SACRAMENTO COUNTY

EMERGENCY MEDICAL SERVICES PLAN

***Prepared By*:**

Sacramento County Department of Health and Human Services

Emergency Medical Services Agency

Date
February, 2006

Updated
April, 2007
June, 2008
August, 2009

TABLES

NOTE: THESE TABLES ARE TO BE INCLUDED IN THE EMS PLAN AND UPDATED EACH YEAR AS NECESSARY IN THE ANNUAL WORKPLAN.

TABLE 1: Summary of System Status

Place an "x" in the appropriate boxes for each standard. Complete a System Assessment form (Attachment 1) for each standard. For those items from Table 1 that are followed by an asterisk, describe on the Assessment form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 and the System Assessment form are to be reported by agency.

The last two columns of Table 1 refer to the time frame for meeting the objective. Put an "x" in the "Short-range Plan" column if the objective will be met within a year. Put an "x" in the "Long-range Plan" column if the objective will take longer than a year to complete. If the minimum or recommended standard is currently met no "x" is required in either column.

ANNUAL UPDATE WORKPLAN FORMAT and CONTENTS

The annual update will consist of the following sections:

Summary of System Status - Table 1

Summary of Changes - any changes that your agency has made to the original EMS Plan. Provide a narrative description of any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Updates of Specific Information - provided on Tables 2-11.

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the System Assessment Form (see Appendix 1). Note your agency's progress towards short and long range plans.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

SECTION II

Assessment of System

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction*		✓			
1.18 QA/QI		✓	✓		
1.19 Policies, Procedures, Protocols		✓	✓		
1.20 DNR Policy		✓			
1.21 Determination of Death		✓			
1.22 Reporting of Abuse		✓			
1.23 Interfacility Transfer		✓			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		✓			
1.25 On-Line Medical Direction		✓			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan (integral to EMS Plan)		✓			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan					

B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		✓			
2.02 Approval of Training		✓			
2.03 Personnel		✓			
Dispatchers:					
2.04 Dispatch Training		✓			
First Responders (non-transporting):					
2.05 First Responder Training		✓			
2.06 Response		✓			
2.07 Medical Control		✓			
Transporting Personnel:					
2.08 EMT-I Training		✓	✓		
Hospital:					
2.09 CPR Training		✓			
2.10 Advanced Life Support		✓			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		✓			
2.12 Early Defibrillation		✓			
2.13 Base Hospital Personnel		✓			

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan*		✓	✓		
3.02 Radios		✓	✓		
3.03 Interfacility Transfer*		✓			
3.04 Dispatch Center		✓			
3.05 Hospitals		✓	✓		
3.06 MCI/Disasters		✓			
Public Access:					
3.07 9-1-1 Planning/ Coordination		✓	✓		
3.08 9-1-1 Public Education		✓			
Resource Management:					
3.09 Dispatch Triage		✓	✓		
3.10 Integrated Dispatch		✓	✓		

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*					
4.02 Monitoring		✓			
4.03 Classifying Medical Requests		✓			
4.04 Prescheduled Responses					
4.05 Response Time Standards*		✓	✓		
4.06 Staffing		✓			
4.07 First Responder Agencies		✓			✓
4.08 Medical & Rescue Aircraft*		✓			
4.09 Air Dispatch Center		✓			
4.10 Aircraft Availability*		✓			
4.11 Specialty Vehicles*		✓	✓		
4.12 Disaster Response		✓			
4.13 Intercounty Response*		✓	✓		✓
4.14 Incident Command System		✓			
4.15 MCI Plans		✓			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		✓	✓		
4.17 ALS Equipment		✓	✓		

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		✓			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan					
4.20 "Grandfathering"					
4.21 Compliance					
4.22 Evaluation					

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		✓	✓		
5.02 Triage & Transfer Protocols*		✓			
5.03 Transfer Guidelines*		✓			
5.04 Specialty Care Facilities*		✓			
5.05 Mass Casualty Management		✓	✓		
5.06 Hospital Evacuation*		✓			
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		✓			
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		✓			✓
5.09 Public Input		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		✓			
5.11 Emergency Departments		✓			
5.12 Public Input		✓			
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		✓			
5.14 Public Input		✓			

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		✓	✓		
6.02 Prehospital Records		✓			
6.03 Prehospital Care Audits		✓	✓		
6.04 Medical Dispatch		✓			
6.05 Data Management System*		✓	✓		
6.06 System Design Evaluation		✓			
6.07 Provider Participation		✓			
6.08 Reporting		✓			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		✓			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		✓			
6.11 Trauma Center Data		✓			

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		✓			
7.02 Injury Control		✓			
7.03 Disaster Preparedness		✓			
7.04 First Aid & CPR Training		✓	✓		

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		✓			
8.02 Response Plans		✓	✓		
8.03 HazMat Training		✓			
8.04 Incident Command System		✓	✓		
8.05 Distribution of Casualties*		✓	✓		
8.06 Needs Assessment		✓	✓		
8.07 Disaster Communications*		✓			
8.08 Inventory of Resources		✓	✓		
8.09 DMAT Teams		✓	✓		
8.10 Mutual Aid Agreements*		✓			
8.11 CCP Designation*		✓			
8.12 Establishment of CCPs		✓			
8.13 Disaster Medical Training		✓	✓		
8.14 Hospital Plans		✓	✓		
8.15 Interhospital Communications		✓			
8.16 Prehospital Agency Plans		✓	✓		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		✓			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		✓			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity					

System Assessment Form # 1.01 - LEMSA Structure

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

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The Sacramento County EMS Agency has a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.01 - LEMSA Structure

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

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The Sacramento County EMS Agency has a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

APPENDIX 1: System Assessment Form

TANDARD: 5.08 Trauma System Design

CURRENT STATUS: Meets current standards.

COORDINATION WITH OTHER EMS AGENCIES: Trauma Center representatives of one other EMS Agency (SSV) meet with Sacramento County trauma center representatives regularly. Trauma system design concerns are coordinated at the Region Level for maters of disaster planning. Trauma concerns beyond the regional level would be coordinated with other agencies as the need arises.

NEED(S): New Level II Trauma Center for the south area of the County has been identified. Kaiser Foundation Hospital South has been nominated and will be available no later than the year 2010 as planned.

OBJECTIVE: To maintain current standards and provide for the increasing population.

TIME FRAME FOR MEETING OBJECTIVE: 2010

____X____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Sacramento County Emergency Medical Services Agency
Area or subarea (Zone) Name or Title: Sacramento County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. See attached map.
Area or subarea (Zone) Geographic Description: Entire Sacramento County EMS Agency
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non - exclusive.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

SECTION III

System Resources and Operations

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Sacramento County EMS Agency
Reporting Year: 2008/2009

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

3. The person responsible for day-to-day activities of the EMS agency reports to b
a - Public Health Officer
b- Health Services Agency Director/Administrator
c - Board of Directors
d - Other: _____

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	x
Designation/approval of pediatric facilities	
Designation of other critical care centers	
Development of transfer agreements	
Enforcement of local ambulance ordinance	
Enforcement of ambulance service contracts	
Operation of ambulance service	

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 08/09

EXPENSES

Salaries and benefits (All but contract personnel)	$ 618,876
Contract Services (e.g. medical director)	128,200
Operations (e.g. copying, postage, facilities)	94,188
Travel	
Fixed assets	inc.
Indirect expenses (overhead)	150,706
Ambulance subsidy	
EMS Fund payments to physicians/hospital	1,601,055
Dispatch center operations (non-staff)	
Training program operations	
Other:	
Other:	
Other:	
TOTAL EXPENSES	$ 2,593,025

Table 2 - System Organization & Management (cont.)

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	78,544
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	17,250
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Hospital Preparedness Program funds/other payments	40,498
Base hospital application fees	
Trauma center application fees	
Trauma center designation fees	191,741
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type:	
Other critical care center designation fees	
Type:	
Ambulance service/vehicle fees	
Contributions	
EMS Fund (SB 12/612)	2,129,950
Other fees: Misc.	700
Other fees: Pre-hospital	134,342
Other (specify): Cig. Tax (AB75, AB430, EMSA)	$ 2,593,025

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 08/09

_____ We do not charge any fees

__x__ Our fee structure is:

First responder certification	$_____
EMS dispatcher certification	_____
EMT-I certification	25
EMT-I recertification	25
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	35
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	0
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	15,000 (if needed)
Trauma center designation (s)	191,741 (annual total)
Pediatric facility approval	_____
Pediatric facility designation	_____

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 08/09.

Table 2 - System Organization & Management (cont.)

EMS System: Sacramento County EMS Agency

Reporting year 2008/2009

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Chief (Health Program Manager)	1.0	48.62	28	Less mandatory furloughs
Asst. Admin./Admin. Asst./Admin. Mgr.	Sr. Health Program Coordinator				
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist II	1.0	32.10	24	
Program Coordinator/ Field Liaison (Non-clinical)	Health Program Coordinator Administrative Services Officer	1.0 1.0	39.64 33.52	28 24	Less mandatory furloughs Less mandatory furloughs
Trauma Coordinator					
Medical Director	Medical Director	0.23	100.00	0	Contract
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Sr. Office Assistant	1.0	18.83	24	
Other Clerical	Office Assistant II	1.0	14.14	24	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure. ((See separate file at end.)

Sacramento County
Department of Health and Human Services

Organizational Chart July 2009
Ann Edwards-Buckley, Acting Director

Sacramento County Board of Supervisors

Advisory Boards

- Sacramento County Alcohol and Drug Advisory Board
- Sacramento County Adult and Aging Commission
- Sacramento County Children's Coalition
- Sacramento County Mental Health Board
- Sacramento County Human Services Coordinating Council
- Sacramento County Public Health Advisory Committee

County Executive
Terry Shutten

Countywide Services Agency
Jim W. Hunt, Administrator

Department of Health and Human Services
Ann Edwards-Buckley, Acting Director

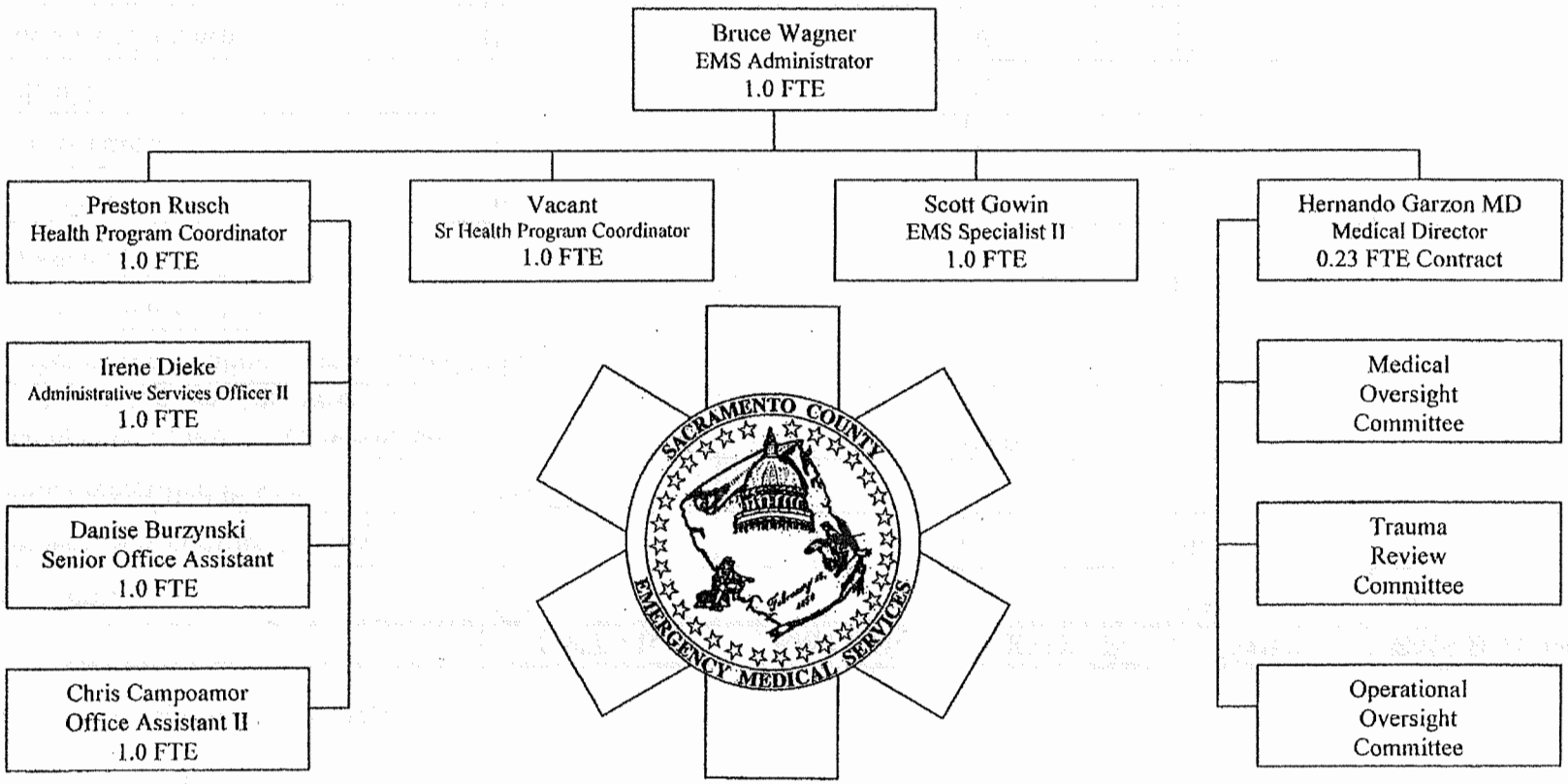
- **Emergency Medical Services**
  Bruce Wagner
- **Community Partnerships/ Communication and Media Officer**
  Laura McCasland
- **Ombudsman/Civil Rights Coordinator**
  Vicky Deane
- **Departmental Administration**
  Sue Priest, Deputy Director
  - Budget Management
  - Contract Management
  - Fiscal Services
  - Human Resources
  - Information Systems
  - Management Services
  - Program Compliance
- **Quality Assurance**
  Terry Allen

- **Division of Public Health**
  Glennah Trochet, M.D., County Health Officer
  - California Children's Services
  - Child Health & Disability Prevention
  - Epidemiology & Disease Control
  - Public Health Laboratory
  - Public Health Nursing
  - Public Health Promotion & Education
  - Vital Statistics
- **Senior and Adult Services**
  Bert Bettis, Division Chief
  - Adult Protective Services
  - In-Home Support Services
  - Public Administrator
  - Public Guardian/Conservator
- **Alcohol and Drug Services**
  Maria Morfin, Administrator
  - Policy/Planning/Training
  - Prevention Services
  - System of Care
  - Treatment Services
- **Child Protective Services**
  Laura Coulthard, Deputy Director
  - Adoptions
  - Day Care Licensing
  - Emergency Response
  - Family Maintenance
  - Family Reunification
  - Foster Home Licensing
  - Independent Living Program
  - Permanent Placement
  - Birth and Beyond Program
- **Mental Health Services**
  Mary Ann Bennett, Acting Deputy Director
  - Adult Program Services
  - Child Program Services
  - Mental Health Treatment Center
  - Older Adults/Quality Improvement
- **Primary Health Services**
  Keith Andrews, M.D., Division Chief
  - Clinic Services Branch
  - County Medically Indigent Services Program – Case Management
  - Pharmacy and Support Services
  - Women, Infants and Children Program
  - UCDMC Contract Coordination
  - Juvenile Medical Services

COUNTY OF SACRAMENTO

EMERGENCY MEDICAL SERVICES AGENCY

ORGANIZATIONAL CHART



09.03.08

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Sacramento County EMS Agency

Reporting Year: 2008

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	1312			133	* n/a
Number newly certified this year	159			48	
Number recertified this year	454			85	
Total number of accredited personnel on July 1 of the reporting year			999		
Number of certification reviews resulting in:					
a) formal investigations	0		0	0	
b) probation	0		0	0	
c) suspensions	0		0	0	
d) revocations	0		0	0	
e) denials	0		0	0	
f) denials of renewal	0		0	0	
g) no action taken	0		0	0	

1. Number of EMS dispatchers trained to EMSA standards: ** n/a
2. Early defibrillation:
   a) Number of EMT-I (defib) certified 1312
   b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program ☐ yes ☒ no

*This 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 EMS Agency

County: Sacramento County

Reporting Year: 2008

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 x No _____
   a. Radio primary frequency 800MHz Trunked System (multiple frequency switching)
   b. Other methods _____
   c. Can all medical response units communicate on the same disaster communications system? Yes x No _____
   d. Do you participate in OASIS? Yes x No _____
   e. Do you have a plan to utilize RACES as a back-up communication system? Yes x No _____

   1) Within the operational area? Yes x No _____
   2) Between the operational area and the region and/or state? Yes x No _____

6. Who is your primary dispatch agency for day-to-day emergencies?
   Sacramento Regional Fire /Emergency Communications Center

7. Who is your primary dispatch agency for a disaster?
   Sacramento Regional Fire/Emergency Communications Center

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Sacramento County EMS Agency

Reporting Year: 2008

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 23

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4-6 minutes	4-6 minutes	n/a	n/a
Early defibrillation responder	4-6 minutes	4-6 minutes	n/a	n/a
Advanced life support responder	4-6 minutes	20 minutes	n/a	n/a
Transport Ambulance	6-8 minutes	20 minutes	n/a	n/a

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Sacramento County EMS Agency

Reporting Year: 2008

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	3588
b) Number of major trauma victims transported directly to a trauma center by ambulance	1,144
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

Total number of emergency departments	9
a) Number of referral emergency services	
b) Number of standby emergency services	
c) Number of basic emergency services	
d) Number of comprehensive emergency services	1

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	9
2.	Number of base hospitals with written agreements	5

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Sacramento County EMS Agency

County: Sacramento County

Reporting Year: 2008

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Sacramento International Airport, Mather Air Field, McClellan Park, Sacramento Executive Airport. Others may be designated based on incident conditions.
   b. How are they staffed? Paramedics, nurses, physicians and volunteers
   c. Do you have a supply system for supporting them for 72 hours? yes x no ____

2. CISD
   Do you have a CISD provider with 24 hour capability? yes x no ____

3. Medical Response Team
   a. Do you have any team medical response capability? yes ____ no x
   b. For each team, are they incorporated into your local response plan? yes ____ no ____
   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 x no ____
   b. At what HazMat level are they trained? Specialist
   c. Do you have the ability to do decontamination in an emergency room? yes x no ____
   d. Do you have the ability to do decontamination in the field? yes x no ____

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 6

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

4. List all counties with which you have a written medical mutual aid agreement.
   Amador, Contra Costa, Placer, San Joaquin, Solano, and Yolo

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

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

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

8. Are you a separate department or agency? yes ____ no _x__

9. If not, to whom do you report? Sacramento County Director of Health and Human Services Department

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes ____ no ____

SECTION IV

Resources Directory

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: American Medical Response (916) 565-2835 1101 Fee Drive / Sacramento, CA 95815				**Primary Contact**: Jennifer Bales, Operations Manager	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [125] BLS [] EMT-D [] LALS [87] ALS [4] CCT RN
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 38
Name, address & telephone: California Highway Patrol/ Protective Services (916) 322-3337 1801 Ninth Street / Sacramento, CA 95814				**Primary Contact**: Ken Boskovich, EMS Officer	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [15] BLS [] EMT-D [] LALS [2] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [✓] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [✓] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0 Bike and Golf Cart only

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: California Highway Patrol/Valley Division Air Op (530) 823-4535
2434 Lindbergh Street / Auburn, CA 95602
Primary Contact: Marty Martain, Officer, EMS Coordinator

Written Contract:	Service:	Transport:	Air classification:	If Air:	Number of personnel providing services:
[] No [✓] Yes	[✓] Air [] Ground [] Water	[✓] Non-Transport [✓] Transport	[] Air ambulance [] Auxiliary rescue [✓] ALS rescue [✓] BLS rescue	[✓] Rotary [✓] Fixed Wing	[] PS [] PS-Defib [8] BLS [] EMT-D [] LALS [7] ALS
Ownership:	Medical Director:	If public:	If public:	System available 24 hours?	Number of ambulances:
[] Private [✓] Public	[] No [✓] Yes	[] Fire [✓] Law [] Other If Other, Explain:	[] City [] County [] Federal [] Fire District [✓] State	[] No [✓] Yes	Helicopters (ALS): 2 Airplanes (BLS): 2

Name, address & telephone: Calstar (916) 921-4000
4933 Bailey Loop / McClellan, CA 95652
Primary Contact: Paul Naas RN, Dir. Of Medical Operations

Written Contract:	Service:	Transport:	Air classification:	If Air:	Number of personnel providing services:
[] No [✓] Yes	[✓] Air [] Ground [] Water	[] Non-Transport [✓] Transport	[✓] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	[✓] Rotary [✓] Fixed Wing	[] PS [] PS-Defib [] BLS [] EMT-D [] LALS [] ALS [40] RN
Ownership:	Medical Director:	If public:	If public:	System available 24 hours?	Number of ambulances:
[✓] Private [] Public	[] No [✓] Yes	[] Fire [] Law [] Other If Other, Explain:	[] City [] County [] Federal [] Fire District [] State	[] No [✓] Yes	Helicopters: 4 Airplanes: 1

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Cosumnes Community Services District (916) 685-1712 8812 Elk Grove Boulevard/ Elk Grove, CA 95624				**Primary Contact:** Linda Lichty, Performance Development Coor.	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [69] BLS [] EMT-D [] LALS [83] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 10

Name, address & telephone: Courtland Fire Protection District (916) 775-1210 145 Magnolia Avenue / Courtland, CA 95615				**Primary Contact:** David Welch, Chief	
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [3] BLS [] EMT-D [] LALS [] ALS [5] 1st Responder [6] 1st Aid
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: First Responder Emergency Medical Services, Inc. (916) 733-5100 10161 Croydan Way, Suite 1 / Sacramento, CA 95827			**Primary Contact:** Kevin Grant, Chief Information Officer		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [130] BLS [] EMT-D [] LALS [38] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 30

Name, address & telephone: Folsom Fire Department (916) 984-2284 535 Glen Drive / Folsom, CA 95630			**Primary Contact:** Calvin Howard, EMS Chief		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [30] BLS [] EMT-D [] LALS [39] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [✓] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Herald Fire Protection District (209) 748-2322 12746 Ivie Road / Herald, CA 95638			**Primary Contact:** Chris McGranihan,EMS		
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [20] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

Name, address & telephone: Isleton Fire Department (916) 777-7776 100 Second Street / Isleton, CA 95641			**Primary Contact:** Robert Bartley, Chief		
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [13] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [✓] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Medic Ambulance (916) 564-9040 2349 Lexington Street / Sacramento, CA 95815			**Primary Contact:** Matt Copenhaver, Operations Manager		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [20] BLS [] EMT-D [] LALS [9] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 13
Name, address & telephone: Norcal Ambulance (866) 755-3400 721 North B Street / Sacramento, CA 95814			**Primary Contact:** Eric Larimer, Operations Manager		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [11] BLS [] EMT-D [] LALS [10] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Priority One Medical Transport (800) 600-3370 ext. 4477 740 South Rochester Avenue, Suite E / Ontario, CA 91761-8179			**Primary Contact:** Jim Karras, V.P. & Gen. Mgr		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [16] BLS [] EMT-D [] LALS [2] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 4

Name, address & telephone: REACH (800) 338-4045 451 Aviation Boulevard, Suite 201 / Santa Rosa, CA 95403			**Primary Contact:** Sean Russell, Dir. Of Services		
Written Contract: [] No [✓] Yes	Service: [✓] Air [] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [✓] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [✓] Rotary [✓] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [] BLS [] EMT-D [] LALS [3] ALS [6] RN [1] Resp. Therapist
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Rio Vista Fire Department (707) 374-2233 350 Main Street / Rio Vista, CA 94571				**Primary Contact:** Max Etchieson, EMS Coordinator	
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [15] BLS [] EMT-D [] LALS [3] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

Name, address & telephone: River Delta Fire Protection District (916) 777-8700 2360 West Twitchell Island Road / Rio Vista, CA 94571				**Primary Contact:** Rick Carter, Chief	
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [✓] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [42] BLS [] EMT-D [] LALS [] ALS Volunteer
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Sacramento Fire Department (916) 264-5352 3230 J Street / Sacramento, CA 95825				**Primary Contact:** Howley Childs, EMS Chief	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [214] BLS [] EMT-D [] LALS [357] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [✓] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 18
Name, address & telephone: Sacramento Metropolitan Fire District (916) 566-4000 2101 Hurley Way / Sacramento, CA 95825				**Primary Contact:** Chief Steve Cantelme, EMS Division Chief	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [321] BLS [] EMT-D [] LALS [245] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal District [✓] Fire [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 13 Plus 2 part-time

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Sacramento County Airport System Aircraft Rescue Firefighting Division (916) 874-0648 7201 Earhart Drive / Sacramento, CA 95837				**Primary Contact:** Alan Sernholt, Fire Bat. Chief	
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [38] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [✓] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

Name, address & telephone: Sacramento Valley Ambulance (916) 736-2500 6220 Belleau Wood Lane, Ste 4 / Sacramento, CA 95822				**Primary Contact:** Paul Lakich, CEO	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [8] BLS [] EMT-D [] LALS [3] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: TLC Transportation, Inc. (916) 368-5202 5751 Excelsior Road / Sacramento, CA 95827				**Primary Contact:** Kathryn Whipple, President	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [21] BLS [] EMT-D [] LALS [17] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 7
Name, address & telephone: Walnut Grove Fire Protection District (916) 417-4070 14160 Grove Street / Walnut Grove, CA 95690				**Primary Contact:** Joey Sanchez, Chief	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [5] BLS [] EMT-D [] LALS [] ALS Volunteer
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2009

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Wilton Fire Protection District (916) 687-6920 9800 Dillard Road / Wilton, CA 956930				**Primary Contact:** Tom Dark, Chief	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [41] BLS [] EMT-D [] LALS [10] ALS Volunteer
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0
Name, address & telephone: x **Primary Contact:** x					
Written Contract: [] No [] Yes	Service: [] Air [] Ground [] Water	Transport: [] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [] Public	Medical Director: [] No [] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [] Yes	Number of ambulances:

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name American Red Cross **Contact Person telephone no.** Janet Baker 916 368-3120

Address 8928 Volunteer Lane, Sac 95826

Student Eligibility: *Public	**Cost of Program**	**Program Level: EMT-I**
	Basic $75	Number of students completing training per year:
	Refresher	Initial training:
		Refresher:
		Cont. Education 3039
		Expiration Date: 1/31/10
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education: 392

Training Institution Name American River College **Contact Person telephone no.** Grant Goold 916 484-8843

Address 4700 College Oak Drive Sac 95841

Student Eligibility: *Public	**Cost of Program**	**Program Level: EMT-I;EMT-P**
	Basic $100	Number of students completing training per year:
	Refresher $30	Initial training: 100-125
		Refresher: 50
		Cont. Education
		Expiration Date: 3/22/10
		Number of courses:
		Initial training: 6
		Refresher: 2
		Cont. Education:

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name California SIDS **Contact Person telephone no.** Cheryl McBride 916 851-7437

Address 11344 Coloma Rd, Ste 560
Gold River 95670

Student Eligibility: *	**Cost of Program**	**Program Level: EMT-I
Public health and emergency personnel	Basic free Refresher free	Number of students completing training per year: Initial training: Refresher: Cont. Education 24 Expiration Date: 1/31/11 Number of courses: Initial training: Refresher: Cont. Education: 2/yr

Training Institution CE3000.com **Contact Person telephone no.** Jeff Schneider (916)923-3334 x123

Address 1500 W. El Camino, Ste 640
Sacramento 95833

Student Eligibility: *	**Cost of Program**	**Program Level: EMT-I, EMT-P, RN
General public	Basic $8/CEH Refresher $50	Number of students completing training per year: Initial training: Refresher: CONFIDENTIAL Cont. Education Expiration Date: 1/28/10 Number of courses: Initial training: Refresher: Cont. Education: 27

- 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Cosumnes Community Special District **Contact Person telephone no.** Linda Lichty 916 685-1748

Address 10573 E. Stockton Blvd
Elk Grove 95624

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I, EMT-P
Employees only	Basic _____	Number of students completing training per year:
	Refresher $0	Initial training: _____
		Refresher: _____
		Cont. Education 150
		Expiration Date: 3/31/10
		Number of courses:
		Initial training: _____
		Refresher: _____
		Cont. Education: 12

Training Institution Name Cosumnes River College **Contact Person telephone no.** Matt McHugh 916 691-7906

Address 8401 Center Parkway Sacramento 95823

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
Public	Basic $120	Number of students completing training per year:
	Refresher $35/unit	Initial training: 121
		Refresher: 41
		Cont. Education 8
		Expiration Date: 6/30/11
		Number of courses:
		Initial training: 2/sem
		Refresher: 1/sem
		Cont. Education: ____

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Dave Massengale **Contact Person telephone no.** Dave Massengale 916 804-2911

Address 112 McCormick Ct Folsom 95630

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
EMT-I	Basic $295 Refresher $50/CEH	Number of students completing training per year: Initial training: Refresher: Cont. Education 12 Expiration Date: 2/28/09 Number of courses: Initial training: Refresher: Cont. Education: 2

Training Institution Name Emergency Medical Research & Educational Foundation **Contact Person telephone no.** Lucia Romo 916 325-5455 x10

Address 1020 11th St. Ste 320 Sacramento 95814

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I, EMT-P, MICN
Public	Basic varies Refresher	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 10/31/11 Number of courses: Initial training: Refresher: Cont. Education: inactive

- 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name EMS Education Services **Contact Person telephone no.** Steve Jo 916 455-7853

Address 3125 U St Sacramento 95817

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
Public	Basic _____	Number of students completing training per year:
	Refresher $40	Initial training: _____
		Refresher: _____
		Cont. Education 12
		Expiration Date: 4/27/10
		Number of courses:
		Initial training: _____
		Refresher: _____
		Cont. Education: 12

Training Institution Name Emergency Medical Sciences Training Institute **Contact Person telephone no.** David Patton 209 461-5550

Address 3105 Fite Circle, Ste 108 Sacramento 95827

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-P
Public	Basic $11,400	Number of students completing training per year:
	Refresher _____	Initial training: 100+
		Refresher: ___
		Cont. Education ___
		Expiration Date: 8/27/12
		Number of courses:
		Initial training: 6 (2 in Sac County)
		Refresher: ___
		Cont. Education: ___

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name First Responder EMS, Inc. **Contact Person telephone no.** Peter Van Niekerk 916 381-3780

Address 8611 Folsom Blvd
Sacramento 95826

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I, EMT-P
EMS personnel in-house	Basic $0 Refresher	Number of students completing training per year: Initial training: Refresher: Cont. Education 100 Expiration Date: 2/28/10 Number of courses: Initial training: 1 Refresher: 1 Cont. Education: 23

Training Institution Name Folsom Fire Dept. **Contact Person telephone no.** Calvin Howard 916 984-2284

Address 535 Glenn Drive Folsom 95630

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
FFD personnel	Basic $0 Refresher $0	Number of students completing training per year: Initial training: Refresher: Cont. Education 71 Expiration Date: 1/31/10 Number of courses: Initial training: Refresher: Cont. Education: 96

- 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name CHW Mercy San Juan Med Center **Contact Person telephone no.** Kristina Freas 916 537-5049

Address 6501 Coyle Ave Carmichael 95608

Student Eligibility: *	**Cost of Program**	**Program Level:** MICN
Public	Basic _____	Number of students completing training per year:
	Refresher $0/CEH	Initial training: 12
		Refresher: _____
		Cont. Education 150-200
		Expiration Date: 12/19/10
		Number of courses: 8
		Initial training: _____
		Refresher: _____
		Cont. Education: 8

Training Institution Name Methodist Hospital **Contact Person telephone no.** Kathy Nacey 916 423-5914

Address 7500 Hospital Drive Sacramento 95823

Student Eligibility: *	**Cost of Program**	**Program Level:** MICN
Public	Basic _____	Number of students completing training per year:
	Refresher $0/CEH	Initial training: 5
		Refresher: 10
		Cont. Education 38
		Expiration Date: 5/31/10
		Number of courses:
		Initial training: _____
		Refresher: ___
		Cont. Education: 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento City Unified School District-Charles A. Jones **Contact Person telephone no.** Nancy Compton 916 433-2699

Address 5451 Lemon Hill Ave Sacramento 95824

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
18 years of age and High School Diploma or G.E.D.	Basic $1060 Refresher _____	Number of students completing training per year: Initial training: 100 Refresher: _____ Cont. Education _____ Expiration Date: 2/31/10 Number of courses: Initial training: 4 Refresher: _____ Cont. Education: _____

Training Institution Name Sacramento City Unified School District-Old Marshall **Contact Person telephone no.** Derek Parker 916 264-4113

Address 2718 G St Sacramento 95816

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I, EMT-P
Public	Basic $100, $3650 Refresher _____	Number of students completing training per year: Initial training: 50, 24 Refresher: ____ Cont. Education ____ Expiration Date: 3/10/12 Number of courses: Initial training: 2, 1 Refresher: ____ Cont. Education: ____

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento County Office of Education - ROP **Contact Person telephone no.** Paula Dula 916 648-1717

Address 10541 Norden Ave Mather 95655

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
Public	Basic $0 (book 100) Refresher _____	Number of students completing training per year: Initial training: 70 Refresher: _____ Cont. Education _____ Expiration Date: 12/31/10 Number of courses: 1 Initial training: 1 Refresher: _____ Cont. Education: _____

Training Institution Name Sacramento Fire Dept. **Contact Person telephone no.** Margaret Ong, RN 916 216-0254

Address 3230 J St Sacramento 95814

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
SFD personnel only	Basic $0 (book $50) Refresher _____	Number of students completing training per year: Initial training: 0 Refresher: ___ Cont. Education 3620 Expiration Date: 3/31/10 Number of courses: Initial training: _____ Refresher: ___ Cont. Education: 79

- 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento County International Airport **Contact Person telephone no.** Craig Stroup 209 814-3950

Address 7201 Earhart Dr Sacramento 95837

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I
Employees only	Basic _____	Number of students completing training per year:
	Refresher $0	Initial training: _____
		Refresher: 65
		Cont. Education _____
		Expiration Date: 4/20/10
		Number of courses:
		Initial training: _____
		Refresher: 2
		Cont. Education: _____

Training Institution Name Sacramento Metropolitan Fire Dept. **Contact Person telephone no.** Ric Maloney 916 566-4000

Address 2101 Hurley Way Sacramento 65825

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-I, EMT-P
SMFD personnel	Basic $0	Number of students completing training per year:
	Refresher _____	Initial training: _____
		Refresher: ___
		Cont. Education 600-700
		Expiration Date: 6/22/09
		Number of courses: 26
		Initial training: _____
		Refresher: ___
		Cont. Education: 14, 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sutter General Hospital **Contact Person telephone no.** Loni Howard 916 733-8579

Address 2801 L St Sacramento 95816

Student Eligibility: *	**Cost of Program**	**Program Level:** MICN
Public	Basic $0 Refresher $0	Number of students completing training per year: Initial training: Refresher: Cont. Education 30 Expiration Date: 2/20/10 Number of courses: Initial training: Refresher: Cont. Education: 10

Training Institution Name University of California Davis Medical Center **Contact Person telephone no.** Alison Shuken 916 734-5323

Address

Student Eligibility: *	**Cost of Program**	**Program Level:** MICN
MICNs, Sacramento County Base Hospitals	Basic $180 Refresher	Number of students completing training per year: Initial training: 53 Refresher: Cont. Education 100 Expiration Date: 10/14/11 Number of courses: Initial training: 3 Refresher: Cont. Education: 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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sacramento County EMS Agency **Contact Person telephone no.** Preston Rusch 916 875-9753

Address 9616 Micron Ave., Suite 635
Sacramento 95827

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-P, MICN
EMT-I, EMT-P, MICN	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: _____
		Refresher: _____
		Cont. Education 60; 16
		Expiration Date: 12/31/09
		Number of courses:
		Initial training: _____
		Refresher: _____
		Cont. Education: 12

Training Institution Name _____ **Contact Person telephone no.** _____

Address _____

Student Eligibility: *	**Cost of Program**	**Program Level:** ___
	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: _____
		Refresher: ___
		Cont. Education ____
		Expiration Date: ____
		Number of courses:___
		Initial training: _____
		Refresher: ___
		Cont. Education: ____

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

EMS System: Sacramento County EMS Agency **County**: Sacramento County **Reporting Year**: 2009

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

Name, address & telephone:			**Primary Contact:**	
Kaiser Hospital North, 2025 Morse Ave., Sacramento 95825			916 973-6055 Deborah Aspling	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone:			**Primary Contact:**	
Kaiser Hospital South, 6600 Bruceville Rd, Sacramento 95823			916 688-2430 Ajay Tejpal, Office of Max Villalobos	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** II as of 8/1/09

* 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County EMS Agency **County**: Sacramento County **Reporting Year**: : 2009

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

Name, address & telephone:			**Primary Contact:**	
Methodist Hospital 7500 Hospital Drive, Sacramento 95823 916 423-5914			Kathy Nacey	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone:			**Primary Contact:**	
Mercy Hospital 1650 Creekside Drive, Folsom 95630 916 983-7469			Amy Hooper	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County EMS Agency **County**: Sacramento County **Reporting Year**: : 2009

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

Name, address & telephone:			**Primary Contact:**	
Mercy General Hospital 400 J Street, Sacramento 95819 916 453-4930			Terry Mix	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone:			**Primary Contact:**	
Mercy San Juan Hospital 6501 Coyle Avenue, Carmichael 95608 916 537-5308			Kristina Freas	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** II

* 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County EMS Agency **County**: Sacramento County **Reporting Year**: : 2009

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

Name, address & telephone:			**Primary Contact:**	
Sutter General Hospital 2801 L Street, Sacramento 95816 916 454-2222			Drina Florez in Admin Office	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☒		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone:			**Primary Contact:**	
Sutter Memorial Hospital 5151 F Street, Sacramento 95819 916 454-2222			Vicky Sexton	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☒		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☒ yes ☐ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ 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 9: RESOURCES DIRECTORY -- Facilities]

EMS System: Sacramento County EMS Agency **County**: Sacramento County **Reporting Year**: : 2009

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

Name, address & telephone:			Primary Contact:	
University of California Davis Medical Center 2315 Stockton Blvd, Sacramento 95817 916 734-2011 Michael Minear				
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☒		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☒ yes ☐ no
EDAP:** ☒ yes ☐ no	PICU:*** ☒ yes ☐ no	Burn Center: ☒ yes ☐ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** I and Pediatric

Name, address & telephone:			Primary Contact:	
Written Contract ☐ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☐ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☐ no	Burn Center: ☐ yes ☐ no	Trauma Center: ☐ yes ☐ 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 -- Dispatch Agency

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

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

Name, address & telephone:			Primary Contact:
Sacramento Regional Fire/EMS Communications Center (916) 228-3070 10230 Systems Parkway Sacramento, CA 95827			Penny Adams
Written Contract: ☒ yes ☐ no	Medical Director: ☒yes ☐ no	☒Day-to-day ☒Disaster	Number of Personnel providing services: __24__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __6__ Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☐ Law ☒ Other explain: medical___	If public: ☐ city; ☐ county; ☐ state; ☒ fire district; ☐ Federal

Name, address & telephone:			Primary Contact:
American Medical Response (916) 563-0610 1779 Tribute Road, Suite H Sacramento, CA 95815			Karl Pedroni
Written Contract: ☐ yes ☒ no	Medical Director: ☒yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: __26__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public ☒Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County EMS Agency **County:** Sacramento County **Reporting Year:** 2008

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

Name, address & telephone:			**Primary Contact:**
First Responder Emergency Medical Services, Inc. (916) 381-3780 10161 Croyden Way, Suite 1 Sacramento, CA 95827			Kevin Grant
Written Contract: ☐ yes ☒ no	Medical Director: ☒yes ☐ no	☒Day-to-day ☐Disaster	Number of Personnel providing services: 16 EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 6 Other
Ownership: ☐Public ☒Private		If public: ☐Fire ☐ Law ☐ Other explain:____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:**
Medic Ambulance (916) 564-9040 2349 Lexington Street Sacramento, CA 95815			Helen Pierson
Written Contract: ☐ yes ☒no	Medical Director: ☒yes ☐ no	☒Day-to-day ☒ Disaster	Number of Personnel providing services: 7 EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 3 Other
Ownership: ☐ Public ☒Private		If public: ☐ Fire ☐ Law ☐ Other explain:____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

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) 875-5000

Alternate's Name:

Bruce Wagner

Work Telephone No.: (916) 875-9753

Home Telephone No.: (916) 941-9117

Office Pager No.: (916) 876-1141

FAX No.: (916) 875-9711

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

E-Mail: wagnerems@msn.com

Medical/Health EOC Telephone no.: (916) 955-1534
Amateur Radio Contact Name: Richard Mar

Who is the RDMHC for your region? Dan Burch

Medical/Health EOC FAX No.: (916) 363-8168
Medical/Health Radio Frequency: Sacramento County 800 MHz Trunked System (multiple frequency switching)

E: 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.

APPENDIX 7:

SACRAMENTO COUNTY EMS POLICY #5070
"HOSPITAL TRANSFER AGREEMENTS"

EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:

To establish general guidelines and standards for the completion and operation of formal transfer agreements between hospitals.

II. AUTHORITY:

A. Health and Safety Code, Division 2.5, Ch. 3, Art. 1, §1797.106(b); Ch. 4, Art 1, §1797.220; Ch. 5, §1798(a,b) and §1798.2; Ch. 6, Art. 2, §1798.170; Ch. 6, Art. 2, §1798.172; Ch.7, §1798.205 and §1798.206.

B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 2, §100144, §100145 and §100147; Ch. 7, Art. 5, §100266.

III. GENERAL GUIDELINES:

A. A hospital should execute and maintain transfer agreement(s) with other health facilities that offer a higher level of accepted specialty care services. Hospitals with transfer agreements should have a written policy that clearly establishes internal administrative and professional patient transfer responsibilities.

B. Patient transfers, and related agreements, must comply with state and federal mandates, including, but not limited to, provisions of the: California Health and Safety Code; California Welfare and Institutions Code; California Code of Regulations; and United States Code.

C. All individuals who present to a hospital and request an evaluation must receive a medical screening examination to determine if an emergency medical condition exists or if the individual is in active labor. Delay of medical screening exams to inquire about payment or insurance is prohibited. The screening examination and evaluation should be provided without first questioning the individual or any other person as to his or her ability to pay for the medical treatment. Where necessary, the screening examination and evaluation should include consultation with specialty physicians qualified to give opinion or render care necessary to stabilize the patient.

D. No EMS personnel shall be placed in charge of monitoring or administering a drug or procedure outside their scope of practice, as defined by the State of California and the County of Sacramento.

E. During any transfer, if the patient's condition deteriorates and requires treatment not covered by physician orders or scope of practice, the transferring ambulance should immediately divert to the closest receiving hospital. Ambulance personnel should notify all involved hospitals of their diversion and the patient's status as soon as possible.

IV. CONDITIONS FOR TRANSFER:

A. Stabilization of the patient prior to any transfer should include adequate evaluation and initiation of treatment to assure that the transfer will not, within reasonable medical probability, result in death or loss/ serious impairment of bodily functions, parts or organs. It is recognized that there are times when such stabilization is not possible because the transferring facility does not have the personnel or equipment needed. In such cases, the patient should be stabilized to the best ability of the transferring physician, and then promptly transferred.

B. No transfer should be made without the consent of the receiving physician, and confirmation is received from the receiving hospital's transfer liaison (admitting department or other administrative personnel) that the patient meets the hospital's admission criteria relating to available bed, personnel, and equipment.

C. Transfers from patient care areas of an acute care hospital should require that the patient be informed of the reason(s) for transfer, and the destination proposed by the transferring facility. The patient's written consent for the transfer should be obtained, if possible.

D. All patient records and copies of pertinent patient information should be transferred with the patient. If not available at time of transfer, test results may be faxed or telephoned with hard copies sent as soon as practically possible.

E. Patients may be transferred when the following conditions are met:

1. The patient has received a medical screening examination and is stabilized (see IV.A. above).

2. Appropriate transfer forms, consent and documentation are completed.

3. The transferring physician determines that appropriate diagnostic and/ or treatment services are not available at the transferring facility and these services are available at the receiving facility OR,

4. The patient's attending physician or the patient himself requests the transfer and the transferring physician determines that such a transfer would not jeopardize the patient's condition and is in the best interest of the patient OR,

5. The patient's health care insurance and/ or method of payment requires treatment at the receiving facility and the transfer will not jeopardize the patient, or the patient has been under the continuing care of the receiving facility and the transfer will not jeopardize the patient.

Any other conditions, which might warrant transfer, must be considered on a case-by-case basis.

V. TRANSFER RESPONSIBILITIES:

The following general responsibilities apply in transfers:

A. The responsibility for the transfer rests with the transferring physician/ facility. The transferring physician/ facility should minimally:

1. Obtain the appropriate informed consent signatures;

2. Consult with the receiving physician/ hospital;

3. Make appropriate transport arrangements;

4. Complete all transfer forms;

5. Provide administrative and medical instructions/ orders and arrange for continuous medical control [as outline in Sacramento County Emergency Medical Services (SCEMS) Policy #5101 "Inter-facility Transfers: Medical Control"] for hospital/ transferring personnel; and

6. Notify the receiving hospital physician.

B. The responsibility for assuring patient disposition arrangements at the receiving facility rests with the receiving physician/ facility.

VI. TRANSFER STAFFING OPTIONS:

A. EMT/ MD Transport

The physician accompanying the patient will provide/ direct medical treatment.

B. EMT/ Transferring Hospital RN Transport

The transferring hospital should provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by the transferring or receiving physician via telephone or radio.

C. EMT/ RN (CCT) Transport

The transferring hospital should provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by either the transferring or receiving physician, or the ambulance provider medical director.

D. EMT-Paramedic Transport

The transferring hospital should provide written orders for patient care. The transferring physician/ hospital should be familiar with SCEMS Policies #2221 "EMT-P Scope of Practice," #5101 "Inter-facility Transfers: Medical Control" and #5102 "Inter-facility Transfers: Level of Care."

E. EMT-I Transport

The transferring hospital should provide written orders for patient care. The transferring physician/ hospital should be familiar with SCEMS Policies #2220 "EMT-I Scope of Practice" and #5102 "Inter-facility Transfers: Level of Care."

VII. REPORTING/ COMPLAINTS:

Any person who knows of or suspects an inappropriate patient transfer should report it to the State Department of Health Services within seventy-two (72) hours following the occurrence(s). Information should be reported to:

California Department of Health Services
Licensing and Certification, Sacramento
7801 Folsom Blvd., Suite 200
Sacramento, CA 95826
Phone: (916) 229-3400
Toll Free: (800) 554-0354
FAX: (916) 229-3465

CROSS REFERENCE: EMT-I Scope of Practice, PD #2220;
EMT-P Scope of Practice, PD #2221;
Inter-facility Transfers Medical Control, PD #5101;
Inter-facility Transfers Level of Care, PD #5102

SECTION VI

Annex

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Sacramento County
Area or Subarea (Zone) Name or Title: Sacramento County
Name of Current Provider(s): Sacramento Metropolitan Fire District Sacramento Fire Department Cosumnes CSD Fire Department Folsom Fire Department American Medical Response Medic Ambulance Service
Area or Subarea (Zone) Geographic Description: Sacramento County encompasses approximately 994 square miles in the middle of the 400-mile long Central Valley, which is California's prime agricultural region. The County is bordered by Contra Costa and San Joaquin Counties on the south, Amador and El Dorado Counties on the east, Placer and Sutter Counties on the north, and Yolo and Solano Counties on the west. Sacramento County extends from the low delta lands between the Sacramento and San Joaquin rivers north to about ten miles beyond the State Capitol and east to the foothills of the Sierra Nevada Mountains.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): No exclusive ambulance operating areas exist in Sacramento County. On March 1, 1994, Sacramento County withdrew from the provision of 9-1-1 ambulance services (see attached Sacramento County Resolution 93-1575). Simultaneously, local cities and special districts assumed that responsibility countywide (see attached litigation settlement agreement).
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Does Not Apply.
Method to achieve exclusivity, if applicable (HS 1797.224): Does Not Apply.

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Method to achieve exclusivity, if applicable (HS 1797.224): Does Not Apply.

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

ARNOLD SCHWARZENEGGER, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875

October 21, 2009

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 County's 2008 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,

R. Steven Tharratt, MD, MPVM
Director

RST:ss