



SACRAMENTO COUNTY
DEPARTMENT OF

Health & Human Services

Jim Hunt, Director

Emergency Medical Services

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1992 – 2002... "10 Years of Healing, Protecting and Caring"

August 27, 2003

Richard E. Watson, Interim Director
Emergency Medical Services Authority
State of California
1930 9th Street, Suite 100
Sacramento CA 95814-7043
Attn: Sandy Salaber

Dear Mr. Watson:

In accordance with publication EMSA #103, *EMS System Guidelines*, the annual/as needed update to the **Sacramento County Emergency Medical Services (EMS) Plan** is herewith submitted. **Please replace pages in Plan as are provided.**

SECTION 1: Summary of Changes

Changes to the Plan include: updated information to System Resources & Operations tables 2-7; updated pay scales, phone numbers, courses offered and points of contact for Resources Directories tables 8-11b.

SECTION 2: Updates of Specific Information

Information provided in Sections III and IV of the EMS Plan have been updated and are attached on appropriate forms (Tables 1 to 11b).

SECTION 3: Progress from Previous Year

1. MAJOR CHANGES: None
2. SPECIFIC OBJECTIVES: Completed to date
3. OBJECTIVES: Long-range objectives identified in the current EMS Plan and expected work efforts for the coming year.

- 1.1 #1.02 - LEMSA Mission. This objective is ongoing. Efforts will continue to identify needed system changes/improvements.

Richard E. Watson
August 20, 2003
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- 1.2 #1.27 - Pediatric System Plan. Biannual reevaluation is conducted to determine any requirement for a separate Pediatric Subsystem Plan.
- 1.3 #4.07 - First Responder Agencies. Efforts to further integrate public safety agencies and industrial first aid teams into the system are ongoing.
- 1.4 #4.13 - Inter-county Response. Efforts to facilitate agreements for Medical reimbursement of inter-county response of emergency medical resources will continue.

4. TIMELINE/ ACTIONS:

- 3/04- Long Range Objective #1.27 – conduct biannual reevaluation of need for Pediatric System Plan.
- 4/04- Long range Objective # 1.02- annual LEMSA Mission assessment.

Should you or your staff have any questions, please don't hesitate to call me at (916) 875-9753.

Sincerely,



BRUCE A. WAGNER, Chief
Emergency Medical Services

Attachments

cc: Interested Parties

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management**

EMS System: Sacramento County

Reporting Year: FY 02/03

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

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

(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Sacramento

- a. Basic Life Support (BLS) 0 %
- b. Limited Advanced Life Support (LALS) 0 %
- c. Advanced Life Support (ALS) 100 %

2. Type of agency:

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

a

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

- a - Public Health Officer
- b - Health Services Agency Director/Administrator
- c - Board of Directors
- d - Other:

a

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

Implementation of exclusive operating areas (ambulance franchising)

Designation of trauma centers/trauma care system planning

Designation/approval of pediatric facilities

Designation of other critical care centers

✓

Development of transfer agreements

Table 2 - System Organization & Management (cont.)

Enforcement of local ambulance ordinance

Enforcement of ambulance service contracts

Operation of ambulance service

Continuing education

✓

Personnel training

Operation of oversight of EMS dispatch center

Non-medical disaster planning

Administration of critical incident stress debriefing (CISD) team

Administration of disaster medical assistance team (DMAT)

Administration of EMS Fund [Senate Bill (SB) 12/612]

✓

Other:

5. EMS agency budget for FY 01-02:

A. EXPENSES

Salaries and benefits
(all but contract personnel)

543,189

Contract services (trauma fund dist., Med. Director, Misc.)

1,586,471

Operations (e.g. copying, postage, facilities)

129,750

Travel

5,059

Fixed assets

included in operations

Indirect expenses (overhead)

125,556

Ambulance subsidy

EMS Fund payments to physicians/hospital

1,516,972

Dispatch center operations (non-staff)

Training program operations

Other: Expected mid year adjustments

TOTAL EXPENSES

\$3,906,997

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE	\$ _____
Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund/County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	<u>29,015</u>
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees/Base hospital designation fees	
Trauma center application fees	
Trauma center designation fees	<u>157,178</u>
Pediatric facility approval fees/Pediatric facility designation fees	
Other critical care center application/designation fees	
Ambulance service/vehicle fees	
EMS Fund (SB 12/612)	<u>1,385,015</u>
Other grants:	
Other fees: <u>Pre-hospital fees</u>	<u>151,985</u>
Other (specify): <u>Cigarette tax revenue (AB75, AB430, EMSA)</u>	<u>731,451</u>
Other fees: <u>Trauma Fund and Miscellaneous</u>	<u>1,452,353</u>
 TOTAL REVENUE	 <u>\$3,906,997</u>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN BELOW.

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 02/03

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u> </u>
EMS dispatcher certification	
EMT-I certification	<u>25</u>
EMT-I recertification	<u>25</u>
EMT-defibrillation certification	<u>25</u>
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	<u>35</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	
MICN/ARN recertification	
EMT-I training program approval	
EMT-II training program approval	
EMT-P training program approval	
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	
Trauma center application	<u>15,000</u>
Trauma center designation	<u>4k, 52K & 101k annually</u>
Pediatric facility approval	
Pediatric facility designation	

Table 2 - System Organization & Management (cont.)

Other critical care center application

Type:

Other critical care center designation

Type:

Ambulance service license

Ambulance vehicle permits

Other:

Other:

Other:

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 02/03.

Table 2 - System Organization & Management (cont.)

EMS System: Sacramento County

Reporting Year: 02/03

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Chief (Health Program Manager)	1	42.09	23%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Sr. Health Program Coord Admin. Services Officer	1 1	37.76 32.00	23% 22%	
ALS Coord./ Field Coord./ Trng Coord.	EMS Specialist	2	26.47	25%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	EMS Medical Director	0.64	70.00	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed.Coord.					
Ex. Secretary	Senior Office Assistant	1	16.29	30%	
Other Clerical					
Data Entry Clerk	Office Assistant (lv II)	1	14.16	31%	
Other					

Table 2 - System Organization & Management (cont.)
Organizational Chart of the Sacramento County Emergency Medical Services Agency

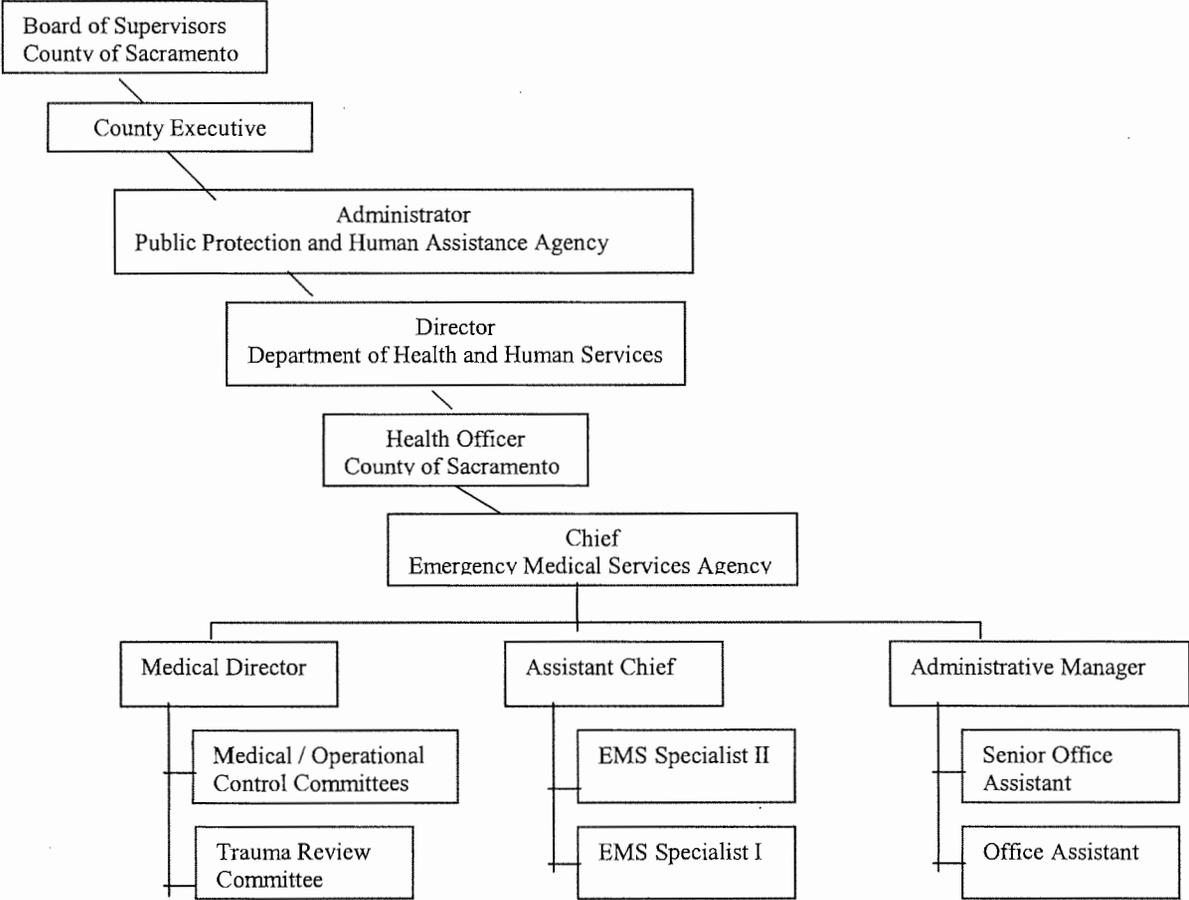


TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: Sacramento County Reporting Year: 2002-03 (1 July - 30 June)

NOTE: Table 3 is to be reported by agency.

	<u>EMT - Is</u>	<u>EMT - IIs</u>	<u>EMT - Ps</u>	<u>MICN</u>	<u>EMS Dispatchers</u>
<u>Total certified</u>	<u>1387</u>	<u>na</u>		<u>190</u>	<u>na*</u>
<u>Number of newly certified this year</u>	<u>213</u>	<u>na</u>		<u>27</u>	<u>na*</u>
<u>Number of recertified this year</u>	<u>523</u>	<u>na</u>		<u>65</u>	<u>na*</u>
<u>Total number of accredited personnel on July 1 of the reporting year</u>			<u>666</u>		
<u>Number of certificate reviews resulting in:</u>					
<u>a) formal investigations</u>	<u>0</u>				
<u>b) probation</u>	<u>0</u>				
<u>c) suspensions</u>	<u>0</u>				
<u>d) revocations</u>	<u>0</u>				
<u>e) denials</u>	<u>1</u>				
<u>f) denials of renewal g) no action taken</u>	<u>00</u>				

- 1. Number of EMS dispatchers trained to EMSA standards: 59**
- 2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 296
 - b) Number of public safety (defib) certified (non-EMT-I) 0
- 3. Do you have a first responder training program? yes no

* The EMS Agency Does not certify Dispatchers ** The County's Communications Center does train and employ dispatchers

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2002/03

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

1. Number of primary Public Service Answering Points (PSAP) ___7
2. Number of secondary PSAPs ___1
3. Number of dispatch centers directly dispatching ambulances ___1*
4. Number of designated dispatch centers for EMS Aircraft ___1
5. Do you have an operational area disaster communication system? yes no
 - a. Radio primary frequency ___800 MHz Trunked System (multiple frequency switching)
 - b. Other methods
 - c. Can all medical response units communicate on the same disaster communications system?
yes no
 - d. Do you participate in OASIS? yes no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes no
 - 1) Within the operational area? yes no
 - 2) Between the operational area and the region and/or state? yes no

* 1 - 911/Emergency Medical Services Center & 3 - local non-emergency providers centers

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

EMS System: Sacramento County

Reporting Year: 2002

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	na
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	na
3.	Total number responses	
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>not tracked</u>
	aa) Number of incidents classified as medic responses where patient Contact was made.	<u>92,761</u>
	b) Number non-emergency responses (Code 1: normal)	<u>not tracked</u>
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>not tracked</u>
	aa) Number of incidents requiring medic transport	<u>60,987</u>
	b) Number non-emergency transports (Code 1: normal)	<u>not tracked</u>

Early Defibrillation Programs

5.	Number of public safety defibrillation programs	
	a) Automated	<u>2</u>
	b) Manual	<u>0</u>
6.	Number of EMT-Defibrillation programs	
	a) Automated	<u>8</u>
	b) Manual	<u>0</u>

Air Ambulance Services

7.	Total number of responses/ requests	<u>1,330</u>
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a) Number of emergency responses	
b) Number of non-emergency responses	
8. Total number of transports	<u>751</u>
a) Number of emergency (scene) responses	<u>424</u>
b) Number of non-emergency responses	<u>361</u>

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	4-6 minutes	4-6 minutes	na	na
2. Early defibrillation capable responder.	4-6 minutes	4-6 minutes	na	na
3. Advanced life capable responder.	4-6 minutes	20 minutes	na	na
4. EMS transport unit.	6-8 minutes	20 minutes	na	na

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/ Critical Care

EMS System: Sacramento County

Reporting Year: 2002

NOTE: Table 6 is to be reported by agency.

Trauma care system

1. Trauma patients:

a) Number of patients meeting trauma triage criteria not tracked

aa) Number of patients meeting trauma triage criteria and who were admitted to a 2,554

Designated Trauma Center

b) Number of major trauma victims transported directly to a trauma center by ambulance not tracked

bb) Number of major trauma victims who were admitted to a Designated Trauma 2,060

Center and who were transported directly to a trauma center by ambulance (includes air ambulances)

c) Number of major trauma patients transferred to a trauma center not tracked

d) Number of patients meeting triage criteria who weren't treated at a trauma center not tracked

Emergency departments:

2. Total number of emergency departments 9

a) Number of referral emergency services 0

b) Number of standby emergency services 0

c) Number of basic emergency services 0

d) Number of comprehensive emergency services 1

Receiving Hospitals

3. Number of receiving hospitals with written agreements 9

4. Number of Base Hospitals with written agreements 4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2002

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Fixed: Sacramento International Airport, Mather Air Field, McClellan Air Force Base, Sacramento Executive Airport. Others may be designated based on incident conditions.

b. How are they staffed? Paramedics, nurses, physicians & volunteers.

c. Do you have a supply system for supporting them for 72 hours? yes [] no [

2. Critical Incident Stress Debriefing (CISD)

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

3. Medical Response Team

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

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

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

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

4. Hazardous Materials

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

b. At what HazMat level are they trained? Specialist

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

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2003

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

Name, address & telephone: Sacramento Metropolitan Fire District (916) 566-4000 2101 Hurley Way / Sacramento CA 95825			Primary Contact: Dan Haverty		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [526] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [160] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 11

Name, address & telephone: American Medical Response (916) 563-0600 1101 Fee Drive / Sacramento CA 95815			Primary Contact: Steve Giusti, Operations Manager		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [126] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [72] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 32

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Name, address & telephone: Medic Ambulance (916) 564-9040 2349 Lexington Street / Sacramento CA 95815						Primary Contact: Terry Buck					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: <input type="checkbox"/> PS [0] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [25] EMT-D [11] ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: 9	

Name, address & telephone: California Highway Patrol/Valley Division Air Op (530) 823-4055 2390 Lindbergh Street / Auburn CA 95603						Primary Contact: Aaron York					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Service: <input type="checkbox"/> Ground <input type="checkbox"/> Water		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing Fixed for blood & Organ transports		Number of personnel providing services: <input type="checkbox"/> PS Defib[7] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- [7] EMT-D [7] ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: 0 2 Helicopter (ALS) 2 Airplanes (BLS)	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Galt Fire Protection District (209) 745-1001 208 A Street / Galt CA 95632			Primary Contact: Rick Bollinger		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [0] PS [14] BLS [] LALS [] PS-Defib [14] EMT-D [14] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

Name, address & telephone: Elk Grove Fire Department (916) 685-4141 8820 Elk Grove Boulevard / Elk Grove CA 95624			Primary Contact: John Michelini		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [] PS [62] BLS [] LALS [] PS-Defib [62] EMT-D [32] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Herald Fire Protection District (209) 748-2322 Post Office Box 52 / Herald CA 95638			Primary Contact: Glen Hendrickson		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [27] PS [12] BLS [] LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Isleton Fire Department (916) 777-7776 Post Office Box 716 / Isleton CA 95641			Primary Contact: George Apple		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [13] PS [6] BLS [] LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

<p>Name, address & telephone: Sacramento International Airport Fire Department (916) 874-0648 Primary Contact: Lance McCasland 7201 Earhart Drive / Sacramento CA 95837</p>					
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Service:<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	<p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport</p>	<p>Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance ALS rescue <input type="checkbox"/> BLS rescue</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Number of personnel providing services: [1] PS Defib[41] BLS D <input type="checkbox"/> LALS <input type="checkbox"/> PS- [41] EMT-D <input type="checkbox"/> ALS</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	<p>System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Number of ambulances: 0</p>
<p>Name, address & telephone: Location Medical Services (707) 446-0989 Primary Contact: Debbie Ziegler 555 Elmira Road #144, Vacaville, CA 95687</p>					
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Service:<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	<p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport</p>	<p>Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Number of personnel providing services: [2] PS [60] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [32] EMT-D [6] ALS</p>
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	<p>System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Per job</p>	<p>Number of ambulances: 0</p>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Sacramento Fire Department (916) 264-5352 3230 J Street / Sacramento CA 95816			Primary Contact: Ray Jones		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [8] PS [258] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [390] EMT-D [251] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 16

Name, address & telephone: UCDCM Life Flight (916) 734-2406 2315 Stockton Boulevard / Sacramento CA 95817			Primary Contact: Linda Munyer		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D *(ALL [24] ALS RN's)
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Hospital</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 - LifeFlight II based @ Nut Tree Airport

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Walnut Grove Fire Protection District (916) 417-4070 Post Office Box 41 / Walnut Grove CA 95690			Primary Contact: Joey Sanchez		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [17] PS [5] BLS [] LALS <input type="checkbox"/> PS-Defib [5] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Folsom Fire Department (916) 355-7250 48 Natoma Street./ Folsom CA 95630			Primary Contact: Dennis Wycoff		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [30] BLS [] LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [24] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Wilton Fire Protection District (916) 687-6920 9800 Dillard Road / Wilton CA 95693			Primary Contact: Joe Mott		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no *Letter approval to operate	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [35] PS [7] PS-Defib [34] BLS [10] EMT-D <input type="checkbox"/> LALS [15] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Delta Fire Protection District (707) 374-2233 350 Main Street / Rio Vista CA 94571			Primary Contact: Keith Tadewald		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [9] PS <input type="checkbox"/> PS-Defib [35] BLS [25] EMT-D <input type="checkbox"/> LALS [11] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: First Responder Emergency Medical Services, Inc. (916) 381-3780 8611 Folsom Boulevard, Suite 6 / Sacramento CA 95826						Primary Contact: Kevin Grant					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [33] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [19] ALS					
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 12						

Name, address & telephone: Courtland Fire Protection District (916) 775-1210 154 Magnolia Avenue / Courtland CA 95615						Primary Contact: Stan Eddy					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS [6] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib [12] EMT-D <input type="checkbox"/> ALS					
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0						

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2003

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

Name, address & telephone: REACH (800) 338-4045 451 Aviation Blvd #201 / Santa Rose CA 95403						Primary Contact: Patrick McDonald					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> [18] ALS					
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 6						

Name, address & telephone: California Highway Patrol/ Protective Services (916) 322-3337 3500 Reed Avenue / West Sacramento CA 95605-1677						Primary Contact: Justin Minnehan					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> [3] ALS					
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0						

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Priority One Medical Transport (800) 600-3370 8167 Belvedere Avenue / Sacramento CA 95826			Primary Contact: Michael Parker		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [1] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2003

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

Training Institution Name / Address		Contact Person telephone no.
American Red Cross 8928 Volunteer Lane Sacramento CA 95827		Customer Service Rep (916) 368-3130
Student Eligibility: * Need to be employed as a trainer or resource person on communicable disease.	Cost of Program [basic/refresher]: \$323 Cont. Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 300 Initial training: N/A Refresher: N/A Cont. Education: 300 Expiration Date: 01/03/06
		Number of courses: 16 Initial training: N/A Refresher: N/A Cont. Education: 16

Training Institution Name / Address		Contact Person telephone no.
American River College 4700 College Oak Drive Sacramento CA 95841		Grant Goold (916) 484-8902
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$12 per unit + \$360 Initial \$0 Cont. Education	**Program Level: EMT-P; Cont. Education for all EMS Personnel Number of students completing training per year: 500 Initial training: 500 Refresher: 100 Cont. Education: 600 Expiration Date: EMT-P 01/31/06; EMT-1 01/31/07; CE 04/30/06
		Number of courses: 16 Initial training: 1 Refresher: N/A Cont. Education: 2 Wilderness Medical Class

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Training Institution Name / Address

Contact Person telephone no.

Sacramento Metropolitan Fire District 2101 Hurley Way Sacramento CA 95825-3208		Ric Maloney (916) 566-4000
Student Eligibility: * Sacramento Metropolitan Fire District Personnel Only	Cost of Program [basic/refresher]: \$0 Refresher \$0 Cont. Education	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 650 Initial training: Not offered Refresher: 0 Cont. Education: 650 Expiration Date: EMT-I, 01/31/00; CE 01/31/05
		Number of courses: 36 Initial training: Not offered Refresher: 0 Cont. Education: 36

Training Institution Name / Address

Contact Person telephone no.

Sacramento County Office of Education Regional Occupation Program 10541 Norden Avenue / Mather CA 95655		ROP Career Center (916) 228-2721
Student Eligibility:* Open Prerequisite: Attendees must have completed Adult CPR Training.	Cost of Program [basic/refresher]: \$70.00 Initial	**Program Level: EMT-I Number of students completing training per year: 40 Initial training: 40 Refresher: 0 Cont. Education: N/A Expiration Date: 04/30/05
		Number of courses: 1 Initial training: 1 Refresher: 0 Cont. Education: N/A

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Training Institution Name / Address

Contact Person telephone no.

University California Davis Medical Center 2315 Stockton Boulevard Sacramento CA 95817		Linda Lichty (916) 734-5323
Student Eligibility: * Open	Cost of Program [basic/refresher]: MICN Varies \$100-\$200 \$0 Continuing Education	**Program Level: MICN; Continuing Education for all EMS Personnel Number of students completing training per year: 200 Initial training: 100 Refresher: N/A Continuing Education: 100 Expiration Date: MICN 03/31/06; CE Expiration Date: 01/31/06
		Number of courses: 30 Initial training: 5 Refresher: N/A Cont. Education: 25

Training Institution Name / Address

Contact Person telephone no.

Folsom Fire Department 48 Natoma Street Folsom CA 95630		Dennis Wycoff (916) 355-7250
Student Eligibility: * Department personnel only	Cost of Program [basic/refresher]: \$0 Initial \$0 Refresher \$0 Continuing Education	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 58 Initial training: 0 Refresher: 0 Continuing Education: 58 Expiration Date: EMT-I 10/31/04; CE 01/31/06
		Number of courses: 38 Initial training: 0 Refresher: 0 Cont. Education: 38

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Training Institution Name / Address		Contact Person telephone no.
Galt Fire Protection District 208 A Street Galt CA 95632		Rick Bollinger (209) 745-1001
Student Eligibility: * Open Ambulance/ Fire Personnel Preferred	Cost of Program [basic/refresher]: (Unknown) Initial \$100 Refresher	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 48-50 Initial training: 05 Refresher: 0 Continuing Education: 48-50 Expiration Date: EMT-I 05/31/04; CE 01/31/06 Number of courses: 6 Initial training: 1 Refresher: 1 Cont. Education: 4

Training Institution Name / Address		Contact Person telephone no.
Sacramento Fire Department 3230 J Street Sacramento CA 95816		Ray Jones (916) 264-8100
Student Eligibility: * Sacramento Fire Department Personnel Only	Cost of Program [basic/refresher]: \$0 Continuing Education	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 1,000 Initial training: 0 (TBD) Refresher: 0 Continuing Education: 1,000 Expiration Date: CE 01/31/06 Number of courses: 45 Initial training: 0 (TBD) Refresher: 0 Cont. Education: 45

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Training Institution Name / Address

Contact Person telephone no.

Mercy San Juan Hospital & →Methodist Hospital		6501 Coyle Avenue, Carmichael, CA 95608 7500 Hospital Drive, Sacramento, CA 95823	Kristina Freas (916) 537-5049 →Kathy Nacey (916) 423-5914
Student Eligibility: * Open	Cost of Program [basic/refresher]: N/A \$0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 50 - 100 Initial training: N/A Refresher: N/A Continuing Education: 50-100 Expiration Date: 12/31/05	
		Number of courses: 4-6 Initial training: N/A Refresher: N/A Cont. Education: 4-6	

Training Institution Name / Address

Contact Person telephone no.

Sutter General Hospital 2801 L Street Sacramento CA 95816		Loni Howard (916) 733-8579
Student Eligibility: * *** Open ***Restricted to employees at hospitals	Cost of Program [basic/refresher]: \$0 Continuing Education ***\$0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel & MICN Number of students completing training per year: 70 Initial training: N/A Refresher: N/A Continuing Education: 60 ***Continuing Education: 10 Expiration Date: 12/31/05
		Number of courses: 12, ***6 ***Haz Mat for Healthcare Initial training: N/A Refresher: N/A Cont. Education: 12, ***6

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs
EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Training Institution Name / Address Contact Person telephone no.

Sacramento International Airport Fire Department 7201 Earhart Drive Sacramento CA 95837		Steve Soto (916) 874-0651
Student Eligibility* Airport Fire Personnel Only	Cost of Program [basic/refreshers]: \$0 Initial \$0 Refresher	**Program Level: EMT-I Number of students completing training per year: 34 Initial training: 0 Refresher: 45 Continuing Education: N/A Expiration Date: 09/30/03
		Number of courses: 2 Initial training: 0 Refresher: 45 Cont. Education: N/A

Training Institution Name / Address Contact Person telephone no.

Sacramento County EMS Agency 9616 Micron Avenue, Suite 635 Sacramento CA 95827		Robert Strain (916) 875-9753
Student Eligibility: * Open	Cost of Program [basic/refreshers]: \$0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel (orientation) Number of students completing training per year: 140 Initial training: N/A Refresher: N/A Continuing Education: 140 Expiration Date: 12/31/05
		Number of courses: 12 Initial training: N/A Refresher: N/A Continuing Education: 12

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date:
		Number of courses: 12 Initial training: N/A Refresher: N/A Continuing Education: 12

Training Institution Name / Address		Contact Person telephone no.

* Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Note: Data fields on this page left blank intentionally.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County County: Sacramento Reporting Year: 2003

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

Training Institution Name / Address	Contact Person telephone no.

Training Institution Name / Address	Contact Person telephone no.

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

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

Note: Data fields on this page left blank intentionally.

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Mercy General Hospital 4001 J Street (916) 453-4547 Sacramento CA 95819					Primary Contact: Denny Powell, Hospital President				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> no		Burn Center: <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> no		If Trauma Center what Level:****	

Name, address & telephone: Mercy Folsom Hospital 1650 Creekside Drive (916) 983-7427 Folsom CA 95630					Primary Contact: Don Hudson, Vice President/ COO				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> no		Burn Center: <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> no		If Trauma Center what Level:****	

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: U.C. Davis Medical Center 2315 Stockton Boulevard (916) 734-2011 Sacramento CA 95817					Primary Contact: Robert Chason, CEO				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>			Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center: * <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		If Trauma Center what Level:**** Level 1 and Pediatric	

Name, address & telephone: Methodist Hospital 7500 Hospital Drive (916) 423-3000 Sacramento CA 95823					Primary Contact: Denny Powell, Vice President/ COO				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>			Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> no		Burn Center: <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> no		If Trauma Center what Level:****	

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Kaiser South Sacramento 6600 Bruceville Road (916) 688-2430 Sacramento CA 95823					Primary Contact: Max Villalobos, Director of Operations				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
EDAP: ** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU: *** <input checked="" type="checkbox"/> no		Burn Center: <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> no		If Trauma Center what Level: ****	

Name, address & telephone: Kaiser Hospital Sacramento 2025 Morse Avenue (916) 973-7440 Sacramento CA 95825					Primary Contact: Wade Nogy, Director, Hospital Operations				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
EDAP: ** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU: *** <input type="checkbox"/> no		Burn Center: <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> no		If Trauma Center what Level: ****	

* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
 ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
 *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
 **** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Sutter General Hospital 2801 L Street (916) 454-2222 Sacramento CA 95816		Primary Contact: Tom Gagen, CEO		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* [yes] <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

Name, address & telephone: Sutter Memorial Hospital 5151 F Street (916) 454-3333 Sacramento CA 95819		Primary Contact: Tom Gagen, CEO		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes	Burn Center: <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

- * Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Mercy San Juan Hospital 6501 Coyle Avenue (916) 537-5308 Carmichael CA 95608		Primary Contact: Teresa Whitfield, Safety & Security Officer		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> no	If Trauma Center what Level:**** Level II

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

- * Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: Sacramento Regional Fire/EMS Communication Center (916) 228-3070 10230 Systems Parkway / Sacramento CA 95827			Primary Contact: Alan Young	
Written Contract: <input type="checkbox"/> yes <input checked="" 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: 30 EMD Training EMT-D ALS BLS LALS 20 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0

Name, address & telephone: American Medical Response (916) 563-0600 1779 Tribute Road, Suite H / Sacramento CA 95815			Primary Contact: Mark Spangler	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 23 EMD Training EMT-D ALS BLS LALS Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0 BLS Provider

- * Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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

Name, address & telephone: First Responder Emergency Medical Services, Inc. (916) 381-3780					Primary Contact: Randy Martin				
8611 Folsom Boulevard, Suite G / Sacramento CA 95826									
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster		Number of Personnel providing services: 3 EMD Training 1 EMT-D 1 ALS 7 BLS LALS 5 Other			
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		Number of Ambulances: <u>0</u> BLS Provider			

Name, address & telephone: Medic Ambulance (916) 564-9040					Primary Contact: Terry Buck				
2349 Lexington Street / Sacramento CA 95815									
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster		Number of Personnel providing services: 4 EMD Training 4 EMT-D 1 ALS BLS LALS Other			
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		Number of Ambulances: <u>0</u> BLS Provider			

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Sacramento County EMS

County: Sacramento

Date: 2003

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

County Office of Emergency Services (OES) Coordinator:

Carole Hopwood

Work Telephone No.: (916) 874-4670

Home Telephone No.: (916) 408-7718

Office Pager No.: (916) 901-3887

FAX No.: (916) 930-9227

24-HR No. (916) 875-6900

Alternate's Name:

Teresa Stahl

Work Telephone No.: (916) 874-4670

Home Telephone No.: (916) 487-5993

Office Pager No.: (916) 901-2507

FAX No.: (916) 930-9227

24-HR No.: (916) 875-6900

County EMS Disaster Medical Services (DMS) Coordinator:

Bruce Wagner

Work Telephone No.: (916) 875-9753

Home Telephone No.: (800) 540-4002

Office Pager No.: (916) 423-7593

FAX No.: (916) 875-9711

24-HR No.: (916) 955-1534

E-Mail: wagnerems@msn.com

Alternate's Name:

Carole Hopwood

Work Telephone No.: (916) 874-4670

Home Telephone No.: (916) 408-7718

Office Pager No.: (916) 901-3887

FAX No.: (916) 930-9227

24-HR No.: (916) 875-6900

E-Mail: chopwood@sacsheriff.com

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

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

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

County Health Officer's Name:

Glennah Trochet, MD

Work Telephone No.: (916) 875-5881

Home Telephone No.: (916) 736-3560

FAX No.: (916) 875-5888

24-HR No.: (916) 875-6900

Alternate's Name:

Bruce Wagner

Work Telephone No.: (916) 875-9753

Home Telephone No.: (800) 540-4002

Office Pager No.: (916) 423-7593

FAX No.: (916) 875-9711

24-HR No.: (916) 955-1534

E-Mail: wagnerems@msn.com

Medical/Health EOC Telephone no.: (916) 575-4505

Amateur Radio Contact Name: Bruce Wagner

Who is the RDMHC for your region? Richard Buys

Medical/Health EOC FAX No.: (916) 575-4566

Medical/Health Radio Frequency: Sacramento County 800 MHz Trunked System (multiple frequency switching)

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

09/11/03
10:11:19 AM
2003

RECEIVED
EMS AUTHORITY

03 AUG 29 PM 1:06

[Faint, illegible text from bleed-through of the reverse side of the page]

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



February 11, 2004

Bruce Wagner, EMS Administrator
Sacramento County EMS Agency
9616 Micron Avenue, Suite 635
Sacramento, CA 95827

Dear Mr. Wagner:

We have completed our review of *Sacramento's 2002 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink that reads "Richard E. Watson".

Richard E. Watson
Interim Director

REW:SS