U. Priority 8 – Critical Care Transfer

V. Priority 9 – Neonatal Transfers

W. Priority 10 – Strike Teams/Overhead Standbys

X. Priority 11 – CAD-to-CAD call transfer from the Cal-Fire Dispatch Center

Y. Priority 12 – Case Management Response

Z. Priority 13 – Team Transport (non-patient loaded)

AA. Referral – The turnback or referral of an ambulance request to the next closest provider due to no ambulances being available for response by the primary provider for that service area.

III. PROCEDURE

A. Ambulance Dispatch

1. Upon the receipt of a request for medical assistance, the EMD shall obtain, if possible, the following minimum call information. This information may be confirmed through another public safety answering point (PSAP) dispatcher instead of repeating questions to the calling party:

   a. Address/Apartment Number
   b. Problem Nature
   c. Call Back Number
   d. Cross Streets

2. The EMD will utilize the Emergency Medical Dispatch protocols in order to 1) assess the severity of the patient's condition; 2) prioritize the medical response; 3) determine the necessary resources; and 4) determine the need for and, as appropriate, provide prearrival telephone medical instructions.

3. Upon receipt of a request for ambulance services, requiring a Priority 1, 2, 3 or 4 response, the ambulance dispatch center shall immediately dispatch the closest appropriate unit to the incident according to EMS Policy.

4. If the ambulance dispatch center does not have an ambulance immediately available within the service area of response, upon receipt of call, it must take appropriate measures to coordinate the dispatching of the next closest appropriate ambulance unit. In the event an ambulance is anticipated to become available, the EMD may wait no longer than two minutes for Priority 1 and Priority 2 responses, or five minutes for Priority 3 and 4 responses, before assigning the response to the next closest available ambulance.

5. Prior to an ambulance advising that they are enroute or responding, the ambulance shall be appropriately equipped and staffed with all crewmembers in the unit ready to immediately respond.

6. An ambulance must be responding within two (2) minutes of being alerted to a call requiring immediate dispatch (Priority 1 - Priority 4). If the ambulance unit does not notify that they are enroute or responding within a two (2) minute time period, the ambulance dispatch center WILL send a second alert page to the ambulance and consider the dispatch of the next closest appropriate ambulance. If no acknowledgement is received after 30 seconds of the second page is sent, the next closest ambulance shall be dispatched and the dispatcher shall continue to attempt contact with original ambulance by radio, pager, and telephone. In most instances, the original ambulance will be the closest ambulance even with the delay in response. For crew safety and/or for the quickest response to the patient, it is important to make immediate contact with the original ambulance. If unable to contact the ambulance and/or no response is received, immediately contact the supervisor for that agency.

a. EXCEPTION – Madera County (Sierra Ambulance) - When the appropriate primary ambulance is unavailable for the specific response area, the Ambulance Dispatch Center shall alert the backup ambulance for that agency and dispatch the next closest ALS ambulance to that call. Once the backup ambulance reports that they are enroute to the ambulance request, the ambulance dispatch center will continue the closest ambulance to the response location.

7. Ambulance units alerted or enroute to an incident may be diverted to a higher priority incident if they are the closest appropriate unit. The next appropriate unit will be assigned to the original incident of the diverted unit.

8. When an ambulance arrives on scene of a scheduled or unscheduled incident and reports such arrival, the EMS Communications Center cannot cancel and reassign the unit to a higher priority response.

9. Ambulance auto aid and mutual aid responses are permitted in accordance with approved system status management plans and/or approved agreements.

10. In rural/wilderness areas, an ambulance, which is transporting a non-stat patient, may be utilized to assist with another incident consistent with EMS Policy #562 – Patient Transports from Multiple Incident Sites.

11. Unsecured Incidents - Consistent with EMS Policy #412, an ambulance and/or first responder may be directed to "hold-back" at a safe distance on scenes that present a risk or hazard (e.g., HAZMAT, violence, weapons present).

12. In the event that a BLS ambulance is dispatched as the closest available ambulance to a priority 1 or priority 2 incident, the dispatch center shall simultaneously co-respond the closest ALS (paramedic) ambulance to the incident. Once the BLS ambulance arrives on the scene and performs an appropriate assessment of the patient and determines whether ALS is needed, it may cancel the ALS ambulance or continue its response.

B. Multi-patient Incidents

1. Multiple units may be dispatched to any incident which, based upon reliable information, might require more than one ambulance.

a. In suspected or confirmed multi-casualty incidents (MCI) involving 6 or more victims, the EMD will refer to EMS Policy #610.

b. In incidents involving 5 or less victims reported, dispatch one (1) ambulance for every two (2) patients/victims reported. Remember, that if 6 or more victims are reported, the EMD will refer to EMS Policy #610.

Note: If the patient count is not attainable for traffic accidents, the EMD should estimate the patient count by equating one patient per vehicle involved.

2. On-scene ambulance units or the Incident Commander may request additional resources when necessary. Requests should be made through the appropriate ambulance dispatch center as soon as possible and should include all pertinent information necessary to facilitate such response (e.g., ingress/egress route, special equipment needs, hazards, etc.). When requests for additional ambulances are received from someone other than the on-scene medical group supervisor, the EMS dispatch Center shall confirm the request for additional ambulances with the medical group supervisor (or medical branch director if assigned) and the Incident Commander.

3. Generally, if 3 or more transport ambulances are responding to the same incident, a separate channel should be considered for that incident.

C. Auto Aid/Mutual Aid

The designated ambulance dispatch center shall assign ambulances and helicopters responding into the Fresno, Kings, Madera, or Tulare Counties, or into adjacent ambulance response zones, to the appropriate med channel for response. The dispatch center may consider the use of Med Channel 10, which is region-wide tactical channel.

Ambulances shall maintain communications on the assigned med channel and will remain on the assigned med channel until directed otherwise by the dispatch center. Responding ambulances shall report the status of response including, enroute, at scene, depart scene or cancel, destination, priority of transport, number of patients, arrive at destination, and available from destination.

D. Stand-By's (incident stand-by and Event Stand-by)

At time of dispatch, if necessary, responding unit(s) will be given incident information that may include scene approach and ingress, reporting location, Operations or tactical radio channel and special instructions or equipment needs.

E. Response changes

1. Response Downgrades - The EMD can downgrade a response in the following circumstances:

   a. When new information regarding the patient's condition is obtained from a reliable source;
   b. When on-scene public safety personnel (on or off duty law enforcement, fire, ambulance, EMS Agency staff) request a downgraded response. The EMD shall obtain the individuals name and include it in incident record;

   c. For incidents involving patients with long-term or terminal illness, an on-scene physician, RN, LVN, or PA may downgrade the level of response (e.g., Priority 1 or 2 to Priority 3; First Responders and ambulance versus ambulance only) where a higher level of response would normally be initiated;

2. Response Upgrades - The EMD may utilize their judgment to *upgrade* an incident based upon available information or the lack of information. The EMD will utilize the available information and supervisor direction to consider an upgrade in the priority of the incident or the number of resources utilized (use of helicopter resources are based upon EMS Policy #408).

3. Cancelation of Response - Responding units may be canceled in the following circumstances:

   a. Response address is determined to be fraudulent.

   b. On-scene public safety unit (Law, Fire, Ambulance, EMS Agency) advises:

      (1) no patient(s) at scene; or

      (2) incident nature does not require an ambulance response.

   c. Canceled due to the availability of a closer unit.

   d. The original requesting party re-contacts the PSAP/ambulance dispatch center and cancels the ambulance request.

e. Medical alarms when the activating party has been contacted and advises that an ambulance response is not required.

F. Special Circumstances

1. Response Resources - Once a prehospital incident has been prioritized, the appropriate resources should be assigned.

a. Dispatch protocols recommend the dispatch of a first responder unit to all Priority 1 incidents. In rural/wilderness areas, when ambulance response times are extended, a first responder should be requested for Priority 2 incidents.

b. Contact the appropriate first responder dispatch center on all Priority 1 and Priority 2 dispatches. Inform the first responder agency of the problem nature, response priority of the ambulance, and if there will be an extended ETA.

c. When ambulance response time is expected to be greater than 15-20 minutes for a Priority 2 incident, consider requesting a first responder to an incident that would not normally prompt such a response.

2. Delays in Dispatch

a. The interval between receipt of call and notification of responding unit should generally not exceed sixty (60) seconds.

b. ***DO NOT, UNDER ANY CIRCUMSTANCES***, delay notification and dispatch of a backup agency if unable to confirm timely availability of a primary unit.

c. Delays in Scheduled Transports - Any patient, facility, or requesting party who is requesting a scheduled ambulance response should be informed that they are receiving a non-emergency response and given an estimate of delay. They should be told to call back if their condition changes and should be called periodically if the delay is more than 15 minutes. Consider responding a provider from another service area if the requesting party insists upon an immediate dispatch. If being transported to a physician's office or medical facility, contact the destination facility and advise of the delay.

3. Special Intercounty Response Zones

a. Kings County - Zone KR01 (Riverdale Area)

Zone 01 in Kings County is the primary response area for the Fresno County ambulance stationed in Riverdale. The Riverdale ambulance shall be dispatched on these responses.

b. Kings County - Zone KR03 (Kingsburg Area)

Zone 03 in Kings County is the primary response area for the Fresno County ambulance stationed in Kingsburg. The Kingsburg ambulance shall be dispatched on these responses.

c. Madera County - Ambulance Response Zone M18 (Rolling Hills Area)

Zone M18 – The Rolling Hills subdivision area of Madera County is the primary response area for Fresno County metropolitan ambulances.

d. Madera County - Ambulance Response Zone M11 (Eastside Acres/Firebaugh)

Zone M11, Eastside Acres/Firebaugh, is the primary response area for the Fresno County ambulance stationed in the City of Mendota.

e. Tulare County - Ambulance Zone T10A, T10B, and T10C (Kingsburg Area)

Tulare County Ambulance Zone T10A, T10B, and T10C is the primary response area for the Fresno County ambulance stationed in the City of Kingsburg. The Kingsburg ambulance shall be dispatched on these responses and shall maintain communications with TCCAD on Med Channel 92.

f. Tulare County – Ambulance Zone TJ01R (Orange Cove Area)

Tulare County Ambulance Zone TJ01R is the priomary response area for the Fresno County ambulance stationed in the City of Orange Cove. The Orange Cove ambulance shall be dispatched on these responses and the ambulanmce shall be maintain communications with TCCAD on Med Channel 92.

4. Responses to Hospitals

Most requests to hospitals are for interfacility transfers or discharges to another medical facility or patient residence. In these cases, the response priority will be determined by the requesting facility and the transferring physician. The EMD will utilize the interfacility transfer protocol to assign the appropriate priority.

Occasionally, a request will be received for an emergency ambulance response to a hospital - *without the hospital being aware of the incident*. Examples include 911 calls from emergency department waiting rooms or calls from outside the hospital, but on the hospital campus.

a. If the hospital ***does not*** have an emergency department, dispatch resources as though the incident was a prehospital response and notify the hospital.

b. Ambulance request from within the hospital - If the calling party is calling from within the hospital, dispatch an ambulance ***Priority 3*** and notify the hospital emergency department as soon as possible. The EMD may cancel the ambulance when requested by the hospital staff.

c. Ambulance requests outside of the hospital (i.e., parking lot, out buildings, etc.) – If the calling party is outside of the hospital, the request shall be treated as a prehospital response. The ambulance shall not be cancelled unless it is cancelled by hospital personnel on scene with direct contact with the patient or appropriate public safety personnel in accordance with this policy.

5. Responses to Skilled Nursing Facilities - The staff of the Skilled Nursing Facility (Physician, PA, NP, RN, or LVN) may determine the priority of the response and whether first responders are needed.

a. If chief complaint would normally be a Priority 1 or Priority 2, and the Skilled Nursing Facility requests a lower priority response, advise them of the response required by protocol. If the physician, PA, NP, RN, or LVN continues to request a lower priority response, respond the ambulance Priority 3. In this situation, the first responder would not be contacted or dispatched. If the call was referred by a first responder agency, then notify them of priority of response.

NOTE: While the EMS Agency does not support the dispatch of first responder agencies to Priority 3 incidents, it recognizes that some first responder agencies may elect to respond on Priority 3 incidents. The dispatcher shall dispatch first responders in accordance with the policies of each fire agency.

b. Presumed cardiac arrest - Respond all resources necessary for a cardiac arrest.

c. Calls from Skilled Nursing facilities do not require call triaging.

6. Responses to Physician's Offices, Medical Clinics, and Urgent Cares

a. The EMD must determine whether the facility is staffed (e.g., physician, PA, NP, RN, and/or LVN) or if the office is closed and no staff are available. If the physician and/or appropriate medical staff (PA, NP, RN, or LVN) are not in the office with the patient, manage as a prehospital incident and prioritize in accordance with EMS Policy. If the staff are available and managing the patient, the ambulance should be sent in the priority requested by the physician's office staff.

b. Determine the priority of response requested by the facility and whether the staff of a facility wants first responders in addition to the ambulance response. Send first responders only if requested. The physician should have the opportunity to determine how much personnel the physician needs, as well as determining whether an emergency response is required.

c. Presumed cardiac arrest - Respond all resources necessary for a cardiac arrest

d. Calls from physician offices, medical clinics, and urgent care facilities do not require call triaging if medical personnel are on scene and treating the patient.

NOTE: It is recognized that some first responder agencies have requested not to be dispatched to specific medical facilities. The EMD shall dispatch first responders in accordance with the policies of each fire agency.

7. Responses to Prisons and Jail Facilities

a. Determine if the prison or jail facility is requesting an emergency or non-emergency ambulance response. If the chief complaint would normally be a Priority 1 or Priority 2, and the prison or jail facility requests a lower priority response, advise them of the response required by protocol. If they continue to request a lower priority response, respond the ambulance Priority 3. In this situation, the first responder would not be contacted or dispatched. If the call was referred by a first responder agency, then notify them of priority of response.

NOTE: It is recognized that some first responder agencies have requested to respond to jail incidents. The EMD shall dispatch first responders in accordance with the policies of each fire agency.

b. Presumed cardiac arrest - Respond all resources necessary for a cardiac arrest.

c. Calls from prisons and/or jail facilities do not require call triaging.

G. Radio Channel Assignments

The Fresno County EMS Communications Center and the Tulare County Consolidated Ambulance Dispatch Center (TCCAD) shall maintain dedicated radio operators whose primary function is to operate and monitor radio communications.

Attachment A lists the approved Dispatch Channel Assignments.

ATTACHMENT A

Med Channel	Assignment	Receive Frequency	Receive Code/Tone	Transmit Frequency	Transmit Code/Tone
MED-10	- Region-wide command channel - Designated EMS helicopter dispatch channel a. California Highway Patrol H-40 b. Skylife c. REACH	462.9750 N	114.8 (2A)	467.9750 N	114.8 (2A)
MED10TUL	Tulare County secondary channel	462.9750 N	141.3 (4A)	467.9750 N	141.3 (4A)
MED-11	Fresno EOA - Metropolitan response area	453.3000 N	156.7 (5A)	458.3000 N	156.7 (5A)
MED-12	Fresno EOA - Rural/Wilderness response area a. American Ambulance - Kerman b. American Ambulance - Mendota c. American Ambulance - Mid-Mountain d. American Ambulance - Riverdale e. American Ambulance - San Joaquin f. American Ambulance - Shaver Lake	453.3250 N	156.7 (5A)	458.3250 N	156.7 (5A)
MED-13	Car-to-Car on-scene tactical channel	458.1875 N	156.7 (5A)	458.1875 N	156.7 (5A)
MED-14	Madera County - Primary dispatch channel a. Pistoresi Ambulance b. Sierra Ambulance	451.4250 N	114.8 (2A)	456.4250 N	179.9 (6B)
MED-15	Kings County - Primary dispatch channel a. American Ambulance Kings County b. Coalinga Ambulance	461.5750 N	156.7 (5A)	466.5750 N	156.7 (5A)
MED-16	Eastern Fresno County rural ambulance providers and fire departments a. Kingsburg Ambulance b. Sanger Ambulance c. Selma Ambulance d. Sequoia Safety Council	463.6250 N	114.8 (2A)	468.6250 N	114.8 (2A)
MED-92	Tulare County Primary dispatch channel a. American of Visalia b. Dinuba Ambulance c. Exeter District Ambulance d. Imperial Ambulance e. LifeStar Ambulance	462.9625 N	141.3 (4A)	467.9625 N	141.3 (4A)