



Countywide Services

Health and Human Services

Primary Health  
Deputy Director  
Sandy Damiano, PhD

## County of Sacramento

County Executive  
Bradley J. Hudson

Chief Deputy County Executive  
Ann Edwards

Department Director  
Sherri Z. Heller, Ed.D.

April 2, 2013

Howard Backer, MD, Director  
Emergency Medical Services Authority  
10901 Gold Center Dr, Suite 400  
Rancho Cordova, CA 95670

Dear Dr. Backer:

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

No significant changes to the EMS Plan have occurred during the past year. Some items of note are identified below.

### **SECTION I: Summary of System Status**

- 1.1 #1.02 - LEMSA Mission. This objective is on-going. Efforts will continue to identify needed system changes/improvements.
- 1.2 #4.13 - Inter-county Response. Efforts to facilitate agreements for Medical reimbursement of inter-county response of emergency medical resources will continue.

### **SECTION III: System Resources and Operations**

Tables 2- 7 illustrate the updated information for the fiscal year 2012/2013.

Please replace existing pages with those attached herein.

### **SECTION IV: Resources Directory**

Tables 8 – 11 show the updated information for calendar year 2012.

Please replace existing pages with those attached herein.

April 2, 2012,

Dr. Backer, EMSA

EMS and Trauma Plan Updates

**SECTION VI: Annex**

Appendix 9 please add the attached April 2, 2012 approval letter from EMSA for our last EMS Plan and the June 15, 2012 approval letter from EMSA for our last Trauma System Status Report.

The **TRAUMA SYSTEM STATUS REPORT** is attached herewith.

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

Sincerely,



BRUCE A. WAGNER,  
EMS Administrator  
County of Sacramento

Attachments

# SACRAMENTO COUNTY

## TRAUMA SYSTEM STATUS REPORT

### 2013

In accordance with established guidelines, the annual update to the **Sacramento County Trauma Care System Plan** is herewith submitted. Per request, an electronic copy and two paper copies are attached.

**Trauma System Summary** - No significant changes have occurred within the last year. The Sacramento County Trauma Care System remains a network of dedicated professionals in communications, transportation (public and private), out-of-hospital emergency medical care employing comprehensive standing orders and immediate availability at one of three in-county (and one out-of-County) trauma centers. The system is constantly under review to include quarterly trauma review committee meetings conducted by trauma surgeons and other trauma professionals from both within the County and adjacent or nearby counties.

**Changes in Trauma System** – No changes of note have occurred in the Trauma System since last years status report.

**Number and Designation Level of Trauma Centers** – There are no potential problems or possible changes in designation for any of the below listed trauma centers at this time.

**University of California Davis Medical Center**

2315 Stockton Boulevard  
Sacramento, CA 95817  
(916) 734-2011  
Level I Trauma Center (Adult and Pediatric)

**Kaiser Permanente Medical Center - South Sacramento**

6600 Bruceville Road  
Sacramento, CA 95823  
(916) 688-2000  
Level II Trauma Center

**Mercy San Juan Medical Center**

6501 Coyle Avenue  
Carmichael, CA 95608  
(916) 537-5000  
Level II Trauma Center

**OUT-OF-COUNTY but used for Sacramento County residents that are time closer to this location**

**Sutter Roseville Medical Center**

One Medical Plaza

Roseville, CA 95661  
(916) 781-1200  
Level II Trauma Center - Out of County

**Trauma System Goals and Objectives** – Most of the activities dealing with the Trauma Systems goals and objectives involve the collection, dissemination, analysis and evaluation of data. With the advent of the EMSA identified core quality measures and the subsequent collection and review at the State level, progress on the goals and objectives listed below seems promising within the next few years.

- *Improve mechanisms to ensure continuing compliance with trauma care system standards through continuous quality improvement (CQI) activities, and data collection from both designated trauma centers and non-trauma centers.*

As the State collection and analysis of data to enhance CQI activities becomes the norm rather than the exception, eventually all medical systems including non-trauma hospitals will see the advantages of providing data on trauma activities.

- *Improve integration and coordination of trauma services within the EMS system through continued data collection, analysis and trauma system policy development through advisory committees.*

As previously reported, and as it will remain, all trauma data collected is currently published and shared with all interested parties and is open for additional analysis at all bi-monthly Medical Oversight Committee, Operational Oversight Committee, and Quarterly Trauma Review Committee meetings.

- *Improve coordination of local trauma activities with trauma services in adjacent counties through involvement in trauma CQI activities with out-of-county trauma centers and trauma systems.*

As previously reported, and as it will remain, increased coordination of local trauma activities with trauma services in adjacent counties is enhanced by electronic posting our local trauma data for adjacent counties to review and provide feedback at local bi-monthly Medical Oversight Committee and Operational Oversight Committee meetings.

- *Improve accountability and objective evaluation of the trauma care system through data collection and analysis utilizing a trauma registry and an audit and review process.*

Beyond the local review processes mentioned above, outside expertise is utilized for a comprehensive review of all local trauma programs by the American College of Surgeons-Committee on Trauma every three years.

**Changes to Implementation Schedule** – No changes have occurred to the current implementation schedule.

**System Performance Improvement** – The trauma system review process is an ongoing continuum of data collection, analysis, review, collaborate, implement, collect, analyses, review etc. With the advent of the State taking the lead on comprehensive reporting by all Agencies of the identified core measures, CQI efforts should be enhanced and prove more effective..

This past year's accomplishments include the successful review, rewrite, or update of one half of all trauma related policies, protocols and procedures.

**Progress on Addressing EMS Authority Trauma System Plan Comments** - During the review of the current Trauma Plan, your office provided one comment and made two recommendations. The progress on these issues, identified in your letter of June 15, 2012 follows:

**Trauma System Goals and Objectives:**

*Comment: "Data Collection Objective: OSHPD data required of all hospitals may provide enough information on trauma patients at non-trauma centers for you performance improvement process. As hospitals are already entering this information it would not require additional resources for them to provide you an electronic copy of select data."*

Response: The collection and sharing of data among Sacramento County medical care facilities is becoming more and more a topic of discussion. Initiates by this Agency to encourage non-trauma centers to provide data will continue.

**System Performance Improvement:**

*Recommendation: "Title 22 § 100258 (c) requires a periodic performance of the trauma system at least every 2 years. It is unclear as to how Sacramento County ensures compliance with this requirement. It is understood that the American College of Surgeons provides a verification process every 3 years and the EMS Agency provides for numerous trauma related committees for the review of trauma care. In your next report, please provide more detail on the current activities of each committee and how they are utilized to ensure trauma system review."*

Response: The Sacramento County Summary Trauma Reports are posted on our website biannually and remain there for years. This compilation of data collected of trauma system activities is available here @ <http://www.dhhs.sacounty.net/PRI/EMS/Pages/GI-Summary-Trauma-Reports.aspx>. This report is available to all system participants and regional partners. All trauma related committees review this report along with other trauma specific reports according to the committees' stated purpose. In all cases the ultimate purpose of the committees is to improve/ enhance the trauma system performance as a whole and in all cases, the committees' evaluation of various aspects of the trauma systems performance is on-going. All committees are either chaired by this Agency or report their findings to us.

**Progress on Addressing EMS Authority Trauma System Plan/Status Report Action Items:**

*Recommendation: "I appreciate your comment on the use of the SMART format for objectives. please provide your ongoing objectives in a measurable format in your next report."*

Response: Again, the SMART methodology shall be considered for use as time and resources become available.

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

EMS System: Sacramento County

Reporting Year: FY 12/13

**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 EMS agency reports to: d

- 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 ✓
- 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	<u>✓</u>
Personnel training	
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	<u>✓</u>
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>✓</u>
Other:	
5. EMS agency budget for FY 012-13:	
A. EXPENSES	
Salaries and benefits	
(all but contract personnel)	439,988
Contract services (trauma fund dist., Med. Director, Misc.)	209,110
Operations (e.g. copying, postage, facilities)	152,693
Travel	0
Fixed assets	<u>included in operations</u>
Indirect expenses (overhead)	65,085
Ambulance subsidy	
EMS Fund payments to physicians/hospital	939,600
Support Services and pass thru to State	36,947
Dispatch center operations (non-staff)	
Training program operations	
Cost covered by Department	4,757
Other: Expected mid year adjustments –cost recovery	-50,000
<b>TOTAL EXPENSES</b>	<b><u>\$1,793,423</u></b>

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

<b>B. SOURCES OF REVENUE</b>	\$ _____
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>16,000</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>209,064</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>1,395,000</u>
Other grants:	
Other fees: <u>Pre-hospital fees</u>	<u>134,342</u>
Other (specify): <u>Cigarette tax revenue (AB75, AB430, EMSA)</u>	<u>0</u>
Other fees: <u>Trauma Fund and Miscellaneous</u>	<u>34,260</u>
Department embursement	<u>4,757</u>
<b>TOTAL REVENUE</b>	<b><u>\$1,793,423</u></b>

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

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

6. Fee structure for FY: 11/12

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	
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 &amp; 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 12-13.

**Table 2 - System Organization & Management (cont.)**  
 EMS System: Sacramento County

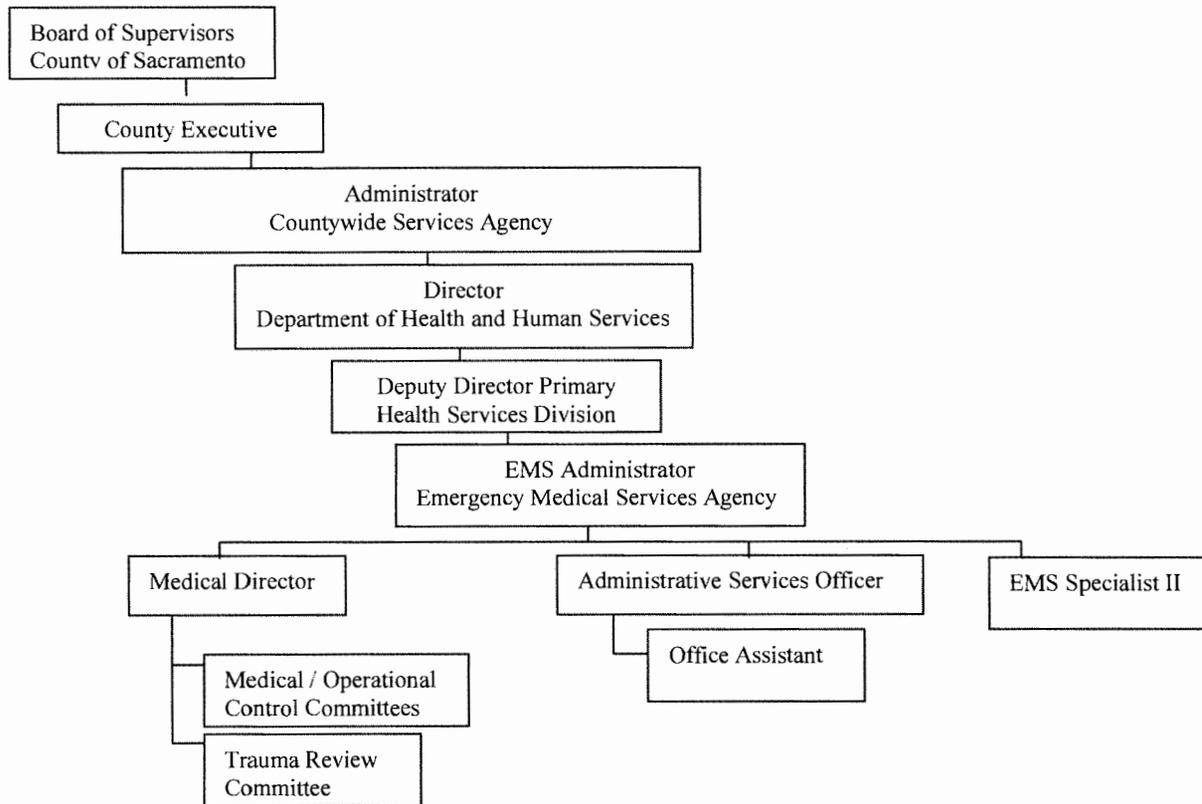
**Reporting Year: 11/12**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1	52.07	28%	
Admin. Mgr.	Admin. Services Officer 2	1	36.96	24%	
ALS Coord./ Field Coord./ Trng Coord.	EMS Specialist	1	28.53	24%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	EMS Medical Director	0.23	100.00	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 HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed.Coord.					
Ex. Secretary					
Other Clerical	Office Assistant (lv II)	1	17.18	24%	
Data Entry Clerk					
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: 2011-12 (June 1, 2012)

**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>1267</u>	<u>na</u>		<u>288</u>	<u>na*</u>
<u>Number of newly certified this year</u>		<u>na</u>			<u>na*</u>
<u>Number of recertified this year</u>		<u>na</u>			<u>na*</u>
<u>Total number of accredited personnel on June 1 of the reporting year</u>			<u>1040</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>0</u>				
<u>f) denials of renewal g) no action taken</u>	<u>00</u>				

- 1. Number of EMS dispatchers trained to EMSA standards: na\*
- 2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 1267
  - 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: 2011/12

**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? <input checked="" type="checkbox"/> yes <input type="checkbox"/> 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?   |       |
| <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   |       |
| d. Do you participate in OASIS? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no                                   |       |
| e. Do you have a plan to utilize RACES as a back-up communication system?   |       |
| <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   |       |
| 1) Within the operational area? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no                                   |       |
| 2) Between the operational area and the region and/or state? <input checked="" type="checkbox"/> yes <input type="checkbox"/> 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: 2011/12**

**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>
	<b>aa) Number of incidents classified as medic responses where patient Contact was made.</b>	<u>not tracked</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>
	<b>aa) Number of incidents requiring medic transport</b>	<u>not tracked</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 Reporting Year 05**

- 7. Total number of responses/ **requests** not tracked
  - a) Number of emergency responses
  - b) Number of non-emergency responses
- 8. Total number of transports not tracked
  - a) Number of emergency (scene) responses not tracked
  - b) Number of non-emergency responses not tracked

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

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEM WIDE</b>
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: 11

**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 Designated Trauma Center or were transferred or died. 3,345**

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 Center and who were transported directly to a trauma center by ambulance (includes air ambulances) not tracked**

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: 2012

**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 Park, 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 Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: American Medical Response Response Zone: \_\_\_\_\_

Address: 1101 Fee Drive Number of Ambulance Vehicles in Fleet: 34  
Sacramento, CA 95815

Phone Number: 916-565-2835 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: Cosunmes Community Service District Response Zone: \_\_\_\_\_

Address: 8812 Elk Grove Blvd. Number of Ambulance Vehicles in Fleet: 11  
Elk Grove, CA 95624

Phone Number: 916-685-1712 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Report Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento

Provider: California Highway Patrol  
Protective Service Division

Response Zone: \_\_\_\_\_

Address: 1801 9<sup>th</sup> Street  
Sacramento, CA 95814

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 916-323-1514

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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



**Response/Transportation/Providers**

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

County: Sacramento Provider: Folsom Fire Department Response Zone: \_\_\_\_\_

Address: 535 Glenn Drive  
Folsom, CA 95630

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 916-984-2284

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: First Responder EMS, Inc. Response Zone: \_\_\_\_\_

Address: 10161 Croydan Way, Suite 1 Number of Ambulance Vehicles in Fleet: 35  
Sacramento, CA 95827

Phone Number: 916-777-8700 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 20

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

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

**Transporting Agencies**

22,000 Total number of responses  
2,143 Number of emergency responses  
19,831 Number of non-emergency responses

20,667 Total number of transports  
361 Number of emergency transports  
20,306 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Report Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: Medic Ambulance Response Zone: \_\_\_\_\_

Address: 2349 Lexington Avenue  
Sacramento, CA 95815

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 916-564-9040

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Response/Transportation/Providers**

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

**County:** Sacramento      **Provider:** Herald Fire District      **Response Zone:** \_\_\_\_\_

**Address:** 12746 Ivie Road      **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_  
Herald, CA 95638

**Phone Number:** 209-748-2322      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Report Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: Medic Ambulance Response Zone: \_\_\_\_\_

Address: 2349 Lexington Avenue  
Sacramento, CA 95815

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 916-564-9040

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reportin ear: 2012

**Response/Transportation/Providers**

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

County: Sacramento

Provider: Redwood Empire Air Care Helicopter (REACH)

Response Zone: \_\_\_\_\_

Address: 451 Aviation Blvd., Suite 201  
Santa Rosa, CA 95403

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 1-800-338-4045

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8 Resource Directory**

Report Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: River Delta Fire District Response Zone: \_\_\_\_\_

Address: 2360 W. Twitchell Island Road  
Rio Vista, CA 94571

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 916-777-8700

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: Sacramento City Fire Department Response Zone: \_\_\_\_\_

Address: 5770 Freeport Blvd., #200 Number of Ambulance Vehicles in Fleet: 13  
Sacramento, CA 95822

Phone Number: 916-808-1300 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

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

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

**Transporting Agencies**

<u>75,000</u> Total number of responses	<u>36,000</u> Total number of transports
<u>42,000</u> Number of emergency responses	<u>36,000</u> Number of emergency transports
<u>2,000</u> Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Report Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: Sacramento County Airport Rescue Firefighter Division Response Zone: \_\_\_\_\_

Address: 7201 Earhart Drive Number of Ambulance Vehicles in Fleet: 10  
Sacramento, CA 95837

Phone Number: 916-874-0648 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: Sacramento Metro Fire District Response Zone: Sac Metro Fire District

Address: 10545 Armstrong Ave., Ste. 200  
Mather, CA 95655

Number of Ambulance Vehicles in Fleet: 28

Phone Number: 916-859-4300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 24

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

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

**Transporting Agencies**

55,767 Total number of responses  
55,767 Number of emergency responses  
NA Number of non-emergency responses

37,609 Total number of transports  
37,609 Number of emergency transports  
NA Number of non-emergency transports

**Air Ambulance Services**

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

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

**Response/Transportation/Providers**

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

County: Sacramento Provider: Sacramento Valley Ambulance Response Zone: \_\_\_\_\_

Address: 6220 Belleau Wood Lane, Suite 4 Number of Ambulance Vehicles in Fleet: 3  
Sacramento, CA 95822

Phone Number: 916-736-2500 (877-782-7828 SWAT) Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: TLC EMS, Inc. Response Zone: \_\_\_\_\_

Address: 5751 Excelsior Road Number of Ambulance Vehicles in Fleet: 8  
Sacramento, CA 95827

Phone Number: 916-368-5202 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Report Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: VeriHealth Inc. Response Zone: \_\_\_\_\_

Address: 2190 South McDowell Blvd.  
Petaluma, CA 94954

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-736-2500 (877-782-7828 SWAT)

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

County: Sacramento Provider: Walnut Grove Fire Department Response Zone: \_\_\_\_\_

Address: 14160 Grove Street Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Walnut Grove, CA 95690

Phone Number: 916-776-1111 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Response/Transportation/Providers**

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

**County:** Sacramento      **Provider:** Wilton Fire Protection District      **Response Zone:** \_\_\_\_\_

**Address:** 9800 Dillard Road      **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_  
Wilton, CA 95693

**Phone Number:** 916-687-6920      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** UC Davis Medical Center  
**Address:** 2315 Stockton Blvd  
Sacramento, CA 95817

**Telephone Number:** 916-734-2011

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	--

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Sutter Memorial Hospital Telephone Number: 916-454-3333  
**Address:** 5151 F Street  
Sacramento, 95819

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b>  <b>EDAP<sup>2</sup></b>  <b>PICU<sup>3</sup></b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	--	---

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Sources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Kaiser Hospital North Sacramento Telephone Number: 916-973-5000  
**Address:** 2025 Morse Avenue  
Sacramento, 95825

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Mercy Folsom Hospital  
**Address:** 1650 Creekside Drive  
Folsom, CA 95630

**Telephone Number:** 916-983-7469

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b>  <b>EDAP<sup>2</sup></b>  <b>PICU<sup>3</sup></b></p>	<p><input type="checkbox"/> Yes x No  <input type="checkbox"/> Yes x No  <input type="checkbox"/> Yes x No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes x No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	--	---

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: sources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Methodist Hospital Telephone Number: 916-423-5914  
**Address:** 7500 Hospital Drive  
Sacramento, CA 95823

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b>  <b>EDAP<sup>2</sup></b>  <b>PICU<sup>3</sup></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
---	--	---

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Mercy General Hospital  
**Address:** 4001 J Street  
Sacramento, CA 95819

**Telephone Number:** 916-453-4545

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b>  <b>EDAP<sup>2</sup></b>  <b>PICU<sup>3</sup></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
---	--	---

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: sources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Kaiser Hospital South Sacramento Telephone Number: 916-688-2000  
**Address:** 6600 Bruceville Road  
Sacramento, CA 95819

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	--

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Facilities**

County: Sacramento County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter General Hospital Telephone Number: 916-454-2222  
 Address: 2801 L Street  
Sacramento, CA 95816

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

<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

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

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Mercy San Juan Hospital  
**Address:** 6501 Coyle Avenue  
Carmichael, CA 95608

**Telephone Number:** 916-563-3218 EMS Office

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

<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>  x Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I                    x Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

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

<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

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

County: Sacramento

Reporting Year: 2012

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>American Red Cross</u>	Telephone Number:	<u>916-993-7070</u>
Address:	<u>1565 Exposition Blvd.</u> <u>Sacramento, CA 95814</u>		
Student Eligibility*:		**Program Level	<u>EMT-1</u>
	Cost of Program:		
	Basic: <u>\$75</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	<u>309</u>
		Expiration Date:	<u>1/21/2014</u>
		Number of courses: 25	
		Initial training:	_____
		Refresher:	<u>1</u>
		Continuing Education:	<u>16</u>

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

County: Sacramento

Reporting Year: 2012

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>American River College</u>		Telephone Number: <u>916-916-484-8902</u>
Address: <u>4700 College Oak Drive</u> <u>Sacramento, CA 95841</u>		
Student Eligibility*: <u>Public</u>	Cost of Program:	**Program Level <u>EMT-1, EMT-P</u>
	Basic: <u>\$75</u>	Number of students completing training per year:
	Refresher: <u>\$30</u>	Initial training: <u>100-125</u>
		Refresher: <u>50</u>
		Continuing Education: _____
		Expiration Date: <u>1/21/2014</u>
		Number of courses: <u>25</u>
		Initial training: <u>6</u>
		Refresher: <u>2</u>
		Continuing Education: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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







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

County: Sacramento

Reporting Year: 2012

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Cosumnes River College</u>		Telephone Number: <u>916-691-7906</u>	
Address: <u>8401 Center Parkway, Sacramento, CA 95823-5799</u>			
Student Eligibility*:	Public <u>                    </u>	**Program Level <u>EMT-1</u>	
	Cost of Program:	Number of students completing training per year: 110	
	Basic: <u>\$120</u>	Initial training:	<u>121</u>
	Refresher: <u>\$35</u>	Refresher:	<u>41</u>
		Continuing Education:	<u>8</u>
		Expiration Date:	<u>                    </u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>                    </u>

<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>

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

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





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

County: Sacramento

Reporting Year: 2012

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Galt Fire Protection District</u>		Telephone Number:	<u>209-745-1001</u>
Address:	<u>208 A Street</u>			
	<u>Galt, CA 95632</u>			
Student Eligibility*:	<u>Open</u> <u>Fire Personnel Preferred</u>	Cost of Program:	**Program Level	<u>EMT-1</u>
		Basic: <u>\$0</u>	Number of students completing training per year:	
		Refresher: <u>\$100</u>	Initial training:	<u>5</u>
			Refresher:	<u>                    </u>
			Continuing Education:	<u>48-50</u>
			Expiration Date:	<u>                    </u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>6</u>


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

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

County: Sacramento

Reporting Year: 2012

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Methodist Hospital</u>		Telephone Number:	<u>916-423-3000</u>
Address:	<u>7500 Hosiptal Drive</u>			
	<u>Sacramento, CA 95823</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	_____	
	Cost of Program:	Number of students completing training per year:		
	Basic <u>\$1060</u>	Initial training:	<u>104</u>	
	Refresher: <u>\$0</u>	Refresher:	_____	
	CE <u>\$0</u>	Continuing Education:	_____	
		Expiration Date:	_____	
		Number of courses:		
		Initial training:	<u>8</u>	
		Refresher:	_____	
		Continuing Education:	_____	

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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



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

County: Sacramento

Reporting Year: 2012

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Sacramento City Unified School District (Charles A. Jones Skill Center)</u>		Telephone Number:	<u>916-433-2600</u>
Address:	<u>5451 Lemon Hill Avenue</u>			
	<u>Sacramento, CA 95824</u>			
Student Eligibility*:	<u>Public, 18 years or older</u>	**Program Level	_____	
	Cost of Program:	Number of students completing training per year:		
	Basic <u>\$1060</u>	Initial training:	<u>100</u>	
	Refresher: <u>\$0</u>	Refresher:	_____	
	CE <u>\$0</u>	Continuing Education:	_____	
		Expiration Date:	_____	
		Number of courses:		
		Initial training:	<u>4</u>	
		Refresher:	_____	
		Continuing Education:	_____	

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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





TABLE 10 RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2012

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Sacramento Metropolitan Fire District</u>		Telephone Number:	<u>916-859-4300</u>
Address:	<u>10545 Armstrong Avenue, Suite 200</u>			
	<u>Mather, CA 95655</u>			
Student Eligibility*:	<u>Sac Metro Personnel Only</u>	Cost of Program:	**Program Level	<u>EMT-1, EMT-P</u>
		Basic: _____	Number of students completing training per year:	<u>650</u>
		Refresher: _____	Initial training:	_____
			Refresher:	_____
			Continuing Education:	<u>931</u>
			Expiration Date:	_____
			Number of courses:	<u>25</u>
			Initial training:	_____
			Refresher:	_____
			Continuing Education:	<u>45</u>

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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



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

County: Sacramento

Reporting Year: 2012

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	University California Davis Medical Center	Telephone Number:	916-916-484-8902
Address:	2315 Stockton Blvd., PSSB 2100 Sacramento, CA 95817		
Student Eligibility*:	MICN's Sacramento County Base Hospitals	Cost of Program: MICN \$180 Varies Refresher: _____	**Program <u>MICN</u> Level Number of students completing training per year: Initial training: 53 Refresher: _____ Continuing Education: 100 Expiration Date: _____ Number of courses: 25 Initial training: 3 Refresher: _____ Continuing Education: 6


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

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

County: Sacramento County

Reporting Year: 2012

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

Name:	<u>Sacramento Regional Fire/EMS Communications Center</u>		Primary Contact:	<u>Penny Adams Center Manager</u>	
Address:	<u>10230 Systems Parkway</u> <u>Sacramento, CA 95827</u>				
Telephone Number:	<u>916-228-3070</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>34</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>14</u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u>                  </u>			

Name:	<u>American Medical Response</u>		Primary Contact:	<u>Matt Sandbach</u>	
Address:	<u>1779 Tribute Road, Suite H</u> <u>Sacramento, CA 95815</u>				
Telephone Number:	<u>916-563-0600</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>26</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u>                  </u>			



**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:**

**Olivia Kasirye, MD**

**Work Telephone No.: (916) 875-5881**

**Home Telephone No.: (916) 773-4314**

**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)**

**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**

**EMS System: Sacramento County EMS**

**County: Sacramento**

**Date: 2012**

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

**County Office of Emergency Services (OES) Coordinator:**

**Rick Martinez**

**Work Telephone No.: (916) 874-4670**

**Mobile Telephone No.: (916) 955-1464**

**Office Pager No.: (916) 901-3887**

**FAX No.: (916) 930-9227**

**24-HR No. (916) 875-5000**

**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) 875-5000**

**County EMS Disaster Medical Services (DMS) Coordinator:**

**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**

**Alternate's Name:**

**Rick Martinez**

**Work Telephone No.: (916) 874-4670**

**Mobile Telephone No.: (916) 955-1464**

**Office Pager No.: (916) 901-3887**

**FAX No.: (916) 930-9227**

**24-HR No.: (916) 875-5000**

**E-Mail: rmartinez@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.**

**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.

<b>Local EMS Agency or County Name:</b> Sacramento County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>  Sacramento County
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Note: Public providers operate within their service districts, private providers operate within County borders.  <u>Length of operation over 10 years:</u> American Medical Response, California Highway Patrol, CALSTAR, Cosumnes CSD Fire Department (formerly Elk Grove and Galt FDs), First Responder EMS Inc., Folsom FD, Medic Ambulance Services, Priority One Medical Transport, Inc., REACH, Sacramento FD, Sacramento Metropolitan Fire District, Wilton Fire Protection District.  <u>Length of operation less than 10 years:</u> TLC EMS, Inc. – 6 yrs, ProTransport – 4 yrs, Sacramento Valley Ambulance – 3 yrs, NorCal Ambulance – 2 yrs, Verihealth – 1 yrs. AlphaOne Ambulance – 1 yrs.
<b>Area or subarea (Zone) Geographic Description:</b>  Geographic boundaries of Sacramento County
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Non-exclusive. See Appendices 4,5 &6 of EMS Plan
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  N/a
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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