SACRAMENTO COUNTY

EMERGENCY MEDICAL SERVICES PLAN

Prepared By:

Sacramento County Department of Health and Human Services

Emergency Medical Services Agency

Date
October, 2010

INTRODUCTION

Guidelines to Document Format and Content

This document follows specific format requirements as set forth by the State EMS Authority. To assist the reader in understanding the layout and/or locating specific information, the following additional information is offered.

The EMS Plan includes a combination of:

Narrative descriptions of the system's compliance with the state's *EMS Systems Standards and Guidelines* (Sections I, II, & V);
Specific numbers describing the system's resources and operations (Section III); and
Directories, identifying specific resources available within the system (Section IV).

The EMS Plan is intended to be both a work plan and a long-range plan. A full plan is required every five (5) years. In each year following the development of the EMS Plan, an annual work plan is submitted, providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans.

SECTION I - Executive Summary: This section provides a brief overview of the plan. It identifies the major needs which have been found and an abstract of the proposed program solutions.

SECTION II - Assessment of System: State EMS Authority has established the minimum standards considered to be attainable by all local EMS systems in California. They are published in the *EMS Systems Standards and Guidelines*.

They are identified in the text as standards which "shall" be met and numbered sequentially from 1.01 thru 8.19 beginning on page II-14. When applicable, the minimum standards are accompanied by an "enhanced standard" and identified in the text as standards which "should" be met. They are recommended guidelines and have been identified as the standards to which each system should strive.

This section provides a specific evaluation of how the system currently meets the State's *EMS Systems Standards and Guidelines*. It identifies system needs and provides a mechanism for planning of activities necessary to comply with the State standards.

The section begins with the Summary Table (Table 1 on page II-1 thru II-13), then for each standard (beginning on page II-14), a summation of the current status and a needs abstract (if warranted) is provided.

SECTION III - System Resources and Operations: This section describes the resources available within the EMS system and provides certain indicators of system operation. The

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INTRODUCTION

Sacramento County is located in Northern California, with a warm climate and beautiful waterways which allow a wealth of recreational activities. In addition, Sacramento County is home to the State Capital and is the centerpiece of statewide activities. For this reason, the Sacramento area's growth reflects the national trends of increasing population densities, including an increase of elderly and non-English speaking residents. As our population grows and diversifies, so too must the provision of emergency medical services. The Sacramento County Emergency Medical Services (EMS) plan is designed to ensure the timely and compassionate delivery of the highest quality EMS available to the residents and visitors of Sacramento County.

EXECUTIVE SUMMARY

Sacramento County's EMS system is a collective effort between the Sacramento County EMS Agency, hospitals, service providers and fire districts (both local cities and special districts). All these entities work together prospectively, concurrently and retrospectively to deliver an efficient and state-of-the-art paramedic level of service. The responsibility for the delivery of 9-1-1 ambulance services (i.e. response times, communications and staffing), has been assumed by local cities and special districts. All other local EMS agency responsibilities, as defined by the State EMS Act, are performed by Sacramento County.

The EMS plan addresses current programs as well as anticipated needs for Sacramento County. The anticipated needs/issues are presented with solutions and implementation schedules for maintenance of a state-of-the-art system. These issues, when resolved, will present a system developed to withstand the challenges and thrive in a future of fiscal pressures on political jurisdictions and health care reform initiatives on national, state and county levels.

The specific issues addressed in the plan are:

A. Data Collection: The out-of-hospital and emergency department components of the Agency's data collections system are improving rapidly but are still less than comprehensive. Comprehensive data collection from all system providers is necessary for appropriate medical quality assurance.

B. Trauma Center Capacity: Trauma center capacity is adequate to meet the current demand for local trauma care services.

C. Specialized Services/Public Information & Education: Specialized services are always a challenge for any service-based system, specifically for the poor, elderly, handicapped, and non-English speakers. More work is needed to identify population groups in the County needing specialized services.

Efforts to provide or identify solutions to these specific issues are already under way through: data collection initiatives to include Sacramento County receiving hospitals; expanded trauma capacity; and, partnership efforts with other health agencies for promotion of public information and education.

All EMS System participants and the public-at-large must take a collaborative part in developing and maintaining an efficient and effective EMS system. Sacramento County will continue to partner with the cities, fire districts, law enforcement, ambulance companies, physicians, nurses, paramedics, EMTs, hospitals, and the public to improve the specific areas identified above, as well as, all other areas of service whenever possible.

DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

A: SYSTEM SUMMARY

The Sacramento County Emergency Medical Services (SCEMS) Plan has been developed in accordance with the State of California Emergency Medical Services (EMS) Authority guidelines to establish overall goals and a time frame for meeting these goals in Sacramento County. In developing the EMS Plan, SCEMS has sought input from multiple sources to allow the most comprehensive development possible. Numerous factors (i.e. demographic, financial, legal, political and technological) have also been taken into consideration to develop a plan that is representative and unique to Sacramento County.

In the infancy of the Plan development process, SCEMS staff sought to define the EMS system for Sacramento County. Initially SCEMS staff compared the State EMS Authority EMS Plan System Standards to existing SCEMS programs. Upon review of these existing programs, SCEMS determined whether the programs met minimum standards. If minimums were not met, or if no such program was in place, a realistic goal and corresponding time frame was assigned to that particular standard.

Once the draft EMS Plan was prepared, it was forwarded to various appropriate and interested parties for public comment. These committees included the Medical Control Committee, the Trauma Review Committee, and the Operational Control Committee. This local input allowed for suggestions, revisions and pertinent information to be incorporated into the developing EMS Plan. Upon receiving this information, SCEMS then placed the Plan into final format and submitted it to the Sacramento County Board of Supervisors for approval and adoption.

B: GEOGRAPHIC INFORMATION

Sacramento County is an area of 994 square miles with an estimated population of over 1.3 million people.[1]

Sacramento County extends from the delta lands between the Sacramento and San Joaquin Rivers north to about ten miles beyond the State Capitol and east to the Sierra Nevada foothills. There are large tracts of open land in the northwest, south and southwest areas of Sacramento County. The bordering Counties are: North - Placer, Sutter; West - Yolo, Solano; South - San Joaquin, Contra Costa; and, East - El Dorado, Amador.

1 Source: Sacramento Area Council of Governments, Regional Data Center, 2000 Census.

Access to Sacramento County is primarily by two interstate highways: 5 and 80; two major highways: 99 and 50; the Southern Pacific Railroad, which is a major freight and commuter carrier; two commercial airports: Sacramento International Airport and Sacramento Executive Airport; and, two former military airstrips: McClellan Air Force Base and Mather Air Force Base.

C: EMS HIGH RISK GROUPS

Because of the nature and rate of growth in both population and the business/ industrial base in the county, there is great potential for high levels of stress related disease (primarily cardiac). Huge numbers of motor vehicles, both in daily commuting and passing through the county on their way to/ from the Sierra Nevada resort areas and the Pacific coastal areas, result in injury related motor vehicle accidents.

Ethnic distribution of the county, particularly in the Hispanic and Southeast Asian populations, may influence health care accessibility due to cultural values and language barriers.

The county's population is aging, a trend that has been observed nationally. As the population ages, there will be an increased demand for health care services.

D: RESOURCES INVENTORY, AVAILABILITY AND UTILIZATION

I. Manpower /Personnel Categories

a. Communications Dispatchers

All public safety answering point operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) are trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. The enhanced 9-1-1 emergency phone system has been operational in this county since 1981. The dispatch communications system is a public agency that transmits information sequentially.

b. First Responders

Fire services personnel are generally the first responders to be dispatched to medical emergencies. At least one person on each non-transport EMS first responder unit is certified at the EMT-I level. Public provider agencies currently offer incentive pay differentials for EMT-I certification.

c. Emergency Medical Technicians-I (EMT-I)

Sacramento County employers who professionally employ EMT-I's range from fire departments and ambulance service providers to industrial workers that respond to medical emergencies at the work site. Sacramento County has 3,190 EMT-I's under our Medical Control. Because of recent changes to regulations, the EMT population under Sacramento County medical control will increase to about 7,685 by mid-year 2012.

d. Emergency Medical Technician-Paramedic (EMT-P)

Sacramento County currently has about 1000 licensed and accredited EMT-Paramedics most of whom are employed by emergency 9-1-1 service providers. All ambulances which respond to 9-1-1 emergencies in Sacramento County are advanced life support, staffed with at least one (1) EMT-Paramedic.

e. Mobile Intensive Care Nurses (MICN)

The base hospitals overall are able to maintain adequate numbers of MICN's to cover the 9-1-1 EMS system requirements for medical direction and supervision. There are currently over 250 MICNs approved by Sacramento County.

f. Emergency Physicians

All emergency departments in Sacramento County have adequate coverage of emergency physicians.

II. Training Programs

At the present time the county EMS Agency has three (3) approved EMT-P training programs and eight (8) EMT-I programs. There are two MICN training program conducted in Sacramento County. This program accepts local students as well as nurses from surrounding counties.

III. Communications Resources

An Enhanced (E) 9-1-1 emergency phone system is used county-wide. Emergency calls through the E9-1-1 system are received at several "primary" public safety answering points (PSAP) and are triaged to the appropriate agency (police, fire and/or medical).

Medical emergency calls are transferred to a "secondary" PSAP, which provides pre-arrival medical (first-aid) instructions. Pre-arrival instruction programs give reporting parties potentially life-saving

instructions over the phone while awaiting the arrival of first responders and paramedics. The secondary PSAP dispatches first responders and ambulances to the scene. All ALS units have two-way radios and cellular phones. This provides a mechanism for direct communication from ambulance to the hospital.

All out-of-hospital and hospital providers utilize the Sacramento Regional 800 MHZ Trunked Radio System which is a functionally integrated dispatch/ communications system, with county-wide, all government emergency services coordination.

IV. Transportation

Emergency medical rescue and transport services in the county includes a variety of private companies and public agencies such as city and county fire services and law enforcement as well as air ambulance services. Multiple ALS providers serve the county. On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system. Ambulances responding to 9-1-1 emergencies are stationed at specified stations or cover-posts located throughout the county.

Two air ambulances operate in Sacramento County. They are operated by REACH and the California Highway Patrol.

V. Assessment of Hospitals and Specialty Care Centers

Nine (9) licensed acute care facilities are located in Sacramento County, with a cumulative capacity of 188 emergency department beds, and over 2,200 total staffed beds. Five (5) hospitals (one out-of-county) have been designated by Sacramento County EMS (SCEMS) Agency as base stations that provide on-line medical direction to paramedic personnel.

Three specialty care center have been designated by SCEMS. The University of California Davis, Medical Center has been designated a Level I Pediatric and Adult Trauma Center. This Center also serves as the County's (disaster) Control Facility, spinal rehabilitation and regional burn treatment center. Mercy San Juan Medical Center and Kaiser Foundation Hospital South Sacramento have been designated as Level II Trauma Centers.

E: SYSTEM DESIGN AND MANAGEMENT

I. Local EMS Agency

The Sacramento County Health Department was designated by the Board of Supervisors as the local EMS agency by the Board of Supervisors on July 10, 1990 and became operational on September 2, 1990. Several reorganization changes have occurred since then and have resulted in the Office of Emergency Medical Services becoming a part of the Department of Health and Human Services. The Office of Emergency Medical Services performs the administrative functions assigned to the Agency by statute and regulation.

Emergency Medical Services has been a very public issue in Sacramento County. Multiple media reports covered the topic of the EMS system. This highly visible community issue and system seeks input and involvement from community leaders as well as professional groups via several advisory committees.

The Sacramento County Board of Supervisors has designated the Human Services Coordinating Council (HSCC) as the Emergency Medical Care Committee in accordance with California Health and Safety Code, Division 2.5, Chapter 4, Article 3. The Human Services Coordinating Council's multidisciplinary membership is appointed by the Board and is composed of consumer as well as providers from within the county EMS system. The purpose of the HSCC is to provide independent oversight and evaluation of the EMS system and to advise the Board of Supervisors on EMS policy.

The Medical Control/ Operational Control Committees (MCC/ OCC) meet simultaneously and were established to advise the EMS Medical Director on medical policy and protocols governing out-of-hospital care. The committee is chaired by the Medical Director and its membership includes each base hospital medical director and one physician representative from each emergency department in the county and paramedics from all system out-of-hospital providers, EMS coordinators from all hospitals, and representatives from each provider organization.

a. The local EMS Agency is staffed by the following:

i. EMS Administrator 1.0 FTE

Responsible for overall administration of county-wide EMS system. This involves supervision of the process to plan, coordinate and evaluate the designated components of the EMS system. The EMS Chief is the primary liaison to the State EMS Authority and the Sacramento Human Services Coordinating Council - Advisory Committee on Emergency Medical Care.

ii. EMS Medical Director
Personal Services Contract Position 0.24 FTE

The Medical Director is responsible for medical direction, control and accountability. The Medical Director is the primary liaison to the State EMS

Authority Medical Director. The Medical Director serves as Chairperson of the Agency's medical advisory committees and Trauma Review Committee.

iii. Administrative Services Officer 1.0 FTE

Responsible for general administrative duties to include, the writing and management of contracts, budgeting duties to include preparation, development, administering and maintaining. This position also serves in the preparation of correspondence and data base management.

iv. Office Assistant 1.0 FTE

Responsible for general office duties, secretary to the EMS Administrator and updates and maintains out-of-hospital records, and for data entry, data processing, report preparation and EMS data base management.

b. Data Collection and Tools

i. Data Collection

The EMS Agency has a data collection program in place. Data sources are outlined below.

1. County Communications Dispatch Records include segmented time elements of each dispatch, dispatch code, location of incident, public agency responding, provider dispatched and patient disposition and other data.

2. Hospital Information includes receipt, disposition, intervention, medical history, treatments and discharge information for all trauma patients.

3. Patient Care Reports are received from all ambulance providers on all patients transported. The reports provide the main source of data collection for the out-of-hospital segment of the EMS system.

c. Data Monitoring and Evaluation

Currently, data collection is out-sourced to a local vender. Reports derived from the data base are produced semi-annually and annually on system activity. Special study reports are generated as needed.

Each base hospital has established quality assurance programs in-place as required in the California Code of Regulations. All ALS service provider agencies have initiated Continuous Quality Improvement programs as required by SCEMS policy.

d. Public Information and Education

The EMS Agency provides and supports community education programs provided by a variety of organizations, including: the service providers, Sacramento County Fire/ EMS Communications Center, hospitals and the Department of Health and Human Services.

e. Medical Control

Medical Control is in place as mandated in Health and Safety Code, Division 2.5 and California Code of Regulations, Title 22, Division 9. The local EMS Agency in conjunction with its medical advisory committees, constantly reviews and updates as necessary all policies and procedures. The EMS system has transitioned to Standing Orders with the exception of a small number of medications and procedures. A policy governing trauma triage, including burns, is in place.

f. Disaster Medical Response

Sacramento County has adopted the OES Region IV Multi-Casualty Incident Plan which encompasses an eleven (11) county incident response and mutual aid plan.

II. System Design

a. Introduction

The EMS system is divided into three (3) distinct phases: pre-response or system access, out-of-hospital and in-hospital.

i. Pre-Response Phase

An Enhanced (E) 9-1-1 emergency phone system is used county-wide. Emergency calls through the E9-1-1 system are received at several "primary" public safety answering points (PSAP) and are triaged to the appropriate agency (police, fire and/or medical).

All medical emergency calls are transferred to a "secondary" PSAP, which provides pre-arrival medical (first-aid) instructions. Pre-arrival instruction

programs give reporting parties potentially life-saving instructions over the phone while awaiting the arrival of first responders and paramedics. The secondary PSAP dispatches first responders and ambulances to the scene.

ii. Out-of-Hospital Phase

1. Manpower and Training

Sacramento County has advanced life support (ALS) ambulance service county-wide supported by ALS and basic life support (BLS) first responder fire department personnel. All fire departments in the County provide a first response with either ALS or BLS personnel. In most areas of the County, BLS first responders are certified at the EMT-I level and have early defibrillation capability. All 9-1-1 response personnel are currently trained in triage, principles of field resuscitation of injured patients, and the State Office of Emergency Services Region 4 Multi-Casualty Incident Standards. First responders provide initial assessment and stabilization of the patient while awaiting the arrival of paramedics.

All ALS service providers meet the minimum requirements set forth in Title 22 of the California Code of Regulations. Individuals also meet standards set forth by the County EMS Agency for paramedic accreditation. All ALS response vehicles are inspected for compliance with applicable state and local regulations, laws and policies.

2. Transport

ALS ambulances that respond to 9-1-1 emergencies are designated by the county EMS agency as ALS service providers. Designation agreements are in place with eleven (nine ground, two air) ALS provider agencies (three private, eight public).

3. Helicopter Transport

Two transporting helicopter services are currently designated as ALS service providers by the county - CHP and REACH. Helicopters are utilized by the EMS system when activated by first responders, ground ambulance personnel, or Sacramento Regional Fire/ EMS Communications dispatch. Ideally, air ambulances should only be utilized when time factors associated with ground transport are

considered to be a significant factor in patient survival or recovery, or the higher level of care that can be provided is required for patient care.

iii. Hospital Phase

There are nine (9) licensed acute care hospitals in Sacramento County. All have Basic Emergency Departments with the exception of UCDMC which has a comprehensive Emergency Department.

b. Medical Control

EMS system medical control is accomplished in accord with statutory requirements by EMS Agency policies and procedures in three ways:

i. Prospectively, through the development and implementation of standing orders policies, procedures and protocols,

ii. Concurrently, through on-line medical control with one of the designated base hospitals and

iii. Retrospectively, through the continuous quality improvement process at the base hospital level, provider level and the EMS Agency level.

c. Disaster Medical Response

System response to disasters is covered in the County Disaster Plan in addition to participation in the OES Region IV Multi-Casualty Incident Plan.

The Plans stipulate the manner in which regular existing medical and public health activities will be modified to respond to increased community need in time of crisis. It provides a framework for all medical disaster planning within Sacramento County, including incorporated cities. Medical care will be administered at a variety of locations including existing medical facilities and supplemental casualty collection sites as required.

F: PROBLEMS/OBJECTIVES AND SOLUTIONS/ TIME FRAMES

I. Data Collection

PROBLEM

At present, the data collection effort allows for system assessment and analyses for the majority of out-of-hospital and all in-hospital trauma services data. Comprehensive out-of-hospital response data needs to be secured and data from all local emergency departments must be obtained to establish a fully "inclusive" trauma care system.

PROPOSED SOLUTIONS AND IMPLEMENTATION SCHEDULE
Data collection will be expanded to a comprehensive level for out-of-hospital services within the next five years.

II. Specialized Services/ Public Information & Education

PROBLEM
Specialized services are always a challenge for any service-based system, specifically for the poor, elderly, handicapped, and non-English speakers. More work is needed to identify population groups in the county needing specialized services.

PROPOSED SOLUTION AND IMPLEMENTATION SCHEDULE
To enhance coordination with allied health care providers to: more clearly identify community needs; promote and provide targeted information and education opportunities for affected populations and emergency responders; and, to document progress made in subsequent updates to this Plan.

G: PLAN DEVELOPMENT PROCESS/ INPUT AND APPROVAL

All EMS service providers/agencies provided input on the format and information in this Plan. The Agencies' standing committee structure also reviewed the Plan, including: the Medical Control Committee, the Trauma Review Committee, and the Operational Control Committee, which include representatives from all health care providers within the county. The proposed EMS Plan is based upon community needs and is designed to accommodate ever changing needs through open public forums, committee hearings, CQI initiatives and, clinical surveys. Appropriate resources are utilized based upon national and state standards. The Plan:

I. Assesses system effectiveness through diligent evaluation of collected data on each aspect and every event in the system,
II. Identifies system needs for targeted clinical categories through systematic reviews by applicable medical specialist for each category, and
III. Provides a methodology and timetable for continuous monitoring by local and national medical associations.

On July 21, 1998, by Resolution No. 98-0902, the Sacramento County Board of Supervisors approved the Sacramento County Emergency Medical Services Plan, dated July 1998 (Appendix 5)

and authorizes the Director of Medical Systems (subsequently reorganized in part to the department of Health and Human Services) to periodically update the Emergency Medical Services Plan on file with the State EMS Authority as necessary to accurately reflect Board policy and EMS system activity/performance.

COUNTY OF SACRAMENTO
Inter-Department Correspondence

FOR THE AGENDA OF:
December 14, 1993

TO: Board of Supervisors

FROM: Joseph A. Sanchez, Director
Department of Medical Systems

SUBJECT: TIMED MATTER: METO/ 94-012 9-1-1 AMBULANCE SERVICES

On September 28, 1993 in executive session, your Board adopted a County Counsel recommendation to continue to November 9, 1993: 1) the formal public presentation of a request for proposals (RFP) for ambulance services; 2) the entertaining of further public consideration of ambulance regulatory issues; and 3) the receipt and consideration of a staff recommendation pertaining to future emergency medical services (EMS) regulatory activity that would incorporate the effects of the pending final trial court decision. An additional continuance from November 9th to December 14th was necessary as the court's final decision was delayed.

This memorandum provides an overview of recent major events affecting 9-1-1 ambulance services in the County, and recommendations for future ambulance and other EMS regulatory activity.

BACKGROUND

On June 9, 1993, your Board directed staff to prepare a one (1) year extension to the ambulance service agreement with Sacramento Life Support (SLS) and to complete a draft RFP for procuring advanced life support (ALS) emergency ambulance services. The extension of SLS's agreement was executed on July 20, 1993 and the draft RFP was completed on September 24, 1993. During this time and without authorization from your Board, the Sacramento County Fire Protection District (FPD) and Elk Grove Community Services District (CSD) initiated emergency 9-1-1 ambulance services on July 1, 1993. On August 3, 1993, your Board authorized County Counsel to initiate appropriate litigation against all local cities and special districts to protect your Board's challenged authority to designate exclusive emergency ambulance service providers. On August 12, 1993, your Board enacted an emergency amendment to our County Code requiring emergency ambulance providers beginning service after June 1, 1993 to obtain a special business license from Sacramento County.

On August 24, 1993 in regular session, your Board authorized, on the basis that it was unable to control ambulance dispatch services contracted from the Sacramento Regional Fire/EMS Communications Center (SRFECC), that: 1) a six-month notice of termination of the contract with SRFECC be issued; 2) an arrangement for emergency ambulance dispatch by SLS be secured for a limited period, beginning March 1, 1994; and 3) County emergency ambulance communications be relocated from SRFECC to a County-operated facility.

On September 30, 1993, the court denied the County's motion for preliminary injunction with respect to the initiation or expansion of ambulance services by the Cities of Folsom and Sacramento and the Fair Oaks, Florin and Galt FPDs, and prohibited the County from enforcing its special business license ordinance against those entities. Further, the Court: 1) clarified that the injunction issued in favor of the cities and districts did not prohibit the County from enacting an ordinance to carry out its residual responsibilities with respect to medical control issues: and, 2) deferred any ruling with respect to the Elk Grove CSD and the American River and Sacramento County FPDs. On November 4, 1993, the County received notice that the court ruled that the Elk Grove CSD and the American River and Sacramento County FPDs may also provide ambulance services without authorization from your Board.

DISCUSSION

In view of the court's decision to allow local cities and districts to continue, expand, or initiate ambulance services, the Department of Medical Systems strongly recommends that your Board appeal the trial court decision, remove itself from further emergency 9-1-1 ambulance service designation and terminate the County's contractual agreement with SLS, effective 12:01 a.m. on March 1, 1994. SLS has agreed to this date, which represents a shorter cancellation period than is provided for in our contractual agreement. The recommended termination date also coincides with your Board's termination of the agreement with SRFECC for ambulance dispatch services. These two concurrent actions will in effect transfer emergency 9-1-1 ambulance service responsibility to the public fire agencies and are consistent with the transition and expansion of public ambulance services in Sacramento County (Attachment A). Terminating these two contracts will also limit direct County involvement with "ambulance" services to only: 1) medical control issues discussed later in this report: and 2) payment for services rendered to inmates and County qualified medically indigent patients as required by §17000 of the Welfare and Institutions Code.

With respect to the County's overall EMS Program involvement, the Department of Medical Systems strongly recommends that your Board maintain its role as a local EMS agency, but limit its responsibility to those services which can be funded by direct revenues. These responsibilities (see Attachment B) center around the provision of "medical control," and must be maintained if County residents and visitors are going to continue to receive paramedic and systemized trauma emergency care services. Although abrogation of all local EMS agency responsibility is an alternative option, this Department is not recommending that it be pursued as it would remove the existing legitimate system of organized physician oversight and therefore, expose the County's population to unnecessary risk. The responsibilities recommended for retention will be discharged by your Board's local EMS agency authority over the individual certification/accreditation of EMS personnel and the designation of specialty care facilities, e.g. trauma.

The shifting of 9-1-1 ambulance responsibility to the public fire agencies will have a dramatic impact on the Department's programs. These impacts are grouped and summarized below into four major areas of consideration: 1) Transportation/ Communications/ Dispatch: 2) Medical Control: 3) Custody/ Medically Indigent Services: and 4) EMS Funding.

1. Transportation/ Communications/ Dispatch

Eliminating 9-1-1 ambulance service as a County responsibility removes various functions from the County's EMS program. Specifically, program staff would no longer: 1) recommend and monitor agreements to assure ambulance services are available/ provided to the public; 2) enforce County adopted emergency ambulance service response zones; 3) monitor and/ or report on provider response times; 3) review and approve ambulance service fees; 4) investigate/ respond to complaints regarding the availability or timeliness of emergency ambulance response(s); 5) investigate/ respond to complaints regarding ambulance service fees; and 6) oversee your Board's provision of 9-1-1 ambulance dispatch services or the communications equipment infrastructure (including maintenance). In short, the responsibility of 9-1-1 ambulance transportation, communications and dispatch will be totally assumed by the cities and special districts. The most visual implication of this action would be that the County would no longer be in the business of ensuring ambulance service in those areas where public providers are currently not providing that service, e.g. American River, Delta and Isleton FPDs. and some portions of the City of Sacramento.

With regard to the ambulance communications infrastructure, SRFECC has elected to exercise its option to purchase all equipment procured by the County for the dispatch of private ambulances from their facility. The Department of Medical Systems has been working with the Department of General Services to identify the appropriate methodology for determining the "fair market" value of this equipment. A significant consideration in this divestiture is the securing of a formal commitment from SRFECC for the Sheriff's Department's continued use of the mobile data terminal portion of this equipment. The Sheriff's Department has assured Medical Systems that this matter has been successfully negotiated, and that the Sheriff will soon be advancing an agreement to your Board for consideration.

2. Medical Control

It is critically important to understand that the universal "scheme" of all modern EMS systems is predicated on the delivery of basic and advanced life support services to the victims of serious illnesses and injuries at the time and location of insult. This remote "extension" of hospital-level medical intervention requires "physician authority," at the level prescribed by state law. That is, paramedics can only practice medicine in a clearly defined surrogate relationship with a physician. This physician relationship is what is commonly referred to as "medical control." Without "medical (physician) control," ambulance service providers would be limited to providing "first-aid" level service, and literally thousands of preventable deaths would occur each year in the United States.

The State of California only provides for "medical control" of paramedics to be established at the county level. If your Board wants to stay in EMS, it is required by state law to provide medical control for the local EMS system. The functions and corresponding authority recommended for retention by your Board largely revolve around "medical control" activities. That is, those regulatory functions which affect and/ or

measure the medical performance of EMS personnel. The most essential of these County activities include: 1) approve and monitor local EMS training programs; 2) test and certify emergency medical technician and mobile intensive care nurse personnel; 3) provide orientation and local accreditation of local paramedic personnel; 4) establish and maintain medical treatment policies and procedures; 5) investigate and respond to patient care problems/ complaints; 6) designate and monitor ALS receiving hospitals, base hospitals and service providers; and 7) designate and monitor specialty care (e.g. trauma) hospitals. Simply stated, your Board would retain the authority to assure the quality of prehospital emergency medical treatment, regardless of what agency is designated by cities and special districts to deliver their ambulance services.

3. Custody/ Medically Indigent Services

Historically, Sacramento County has met its Welfare and Institutions Code 17000 obligations for ambulance services provided to the medically indigent by recognizing these services as bad debt within an approved rate structure which included a reasonable rate of return on investment to contracted providers. With the proposed elimination of County-contracted ambulance service providers, a program to reimburse for transport costs incurred by CMISP eligibles must be implemented.

First, the Department of Medical Systems proposes that the most appropriate placement of this new activity would be within the Department's County Medically Indigent Services Program (CMISP) and therefore, would not be reflected as an EMS expense. The Department has studied prehospital and hospital data to determine that approximately 2,300 ambulance trips would be provided annually to County-qualified CMISP residents. To process claims and reimburse providers for services, one full-time Account Clerk will need to be added to CMISP. Utilizing Medi-Cal rates, the estimated annual cost of this obligation has been estimated at $265,000, with $231,000 being distributed for services rendered.

Finally, the Department proposes that the annual $44,000 County expense of transporting custodial patients be shifted from EMS to the Department's Forensics Division. This realignment of program expenses more appropriately reflects the direct cost to the County of providing health care services to inmates.

4. EMS Funding

To accommodate the reduction of County EMS program activities described in #1 above, the Department of Medical Systems proposes to reduce the EMS program staff from 8.5 to 5.5 full-time equivalent personnel. The annual cost for maintaining the reduced level of activity is estimated at $435,000. This expense, with approval from your Board, will be offset at no cost to the County through program-specific vehicle code fines; allocation of state aid realignment for oversight of trauma care services; and by raising the EMS program fee schedule for certification/ accreditation of EMS personnel (Attachment C). These proposed increases to County EMS certification/ accreditation fees (Attachment D) are necessary to offset the loss of other County EMS fees implemented earlier this year,

and to assure your Board that there will be an ongoing direct funding source for the proposed EMS program activities. It should be noted in Attachment D that controversy will arise from the highest increase proposed for paramedic accreditation and will likely be opposed by EMS personnel, their employers and the corresponding unions. However, medical control primarily focuses on the individual performing the service and therefore remains the only practical vehicle for recovering the expenses incurred in this monitoring function.

With approval from your Board for retaining the proposed EMS activities, the Department of Medical Systems will finalize an amended budget, while continuing to explore other potential sources of direct revenue. Therefore, the Department of Medical Systems proposes to return to your Board within sixty (60) days with a revised budget to: 1) accommodate adjustments in EMS fee revenues; 2) provide for MediCal level reimbursement for ambulance services to County responsible patients; and 3) maintain proposed EMS program activities at no cost to the County.

In conclusion, a few local jurisdictions have not yet established their long-term plans for securing emergency ambulance services. The Department of Medical Systems believes that the solution to this problem is imbedded in the consummation of a county-wide public ambulance service alliance, including those agencies who have initiated service in the high volume and more affluent areas of the county. While we appreciate the complexity of this undertaking, the formation of such a coalition is essential to establishing a coordinated and cost-effective county-wide emergency ambulance service system.

It is, therefore, recommended, that your Board:

1. Instruct the Director the Department of Medical Systems to: 1) terminate all efforts to complete the request for proposals for emergency ambulance services; 2) nullify arrangements for temporary ambulance dispatch / communications from Sacramento Life Support; and, 3) abandon efforts to relocate County ambulance communications and dispatch equipment to a County-operated facility.

2. Adopt the attached Resolution to: a) withdraw the County from the provision of 9-1-1 ambulance services, effective 12:01 a.m. on March 1, 1994; b) direct the Director of Medical Systems to provide notice of termination of the contract with Sacramento Life Support, effective 12:01 a.m. March 1, 1994; and c) authorize the Director of the Department of Medical Systems to sell to Sacramento Regional Fire/EMS Communications Center, all communications equipment procured by the County for the purpose of its agreement with that agency at "fair market" value (Attachment E).

3. Conduct a public hearing within forty-five (45) days for the purpose of increasing EMS program fees, as delineated in Attachment C.

4. Direct the Director of the Department of Medical Systems to report back to the Board within sixty (60) days with a mid-year budget adjustment to: 1) accommodate adjustments in EMS Fee revenues; 2) provide for MediCal level reimbursement for ambulance services to County responsible patients; and, 3) maintain proposed EMS program activities at no cost to the County.

Respectfully submitted,

Joseph A. Sanchez, Director
Department of Medical Systems

JAS:BAW
120893

Attachments (5)

cc: Sacramento County Counsel
Sacramento County Sheriff's Department
Sacramento County Auditor / Controller
Local Cities and Special Districts
Sacramento Life Support
Sacramento County Health Council
Sacramento-El Dorado Medical Society
Sacramento-Sierra Hospital Association
California EMS Authority

CONCUR:

Bob Smith
County Executive

Attachmen

RESOLUTION NO. 93-1575

BE IT RESOLVED AND ORDERED that the Board of Supervisors of the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereby:

1. Withdraws the COUNTY from the provision of 9-1-1 ambulance services, effective 12:01 a.m. on March 1, 1994;

2. Directs the Director of Medical Systems to sell to Sacramento Regional Fire/EMS Communications Center, all communications equipment procured by the County for the purpose of its agreement with that agency at "fair market" value;

3. Directs the Director of Medical Systems to provide immediate notice of termination of the contract with Sacramento Life Support, to be effective at 12:01 a.m. on March 1, 1994.

On a motion by Supervisor T. JOHNSON, seconded by Supervisor M. JOHNSON, the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 14th day of December, 1993, by the following vote, to wit:

AYES: M. Johnson, T. Johnson, Cox

NOES: None

ABSENT: Collin

Chairperson of the Board of Supervisors of Sacramento County, California

(SEAL)

DEC 14 1993

ATTEST: Clerk of the Board of Supervisors

FILED

DEC 14 1993

BOARD OF SUPERVISORS

CLERK OF THE BOARD

APPENDIX 7:

SACRAMENTO COUNTY EMS POLICY #5070
"HOSPITAL TRANSFER AGREEMENTS"

EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:

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

II. AUTHORITY:

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

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

III. GENERAL GUIDELINES:

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

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

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

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

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

IV. CONDITIONS FOR TRANSFER:

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

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

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

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

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

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

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

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

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

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

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

V. TRANSFER RESPONSIBILITIES:

The following general responsibilities apply in transfers:

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

1. Obtain the appropriate informed consent signatures;

2. Consult with the receiving physician/ hospital;

3. Make appropriate transport arrangements;

4. Complete all transfer forms;

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

6. Notify the receiving hospital physician.

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

VI. TRANSFER STAFFING OPTIONS:

A. EMT/ MD Transport

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

B. EMT/ Transferring Hospital RN Transport

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

C. EMT/ RN (CCT) Transport

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

D. EMT-Paramedic Transport

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

E. EMT-I Transport

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

VII. REPORTING/ COMPLAINTS:

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

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

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

TABLE 1: Summary of System Status

Items followed by an asterisk include descriptions on the System Assessment Form of how resources and/or services are coordinated with other EMS agencies in meeting the standards.

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meet minimum standard	Meet recommended guideline [1]	Short-Range Plan [2]	Long-range Plan [2]
1.01 LEMSA Structure		√			
1.02 LEMSA Mission		√			√
1.03 Public Input		√			
1.04 Medical Director		√	√		
Planning Activities					
1.05 System Plan		√			
1.06 Annual Plan Update		√			
1.07 Trauma Planning*		√	√		
1.08 ALS Planning*		√			
1.09 Inventory of Resources		√			
1.10 Special Populations		√#			
1.11 System Participants		√	√		

Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

1 **As applicable.**

2 **Indicates area identified for improvement.**

Regulatory Activities	Does not currently meet standard	Meet minimum standard	Meet recommended guideline [1]	Short-Range Plan [2]	Long-range Plan [2]
1.12 Review & Monitoring		√			
1.13 Coordination		√			
1.14 Policy & Procedures Manual		√			
1.15 Compliance w/ Policies		√			
System Finance					
1.16 Funding Mechanism		√			
Medical Direction					
1.17 Medical Direction*		√			
1.18 QA / QI		√	√		
1.19 Policies, Procedures, Protocols		√	√		
1.20 DNR Policy		√			
1.21 Determination of Death		√			
1.22 Reporting of Abuse		√			
1.23 Interfacility Transfer		√			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		√			
1.25 On-Line Medical Direction		√			

1 **As applicable.**

2 **Indicates area identified for improvement.**

Enhanced Level: Trauma Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline [1]	Short-Range Plan [2]	Long-range Plan [2]
1.26 Trauma System Plan		√			

Enhanced Level: Pediatric Emergency & Critical Care System

1.27 Pediatric System Plan		√*			

Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan					

* The Pediatric System Plan is integral to the EMS Plan

1 **As applicable.**

2 **Indicates area identified for improvement.**

B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
2.01 Assessment of Needs		√			
2.02 Approval of Training		√			
2.03 Personnel		√			
Dispatchers					
2.04 Dispatch Training		√	√#		
First Responders (non-transporting)					
2.05 First Responder Training		√	√#		
2.06 Response		√			
2.07 Medical Control		√			
Transporting Personnel					
2.08 EMT-I Training		√	√		
Hospital					
2.09 CPR Training		√			
2.10 Advanced Life Support		√			

Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

1 **As applicable.**

2 **Indicates area identified for improvement.**

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline [1]	Short-Range Plan [2]	Long-range Plan [2]
2.11 Accreditation Process		√			
2.12 Early Defibrillation		√			
2.13 Base Hospital Personnel		√			

1 **As applicable.**

2 **Indicates area identified for improvement.**

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
3.01 Communication Plan*		√	√		
3.02 Radios		√	√#		
3.03 Interfacility Transfer*		√			
3.04 Dispatch Center		√			
3.05 Hospitals		√	√		
3.06 MCI/Disasters		√			
Public Access					
3.07 9-1-1 Planning/ Coordination		√	√		
3.08 9-1-1 Public Education		√			
Resource Management					
3.09 Dispatch Triage		√#	√#		
3.10 Integrated Dispatch		√#	√#		

Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

1 **As applicable.**

2 **Indicates area identified for improvement.**

D. RESPONSE / TRANSPORTATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
4.01 Service Area Boundaries*					
4.02 Monitoring		√			
4.03 Classifying Medical Requests		√#			
4.04 Prescheduled Responses					
4.05 Response Time Standards*		√#	√#		
4.06 Staffing		√#			
4.07 First Responder Agencies		√			
4.08 Medical & Rescue Aircraft*		√			
4.09 Air Dispatch Center		√			
4.10 Aircraft Availability*		√			
4.11 Specialty Vehicles*		√#	√#		
4.12 Disaster Response		√			
4.13 Inter-county Response*		√	√		√
4.14 Incident Command System		√			
4.15 MCI Plans		√			
Enhanced Level: Advanced Life Support					
4.16 ALS Staffing		√	√		
4.17 ALS Equipment		√			

Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

1 **As applicable.**

2 **Indicates area identified for improvement.**

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
4.18 Compliance		√			

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan					
4.20 Grandfathering					
4.21 Compliance					
4.22 Evaluation					

1 **As applicable.**

2 **Indicates area identified for improvement.**

E. FACILITIES / CRITICAL CARE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
5.01 Assessment of Capabilities		√	√		
5.02 Triage & Transfer Protocols*		√			
5.03 Transfer Guidelines*		√			
5.04 Specialty Care Facilities*		√			
5.05 Mass Casualty Management		√	√		
5.06 Hospital Evaluation*		√			
Enhanced Level: Advanced Life Support					
5.07 Base Hospital Designation*		√			
Enhanced Level: Trauma Care System					
5.08 Trauma System Design		√			
5.09 Public Input		√			
Enhanced Level: Pediatric Emergency & Critical Care System					
5.10 Pediatric System Design		√			
5.11 Emergency Departments		√			
5.12 Public Input		√			
Enhanced Level: Other Speciality Care System					
5.13 Speciality System Design		√			
5.14 Public Input		√			

1 **As applicable.**

2 **Indicates area identified for improvement.**

F. DATA COLLECTION / SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
6.01 QA/QI Program		√	√		
6.02 Prehospital Records		√			
6.03 Prehospital Care Audits		√	√		
6.04 Medical Dispatch		√#			
6.05 Data Management System*		√	√		
6.06 System Design Evaluation		√			
6.07 Provider Participation		√			
6.08 Reporting		√			
Enhanced Level: Advanced Life Support					
6.09 ALS Audit		√			
Enhanced Level: Trauma Care System					
6.10 Trauma System Evaluation		√			
6.11 Trauma Center Data		√			

Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

1 **As applicable.**

2 **Indicates area identified for improvement.**

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
7.01 Public Information Materials		√			
7.02 Injury Control		√#			
7.03 Disaster Preparedness		√#			
7.04 First Aid & CPR Training		√	√#		

Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

1 As applicable.

2 Indicates area identified for improvement.

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
8.01 Disaster Medical Planning*		√			
8.02 Response Plans		√	√		
8.03 HazMat Training		√			
8.04 Incident Command System		√	√		
8.05 Distribution of Casualties*		√	√		
8.06 Needs Assessment		√	√		
8.07 Disaster Communications*		√			
8.08 Inventory of Resources		√	√#		
8.09 DMAT Teams		√	√		
8.10 Mutual Aid Agreements*		√			
8.11 CCP Designation*		√			
8.12 Establishment of CCPs		√			
8.13 Disaster Medical Training		√	√#		
8.14 Hospital Plans		√	√		
8.15 Interhospital Communications		√			
8.16 Prehospital Agency Plans		√	√#		
Enhanced Level: Advanced Life Support					
8.17 ALS Policies		√			

Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

1 **As applicable.**

2 **Indicates area identified for improvement.**

Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meet minimum standard	Meet recommended guideline[1]	Short-Range Plan[2]	Long-range Plan[2]
8.18 Specialty Center Roles		√			
8.19 Waiving Exclusivity					

1 As applicable.

2 Indicates area identified for improvement.

System Assessment Form # 1.01 - LEMSA Structure

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

RECOMMENDED GUIDELINE: None provided.

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

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.02 - LEMSA Mission

MINIMUM STANDARD: Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/ quality improvement and evaluation processes to identify needed system changes.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The Sacramento County EMS Agency plans, implements, and evaluates all medical control aspects of the local EMS system. The agency uses quality assurance/quality improvement and evaluation processes to identify needed system changes.

NEED(S): Areas of needed improvement include: data collection from out-of-hospital providers and emergency departments; trauma center capacity; assessment of pediatric planning; and, public information/ education.

OBJECTIVE: To implement those needs identified above with approved budget and staff while not reducing any current level of program activity.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

1.02 Long-range Plan (more than one year)

System Assessment Form # 1.03 - Public Input

MINIMUM STANDARD: Each local EMS agency shall have a mechanism [including the emergency medical care committee(s) and other sources] to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described throughout this document.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The Sacramento County EMS Agency has mechanisms in place [including the emergency medical care committee(s) and other sources] to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document. Those mechanisms include, but are not limited to a Medical Oversight Committee, Trauma Review (Audit) Committee and Operational Oversight Committee. In addition, Sacramento County=s Human Services Coordination Council (HSCC) has been appointed by the Board of Supervisors as the Emergency Medical Care Committee. The HSCC is comprised of 25 provider and consumer members who advise the Board on all significant county health-related services, e.g. increases or reductions in service levels and budgets. Additionally, the County EMS Home Page on the Internet requests and allows comments and suggestions for further input on the development of plans, policies, and procedures for the EMS system.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE: Not applicable.

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.04 - Medical Director

MINIMUM STANDARD: Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine. The local EMS agency medical director should have administrative experience in emergency medical services systems.

RECOMMENDED GUIDELINE: Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialities and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: The Sacramento County EMS Agency has appointed a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine. The medical director has established clinical specialty advisory groups composed of physicians with appropriate specialities and non-physician providers (including nurses and prehospital providers). Inter/nationally recognized physician experts have been retained to advise and evaluate the Sacramento County Trauma Care System.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.05 - System Plan

MINIMUM STANDARD: Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
a) assess how the current system meets these guidelines,
b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
c) provide a methodology and time line for meeting these needs.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This Plan is based upon researched community needs and current EMS system standards. The Plan allows for continuous adaptation through open public forums, committee hearings, continuous quality improvement initiatives and clinical surveys. The plan shall:
a) assess system effectiveness through diligent evaluation of collected data on each aspect and every event in the system,
b) identify system needs for targeted clinical categories through systematic reviews by applicable medical specialists for each category, and
c) provide a methodology and timetable for continuous monitoring and ultimately meeting these needs.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.06 - Annual Plan Update

MINIMUM STANDARD: Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This Plan (when approved) will be updated annually and will identify progress made in plan implementation and changes to the system design.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.07* - Trauma Planning

MINIMUM STANDARD: The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINE: The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: The current Trauma Plan incorporates regional considerations with a concentration on local needs.

COORDINATION WITH OTHER EMS AGENCIES: Sacramento County coordinates trauma planning with all adjacent EMS jurisdictions and invites each to attend our quarterly Trauma Review Committee Meetings.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.08* - ALS Planning

MINIMUM STANDARD: Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Sacramento County adopted a policy of county-wide advanced life support ambulance service in 1990.

COORDINATION WITH OTHER EMS AGENCIES: Inter-agency reciprocity agreements are in-place with neighboring counties.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.09 - Inventory of Resources

MINIMUM STANDARD: Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: A detailed inventory of EMS resources has been developed and is updated annually or more frequently as information becomes available.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.10 - Special Populations

MINIMUM STANDARD: Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINE: Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: The total population served by the Emergency Medical Services in Sacramento County receives a paramedic scope of practice level of service. The paramedics are trained to meet the specialized medical needs of different sub-populations (elderly, handicapped and children). Emergency medical services providers also strive to employ bi-lingual employees to meet the needs of non-English speaking patients.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.11 - System Participants

MINIMUM STANDARD: Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINE: Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: Written agreements with all EMS system participants are in-place. Continuous monitoring of the participants to ensure their conformance with their assigned roles is conducted through continuous quality improvement initiatives, open forum discussions, fielding of complaints, data evaluation, inspections, meetings and reviews/ audits of written agreements. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. Sacramento County has a Anon-exclusive@ 9-1-1 ambulance system.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.12 - Review & Monitoring

MINIMUM STANDARD: Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Reviews and monitoring of EMS system operations are conducted primarily through reviews and audits of collected data from providers, facilities, and dispatch agencies. Additional reviews via continuous quality improvement initiatives, inspections, fielding of complaints, run reviews, audit committee meetings, open forums, etc., provide constant and daily monitoring of the system. Data collection enhancements as stated in Objective 1-2 will enhance meeting this standard. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. Sacramento County has a Anon-exclusive@ 9-1-1 ambulance system.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.13 - Coordination

MINIMUM STANDARD: Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: EMS system operations are coordinated through constant communications with all system participants, monthly meetings with representatives of system participants and quarterly newsletters to all system participants. Additionally, monitoring of system activity through analyses of collected data on all events provides coordination opportunities. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. Sacramento County has a Anon-exclusive@ 9-1-1 ambulance system.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.14 - Policy & Procedures Manual

MINIMUM STANDARD: Each local EMS agency shall develop a policy and procedure manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services and hospitals) within the system.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The developed policy, procedures and protocol manual is available to all EMS system participants at nominal cost. Individual policies, procedures and protocols are scheduled for review during a two (2) year effective period. Occasionally, documents are discussed before their scheduled review dates as the need arises. When changes occur to the manual, all system participants are notified.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.15 - Compliance w/ Policies

MINIMUM STANDARD: Each local EMS agency shall have a mechanism to review, monitor and enforce compliance with system policies.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The mechanisms in-place to review, monitor, and enforce compliance with system policies are through analyses of collected data, hospital run reviews, audits, inspections, complaint reviews, continuous quality improvement and quality assurance programs, etc. Enforcement is accomplished through investigative review panels, written agreements, judicial use of sanctions and certification actions (including suspension, revocation and denial of certificates).

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.16 - Funding Mechanism

MINIMUM STANDARD: Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services fund.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Funding mechanisms sufficient to ensure continued operation include revenues from: fines/ forfeitures/ penalties as mandated by Senate Bill 12/612; EMT/ Paramedic certification fees; trauma fees; Physicians EMS Tobacco Tax Program funds in accordance with Assembly Bill 75; and, miscellaneous reimbursements. Maximum use of the EMS fund is assured through departmental agreements.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.17* - Medical Direction

MINIMUM STANDARD: Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities and relationships of prehospital and hospital providers.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: A Astanding orders@ system of policies, procedures and protocols has been in effect for Sacramento County accredited advanced life support prehospital care providers since August 1, 1994. This allows for minimal contact between paramedics and base hospitals for medical control. Depending on continual evaluation of the effectiveness of this system, alterations to the number of designated base hospitals and the roles, responsibilities and relationships of prehospital and hospital providers may occur.

COORDINATION WITH OTHER EMS AGENCIES: Reciprocity agreements with neighboring counties ensures medical direction is provided when crossing boundaries.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.18 - QA / QI

MINIMUM STANDARD: Each local EMS agency shall establish a quality assurance/ quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINE: Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS: Continuous quality improvement (CQI)/ quality assurance (QA) programs have been established at each advanced life support provider level and are monitored/ evaluated at the county EMS level. The CQI/ QA program at the county EMS level also includes evaluation of the collected data on a quarterly basis. This provides Achecks and balances,@ and initiatives for the provider programs. Additionally, in-house reviews of complaints and continuous monitoring of provider CQI/ QA programs provides open communications among all participants.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.19 - Policies, Procedures & Protocols

MINIMUM STANDARD: Each local EMS agency shall develop written policies, procedures and/ or protocols including, but not limited to,
a) triage,
b) treatment,
c) medical dispatch protocols,
d) transport,
e) on-scene treatment times,
f) transfer of emergency patients,
g) standing orders,
h) base hospital contact,
i) on-scene physicians and other medical personnel and
j) local scope of practice for prehospital personnel.

RECOMMENDED GUIDELINE: Each local EMS agency should develop (or encourage the development of) pre-arrival/ post dispatch instructions.

CURRENT STATUS: The Policies, Procedures and Protocols Manual encompasses all aspects noted in the standard above. Program documents are scheduled for review once every two (2) years and the manual is revised on an as needed basis.

Dispatch agencies are using the advanced medical priority dispatch system currently approved by this EMS agency.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.20 - DNR Policy

MINIMUM STANDARD: Each local EMS agency shall have a policy regarding "Do Not Resuscitate@ (DNR) situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: DNR policy is in-place and is in accordance with the EMS Authority's DNR guidelines. The DNR policy is included in the policy manual and is available to all system participants.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.21 - Determination of Death

MINIMUM STANDARD: Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: In conjunction with the county coroner, a policy has been developed regarding determination of death, to include deaths at the scene of apparent crimes, and includes protocols for responsibilities of EMS personnel. These policies are included in the policy manual and are readily available to all system participants.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.22 - Reporting of Abuse

MINIMUM STANDARD: Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse and suspected SIDS deaths.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All providers operating in Sacramento are required to report suspected child abuse, elder abuse, and suspected SIDS deaths. The mechanisms are in-place to comply with this requirement.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.23 - Interfacility Transfer

MINIMUM STANDARD: The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The local EMS medical director has established policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.24 - ALS Systems

MINIMUM STANDARD: Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINE: Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: Written agreements, approved by the Sacramento County EMS Agency, are in-place for all designated advanced life support providers. On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. Sacramento County has a Anon-exclusive@ 9-1-1 ambulance system.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.25 - On-line Medical Direction

MINIMUM STANDARD: Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINE: Each EMS system should develop a medical control plan which determines:

a) the base hospital configuration for the system,
b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply and
c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: The Sacramento County EMS System has on-line medical direction provided by base hospital physicians and mobile intensive care nurses (MICNs). The need for on-line medical control has diminished due to the implementation of standing orders.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.26 - Trauma System Plan

MINIMUM STANDARD: The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
a) the optimal system design for trauma care in the EMS area and
b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The trauma care system plan, based on community needs and utilization of appropriate resources is in place. The trauma care system plan reflects recent identification for the need to designate a level II trauma center in the south area of the county by 2010. A Request For Proposal (RFP) will be issued which will allow all eligible facilities within the identified service area the opportunity to apply.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 1.27 - Pediatric System Plan

MINIMUM STANDARD: The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:
a) the optimal system design for pediatric emergency medical and critical care in the EMS area and
b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Emergency medical pediatric services are fully integrated into the EMS system policies, procedures and protocols. Pediatric specialty physician consultation is obtained on all pediatric care issues. Based on the above, the EMS agency and its medical director have determined that a separate pediatric subsystem plan is not necessary. All acute care hospitals serving the residents of Sacramento County have, at a minimum, a licensed Basic Emergency Department, which are capable of meeting the immediate medical needs of the pediatric emergency patient. All of the hospitals have identified the facilities that offer specialized pediatric services and have established relationships for transfer, amongst each other, to admit a pediatric patient to a specialized critical area, if that particular hospital does not have the resources to meet those needs. The decision to admit and/or transfer a pediatric patient is made between the transferring and admitting physicians.

NEED(S): None at this time. Pediatric emergency medical and critical care is integral to the existing EMS System Plan.

OBJECTIVE: To reevaluate biannually to determine if community needs or utilization of resources would require the development of a subsystem plan.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

1.27 Long-range Plan (more than one year)

System Assessment Form # 1.28 - EOA Plan

MINIMUM STANDARD: The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:
a) the optimal system design for ambulance service and advanced life support services in the EMS area and
b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. Sacramento County has a Anon-exclusive@ 9-1-1 ambulance system.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.01 - Assessment of Needs

MINIMUM STANDARD: The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Each service provider is required to have continuous quality improvement (CQI) programs in place. All provider CQI programs in place in Sacramento County are overseen by the local EMS agency. Each provider agency utilizes a peer review approach to CQI that meets monthly to assess performance of the EMS personnel. Additionally, these programs identify training needs of respective personnel. Input from colleagues, hospitals and the general public provide assessment of personnel performance and contribute significantly to this process.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.02 - Approval of Training

MINIMUM STANDARD: The EMS Authority and/ or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All EMS education programs are approved only after thorough review of proposed program documents as they relate to set standards and compliance with state directives/ regulations. These programs are monitored periodically both through audits of training materials, qualifications of instructors, and testing of graduates.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.03 - Personnel

MINIMUM STANDARD: The local EMS agency shall have mechanisms to accredit, authorize and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Mechanisms are in place to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. A process for prehospital providers, and base hospital quality assurance committees to identify and/ or notify the local EMS agency of unusual occurrences is also in place. These policies and procedures are included in the policy manual and are readily accessible to EMS system participants. A formalized background check and finger print check process has been established to ensure system participants= adherence with public trust issues considered within our purview.

NEED(S): None at this time.

OBJECTIVE: To maintain current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.04 - Dispatch Training

MINIMUM STANDARD: Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINE: Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: All public safety answering point operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) are trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.05 - First Responder Training

MINIMUM STANDARD: At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINE: At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: At least one person on each non-transport EMS first responder unit is certified at the EMT-I level. Currently, 6 of the 14 first responder agencies in Sacramento have employees who provide defibrillation.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.06 - Response

MINIMUM STANDARD: Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Public safety agencies and industrial first aid teams are encouraged to respond to medical emergencies and are utilized in accordance with local EMS agency policies. Some local businesses require their security personnel to be EMT-I certified and respond to medical emergencies within their businesses.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.07 - Medical Control

MINIMUM STANDARD: Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Both advanced life support and basic life support non-transporting first responders comply with policies, procedures and protocols established by this agency. Provider continuous quality improvement (CQI) programs ensure compliance and report to Sacramento County EMS CQI Committee, as needed.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.08 - EMT-I Training

MINIMUM STANDARD: All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINE: If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: All emergency medical transport vehicle personnel are currently certified at least at the EMT-I level. At least one person on each emergency medical transport vehicle is trained to provide advanced life support.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.09 - CPR Training

MINIMUM STANDARD: All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All allied health personnel who provide direct emergency patient care are trained in CPR. EMT-Is must provide proof of current CPR training in infant, child and adult CPR and obstructed airway maneuvers from the American Heart Association or equivalent in order to certify or recertify. EMT-Paramedics are required to have current Advanced Cardiac Life Support training in order to accredit or renew their accreditation.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.10 - Advanced Life Support

MINIMUM STANDARD: All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINE: All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: All emergency department physicians and registered nurses who provide direct patient care are trained in advanced life support.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.11 - Accreditation Process

MINIMUM STANDARD: The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice and enrollment into the local EMS agency's quality assurance/ quality improvement process.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The local EMS agency has established a monthly procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system and orientation to the trauma system.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.12 - Early Defibrillation

MINIMUM STANDARD: The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This EMS agency has established policies for local accreditation of public safety and other basic life support personnel in early defibrillation. These policies are included in the policy manual and are easily accessible to system participants.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 2.13 - Base Hospital Personnel

MINIMUM STANDARD: All base hospital/ alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques. Nursing personnel that provide medical direction to prehospital personnel are required to be mobile intensive care nurse (MICN) certified. Prior to certification, MICN applicants are tested by this agency and are required to attend a local orientation class.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.01* - Communication Plan

MINIMUM STANDARD: The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINE: The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS: Sacramento County has taken a lead role in planning and implementing a regional radio communications system, including fire, police, sheriff and EMS. The use of satellites and cellular telephones have been integrated into the system, as deemed appropriate. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide.

COORDINATION WITH OTHER EMS AGENCIES: All EMS provider agencies are part of the Sacramento Regional Radio Communications System.

NEED(S): None.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.02 - Radios

MINIMUM STANDARD: Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINE: Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: All emergency medical transport vehicles and non-transporting advanced life support responders have two-way radio communications equipment and cellular phones which complies with the Sacramento Regional Radio Communications System which provides for dispatch and ambulance-to-hospital communication. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.03* - Interfacility Transfer

MINIMUM STANDARD: Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All designated emergency medical transport vehicles used for interfacility transfers have the ability to communicate with both the sending and receiving facilities. The communication is via cellular phone or two-way radio.

COORDINATION WITH OTHER EMS AGENCIES: Written agreements are in-place for coordination with other EMS agencies.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.04 - Dispatch Center

MINIMUM STANDARD: All emergency medical transport vehicles, where physically possible (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All emergency medical transport vehicles have the ability to communicate with a single dispatch center or disaster communications command post via radio or cellular phone. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.05 - Hospitals

MINIMUM STANDARD: All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINE: All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS: All hospitals within the local EMS system have the ability to communicate with each other by two-way radio (800 MHZ trunk system). All facilities have an additional hardwired Adedicated circuit@ phone line (Blast Phone). Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.06 - MCI/Disasters

MINIMUM STANDARD: The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The local EMS agency does review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters. These linkages are tested and evaluated during drills and real-life implementation several times during the year. The provider continuous quality improvement committees are responsible for review of multi-casualty drills and events. The local EMS agency plays an active role in these reviews. All providers and hospitals use the 800 MHZ system and prehospital providers also utilize cellular phones. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. Sacramento County has a Anon-exclusive@ 9-1-1 ambulance system.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.07 - 9-1-1 Planning/ Coordination

MINIMUM STANDARD: The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINE: The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: Sacramento County has had a county-wide enhanced 9-1-1 emergency telephone system since 1981. The Agency actively participates in ongoing planning and coordination of the E9-1-1 telephone system.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.08 - 9-1-1 Public Education

MINIMUM STANDARD: The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The Agency is actively involved in public education regarding the 9-1-1 telephone system service as it impacts system access. These efforts are in partnership with local cities and special districts and coordinated by the Sacramento Regional Fire/ EMS Communications Center.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.09 - Dispatch Triage

MINIMUM STANDARD: The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

RECOMMENDED GUIDELINE: The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies and pre-arrival instructions.

CURRENT STATUS: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. However, all local 9-1-1 dispatchers and advanced life support private ambulance dispatchers have training in emergency medical dispatching. The guidelines in use have been reviewed by this agency and have been determined to identify appropriate medical response.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 3.10 - Integrated Dispatch

MINIMUM STANDARD: The local EMS system shall have a functionally integrated dispatch with systemize emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINE: The local EMS agency should develop a mechanism to ensure appropriate systemize ambulance coverage during periods of peak demand.

CURRENT STATUS: The local EMS system has a functionally integrated dispatch with systemized emergency services coordination, using standardized communications frequencies. A mechanism exists which ensures appropriate systemized ambulance coverage during peak periods of peak demand. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.01* - Service Area Boundaries

MINIMUM STANDARD: The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINE: The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide. Sacramento County has a Anon-exclusive@ 9-1-1 ambulance system.

COORDINATION WITH OTHER EMS AGENCIES: In-depth coordination with local cities and special districts ensures 100% advanced life support coverage to all county residents and visitors.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.02 - Monitoring

MINIMUM STANDARD: The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINE: The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: All advanced life support medical transportation services are reviewed and evaluated by the local EMS agency to assure compliance with applicable statutes, regulations, policies and procedures. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were Aassumed@ by local cities and special districts county-wide.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.03 - Classifying Medical Requests

MINIMUM STANDARD: The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Criteria for classifying medical requests is determined at the dispatch and provider levels using a priority dispatching system, which is approved by the local EMS agency.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.04 - Prescheduled Responses

MINIMUM STANDARD: Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact is provided only at levels which permit compliance with local EMS agency policy.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.05* - Response Time Standards

MINIMUM STANDARD: Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

RECOMMENDED GUIDELINE:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

a) the response time for a basic life support and CPR capable first responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible

b) the response time for an early defibrillation-capable responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--as quickly as possible
Wilderness--as quickly as possible

c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed::
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible

d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible.

CURRENT STATUS: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities, including response time standards, were Aassumed@ by local cities and special districts county-wide. Local cities and special districts report response time performances which far exceed those standards recommended in this section.

COORDINATION WITH OTHER EMS AGENCIES: Coordination with all concerned agencies is accomplished during monthly meetings.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.06 - Staffing

MINIMUM STANDARD: All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All emergency medical transport vehicles are staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided. All advanced life support (ALS) emergency transport vehicles are staffed with at least one EMT-P and one EMT-I and carry enough supplies to offer the local EMT-P scope of practice. Sacramento County EMS Agency assures compliance through periodic audits and inspections of ALS providers.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.07 - First Responder Agencies

MINIMUM STANDARD: The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: At this time EMS first responder public safety agencies are integrated into the 9-1-1 system, industrial first aid teams are not.

NEED(S): Research and evaluation have determined that mandating industrial first aid teams to participate in the EMS system is not feasible at this time.

OBJECTIVE: none

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.08* - Medical & Rescue Aircraft

MINIMUM STANDARD: The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
a) authorization of aircraft to be utilized in prehospital patient care,
b) requesting of EMS aircraft,
c) dispatching of EMS aircraft,
d) determination of EMS aircraft patient destination,
e) orientation of pilots and medical flight crews to the local EMS system and
f) addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The process for categorizing medical and rescue aircraft is in-place, and policies and procedures regarding the a), d), e) and f) listed above, are in-place. Concerns b) and c) listed above are operational issues considered to be under the purviews of the local cities and special districts. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were assumed by local cities and special districts county-wide.

COORDINATION WITH OTHER EMS AGENCIES: Coordination among other EMS agencies is accomplished within the county at monthly operational meetings and with out-of-county agencies at quarterly intervals or as the need arises.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.09 - Air Dispatch Center

MINIMUM STANDARD: The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: A dispatch center has been designated to coordinate the use of air ambulances and rescue aircraft. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were assumed by local cities and special districts county-wide.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.10* - Aircraft Availability

MINIMUM STANDARD: The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This agency has identified the availability and staffing of medical and rescue aircraft for emergency patient transportation and maintains written agreements with aeromedical services based in Sacramento County.

COORDINATION WITH OTHER EMS AGENCIES: All concerned agencies are represented at regularly scheduled meetings. The EMS Agency maintains reciprocity agreements with most of the surrounding EMS agencies.

NEEDS: None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.11* - Specialty Vehicles

MINIMUM STANDARD: Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles and water rescue and transportation vehicles.

RECOMMENDED GUIDELINE: The local EMS agency should plan for response by and use of all-terrain vehicles, snowmobiles and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: Availability and staffing for all-terrain vehicles/ water rescue are limited to local law enforcement, park services and fire service agencies= resources. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were assumed by local cities and special districts county-wide.

COORDINATION WITH OTHER EMS AGENCIES: All concerned agencies are represented at regularly scheduled meetings.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.12 - Disaster Response

MINIMUM STANDARD: The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: In cooperation with Sacramento County Office of Emergency Services, this agency has planned for mobilizing response and transport vehicles for a disaster. This agency has adopted the OES Region IV Multi-Casualty Incident (MCI) Plan. All hospitals and out-of-hospital providers have adopted, and train regularly, in the Region IV MCI Plan.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.13* - Inter-county Response

MINIMUM STANDARD: The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINE: The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

CURRENT STATUS: As Sacramento County is mostly a public ambulance system, mutual aid agreements are in place through long-standing fire service arrangements. Sacramento County is working closely with OES Region IV to produce an agreement which addresses reimbursement for medical personnel.

COORDINATION WITH OTHER EMS AGENCIES: Reciprocity agreements with surrounding EMS agencies are in-place which permits inter-county response of emergency medical transport vehicles and EMS personnel.

NEED(S): Continue efforts through OES Region IV to establish an agreement for medical reimbursement.

OBJECTIVE: Establish agreements for medical reimbursement.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

4.13 Long-range Plan (more than one year)

System Assessment Form # 4.14 - Incident Command System

MINIMUM STANDARD: The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Multi-casualty response plans, procedures and protocols which include provisions for on-scene medical management, using the Incident Command System when applicable are in-place. SCEMS has adopted the State OES Region IV Multi-Casualty Incident plan which incorporates the Incident Command System.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.15 - MCI Plans

MINIMUM STANDARD: Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Multi-casualty response plans and procedures (OES Region IV MCI Plan) utilize state standards and guidelines.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.16 - ALS Staffing

MINIMUM STANDARD: All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINE: The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: All advanced life support (ALS) ambulances are staffed with at least one person certified at the ALS level and one person staffed at the EMT-I level.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.17 - ALS Equipment

MINIMUM STANDARD: All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All emergency advanced life support (ALS) ambulances are appropriately equipped for the scope of practice of its level of staffing as is mandated by the Sacramento County (SC) EMS Policy Manual. SCEMS ensures compliance by periodic inspections of all county ALS Providers.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.18 - Compliance

MINIMUM STANDARD: The local EMS agency shall have a mechanism (e.g., an ordinance and/ or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Sacramento County has a mechanism (e.g., written provider agreements) to ensure that all EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.19 - Transportation Plan

MINIMUM STANDARD: Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:
a) minimum standards for transportation services,
b) optimal transportation system efficiency and effectiveness and
c) use of a competitive process to ensure system optimization.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Sacramento County does not have 9-1-1 ambulance exclusive operating areas.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.20 - Grandfathering

MINIMUM STANDARD: Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Sacramento County does not have 9-1-1 ambulance exclusive operating areas.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.21 - Compliance

MINIMUM STANDARD: The local EMS agency shall have a mechanism to ensure that EMS transportation and/ or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Though exclusive operating areas are not applicable to this county, mechanisms are in-place to ensure EMS transportation and/or advanced life support agencies comply with applicable policies and procedures regarding system operations and patient care.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 4.22 - Evaluation

MINIMUM STANDARD: The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Sacramento County does not have 9-1-1 ambulance exclusive operating areas.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.01 - Assessment of Capabilities

MINIMUM STANDARD: The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINE: The local EMS agency should have written agreements with acute care facilities in its services area.

CURRENT STATUS: This EMS agency has written agreements in-place with acute care facilities to meet minimum standards as a receiving hospital and/ or base hospital in its services area. The EMS-related capabilities of acute care facilities are assessed and are reassessed periodically.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.02* - Triage & Transfer Protocols

MINIMUM STANDARD: The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This agency has established prehospital triage protocols and does assist hospitals with the establishment of transfer protocols and agreements when requested.

COORDINATION WITH OTHER EMS AGENCIES: All concerned EMS agencies are represented during the development stage of the triage and transfer protocols, and during negotiations of agreements.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.03* - Transfer Guidelines

MINIMUM STANDARD: The local EMS agency, with participation of acute care hospital administrators, physicians and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Acute care hospital administrators, physicians and nurses, in cooperation with the local EMS agency, have established guidelines to identify patients who should be considered for transfer to facilities of higher capability in conjunction with those receiving facilities.

COORDINATION WITH OTHER EMS AGENCIES: The protocols and agreements are agenda items at bi-monthly meetings with representation from all concerned agencies when applicable.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.04* - Specialty Care Facilities

MINIMUM STANDARD: The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Receiving hospitals are designated by written agreement with the EMS Agency. In addition, Sacramento County has three (3) designated as trauma centers. These facilities are continuously monitored through in-house continuous quality improvement programs, data collection and interviews by the County, and independent site inspections of trauma centers.

COORDINATION WITH OTHER EMS AGENCIES: Regularly scheduled meetings among all concerned agencies allows opportunities for coordination and development of these initiatives.

NEED(S): Refer to needs #1.02 and #1.07.

OBJECTIVE: Refer to objectives #1.02 and #1.07.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.05 - Mass Casualty Management

MINIMUM STANDARD: The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINE: The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: The agency actively participates with local and regional hospitals to prepare for the effective management of mass casualties, including procedures for coordinating hospital communications and patient flow.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.06* - Hospital Evaluation

MINIMUM STANDARD: The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Each hospital within this jurisdiction does maintain a plan for evacuation. The EMS agency (as well as all other health entities) has adopted the OES Region IV Multi-Casualty Incident Plan which provides for patient distribution in the case local resources are exhausted.

COORDINATION WITH OTHER EMS AGENCIES: Coordination with other concerned agencies within the OES Region IV occurs at regular meetings. Surrounding EMS agencies and hospitals in the OES Region IV Counties conduct drills to examine the effectiveness of the Plan in regional incidents.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.07* - Base Hospital Designation

MINIMUM STANDARD: The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Of the ten (10) in-county hospitals, four (4) are designated base hospitals. All facilities are eligible to apply for designation at any time. In addition, a level II trauma center in Placer County has been designated as a trauma base hospital for Sacramento County based units transporting to that facility.

COORDINATION WITH OTHER EMS AGENCIES: Coordination among base hospitals and alternative base stations is accomplished at regularly scheduled meetings.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.08 - Trauma System Design

MINIMUM STANDARD: 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
a) the number and level of trauma centers (including the use of trauma centers in other counties),
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center and
e) a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The trauma plan has recently been updated with EMSA approval as of 2009, and includes:
a) the number and level of trauma centers (including the use of trauma centers in other counties),
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center and
e) a plan for monitoring and evaluation of the system.

NEED(S): None at this time

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.09 - Public Input

MINIMUM STANDARD: In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Input is ensured from prehospital and hospital providers and consumers throughout the trauma plan process and any revision process thereof.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.10 - Pediatric System Design

MINIMUM STANDARD: Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
a) the number and role of system participants, particularly of emergency departments,
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
d) identification of providers who are qualified to transport such patients to a designated facility,
e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area and
g) a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Currently, all acute care hospitals serving the residents of Sacramento County have, at a minimum, a licensed Basic Emergency Department, which is capable of meeting the immediate medical needs of the pediatric emergency patient. All of the hospitals have identified the facilities that offer specialized pediatric services and have established relationships for transfer, if necessary. The decision to admit and/ or transfer a pediatric patient is made between the transferring and admitting physicians. Local paramedics are trained to meet the specialized medical needs of different sub-populations including children.

NEED(S): Refer to need #1.27.

OBJECTIVE: Refer to objective #1.27.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.11 - Emergency Departments

MINIMUM STANDARD: Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
a) staffing,
b) training,
c) equipment,
d)identification of patients for whom consultation with a pediatric critical care center is appropriate,
e) quality assurance/ quality improvement, and
f) data reporting to the local EMS agency.

RECOMMENDED GUIDELINE: Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: Currently, all acute care hospitals serving the residents of Sacramento County have, at a minimum, a licensed Basic Emergency Department, which is capable of meeting the immediate medical needs of the pediatric emergency patient. All of the hospitals have identified the facilities that offer specialized pediatric services and have established relationships for transfer, if necessary. The decision to admit and/ or transfer a pediatric patient is made between the transferring and admitting physicians.

NEED(S): Refer to need #1.27.

OBJECTIVE: Refer to objective #1.27.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.12 - Public Input

MINIMUM STANDARD: In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: All emergency medical and critical care system planning goes through a public comment phase to insure input from both prehospital and hospital providers and consumers.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.13 - Specialty System Design

MINIMUM STANDARD: Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:
a) the number and role of system participants,
b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
c) identification of patients who should be triaged or transferred to a designated center,
d) the role of non-designated hospitals including those which are outside of the primary triage area and
e) a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The only specialty care plan recently optimized is the trauma plan which encompasses all the above listed concerns. As additional specialty care plans are developed, pending a determined need, all of the above listed concerns will be included.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 5.14 - Public Input

MINIMUM STANDARD: In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: As other specialty care systems are developed, input will be ensured from prehospital and hospital providers and consumers at public meetings.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.01 - QA/QI Program

MINIMUM STANDARD: The local EMS agency shall establish an EMS quality assurance/ quality improvement (QA/ QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals and receiving hospitals. It shall address compliance with policies, procedures and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/ QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINE: The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

CURRENT STATUS: Sacramento County has an extensive QA/ QI program. The provider-based QA/ QI programs and the Trauma Review Committee are the mainstay of QA/ QI for this EMS system. Coordination takes place at the local EMS agency level with regularly scheduled meetings and visits to all providers and hospitals. The program addresses compliance with policies, procedures and protocols and identification of preventable morbidity and mortality and utilizes state standards and guidelines. Further, the program evaluates the response to emergency medical incidents and the care provided to specific patients.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.02 - Prehospital Records

MINIMUM STANDARD: Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Prehospital patient care reports for all patient encounters are completed and forwarded to base hospitals and/ or receiving hospitals as defined by the local EMS agency.

NEED(S): None at this time.

OBJECTIVE: To maintain the current standard.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.03 - Prehospital Care Audits

MINIMUM STANDARD: Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINE: The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: Continuous quality improvement programs provide methods to investigate and address events that may contribute to negative patient outcomes and certification issues. Present data collection initiatives/ proposals provide auditing opportunities on a routine basis.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.04 - Medical Dispatch

MINIMUM STANDARD: The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/ post dispatch directions.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The Sacramento County EMS Medical Director is directly responsible for reviewing medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/ post dispatch directions.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.05* - Data Management System

MINIMUM STANDARD: The local EMS agency shall establish a data management system which supports its systemize planning and evaluation (including identification of high risk patient groups) and the QA/ QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINE: The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: A data management system has been established which supports systemize planning, evaluation and quality assurance/ quality improvement audit of care provided.

COORDINATION WITH OTHER EMS AGENCIES: Advanced life support providers (public and private), trauma centers and dispatch centers contribute to the data collection. All concerned agencies are represented at regularly scheduled meetings. Information is shared with other EMS agencies. Previously stated objectives include expansion of the list of agencies/ sources providing data.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.06 - System Design Evaluation

MINIMUM STANDARD: The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs and assessment of resources needed to adequately support the system. This shall include structure, process and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: System evaluation is accomplished through the analyses of collected data. The effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs and assessment of resources needed to adequately support the system are gauged both through analysis of data collected by the agency, the hospitals, the providers and information gathered at public forums, from community meetings, and complaint logs. Previously stated objectives include expansion of the list of agencies/ sources providing data.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.07 - Provider Participation

MINIMUM STANDARD: The local EMS agency shall have the resources and authority to require provider participation in the systemize evaluation program.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This agency does have the resources and authority to require provider participation in the systemize evaluation program.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.08 - Reporting

MINIMUM STANDARD: The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Historically, this agency has reported on the effectiveness of the EMS system design and operations to the Board of Supervisors and all other concerned agencies at least annually.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.09 - ALS Audit

MINIMUM STANDARD: The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

RECOMMENDED GUIDELINE: The local EMS agency's integrated data management system should include prehospital, base hospital and receiving hospital data.

CURRENT STATUS: The process used to audit treatment provided by advanced life support providers evaluates both base hospital and out-of-hospital activities. The Agency's data collection system needs to improve to provide "comprehensive" system information.

NEED(S): Refer to need #1.02.

OBJECTIVE: Refer to objective #1.02.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.10 - Trauma System Evaluation

MINIMUM STANDARD: The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:
a) a trauma registry,
b) a mechanism to identify patients whose care fell outside of established criteria and
c)a process of identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: The trauma system evaluation and data collection program includes:
a) a trauma registry,
b) a mechanism to identify patients whose care fell outside of established criteria and
c) a process of identifying potential improvements to the system design and operation.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 6.11 - Trauma Center Data

MINIMUM STANDARD: The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/ quality improvement and system evaluation.

RECOMMENDED GUIDELINE: The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/ quality improvement and system evaluation program.

CURRENT STATUS: Designated trauma centers provide required data to this agency and include patient specific information which is required for quality assurance/ quality improvement and system evaluation. The Agency=s data collection system needs to improve to include comprehensive county-wide emergency department information.

NEED(S): Refer to need #1.02.

OBJECTIVE: Refer to objective #1.02.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 7.01 - Public Information Materials

MINIMUM STANDARD: The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:
a) understanding of EMS system design and operation,
b) proper access to the system,
c) self help (e.g., CPR, first aid, etc.),
d) patient and consumer rights as they relate to the EMS system,
e) health and safety habits as they relate to the prevention and reduction of health risks in target areas and
f) appropriate utilization of emergency departments.

RECOMMENDED GUIDELINE: The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: The EMS Agency provides and supports community education programs provided by a variety of organizations, including: the service providers, Public Access Defibrillation League, Sacramento County Fire/ EMS Communications Center, hospitals and the Department of Health and Human Services.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 7.02 - Injury Control

MINIMUM STANDARD: The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINE: The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: The EMS Agency supports injury control programs and is partnered with a variety of organizations, including: the service providers, the Public Access Defibrillation League, the Sacramento County Fire/ EMS Communications Center, hospitals and the Department of Health and Human Services.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 7.03 - Disaster Preparedness

MINIMUM STANDARD: The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINE: The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: The EMS Agency supports disaster preparedness activities and is partnered with a variety of organizations, including: the service providers, the Sacramento County Fire/ EMS Communications Center, hospitals, the Department of Health and Human Services and the County Office of Emergency Services who is the lead agency regarding disaster preparedness activities.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 7.04 - First Aid & CPR Training

MINIMUM STANDARD: The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINE: The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: The EMS Agency supports the availability of first aid and CPR training for the general public by partnering with a variety of organizations, including: the service providers, the Public Access Defibrillation League, the Sacramento County Fire/ EMS Communications Center, hospital, and the Department of Health and Human Services.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.01* - Disaster Medical Planning

MINIMUM STANDARD: In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This agency, in coordination with the local Office of Emergency Services, participates in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

COORDINATION WITH OTHER EMS AGENCIES: All applicable agencies are sought out for coordination when assisting in the development of medical response plans.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.02 - Response Plans

MINIMUM STANDARD: Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINE: The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: Medical response plans and procedures for catastrophic disasters developed by this agency are applicable to incidents caused by a variety of hazards, including toxic substances. The State OES Multi-hazard Functional Plan has been used by Sacramento County as a model in producing its plan.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.03 - HazMat Training

MINIMUM STANDARD: All EMS providers shall be properly trained and equipped for response to hazardous materials (HAZMAT) incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: As applicable to their system roles, all Hazardous Materials (HAZMAT) Responders are trained and equipped for response to hazardous materials incidents. All fire services within Sacramento County have designated HAZMAT teams.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.04 - Incident Command System

MINIMUM STANDARD: Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINE: The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: Medical response plans and procedures developed by this agency for catastrophic disasters use the Incident Command System (ICS) as the basis for field management. The adopted OES Region IV Multi-Casualty Incident (MCI) Plan incorporates the ICS for management of the MCI. All EMS providers currently have in-house ICS training programs.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.05* - Distribution of Casualties

MINIMUM STANDARD: The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINE: The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: This EMS agency, using state guidelines, has established written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area. These policies are included in the policy manual and are easily accessible to system participants.

COORDINATION WITH OTHER EMS AGENCIES: All concerned agencies were coordinated with during development of the written procedures.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.06 - Needs Assessment

MINIMUM STANDARD: The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINE: The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: This agency, using state guidelines, has established written procedures for early assessment of needs and has established a means for communicating emergency requests as necessary and appropriate through OES Region IV.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.07* - Disaster Communications

MINIMUM STANDARD: A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Specific frequencies have been identified for interagency communication and coordination during a disaster.

COORDINATION WITH OTHER EMS AGENCIES: All applicable agencies have been and continue to be coordinated with and trained on interagency communication and coordination during a disaster.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.08 - Inventory of Resources

MINIMUM STANDARD: The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINE: The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: This EMS agency, in cooperation with the local Office of Emergency Services, Department of Health and Human Services, hospitals and ALS service providers maintain multiple inventories of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in this service area.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.09 - DMAT Teams

MINIMUM STANDARD: The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINE: The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: Currently, there are no established Disaster Medical Assistance Teams (DMAT) in Sacramento County. On-going efforts of the Sierra-Sacramento Hospital Conference, Sacramento-El Dorado Medical Society and the EMS Agency have failed to secure sufficient medical personnel commitments to form a DMAT. These efforts will continue.

NEED(S): None at this time.

OBJECTIVE: None at this time.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.10* - Mutual Aid Agreements

MINIMUM STANDARD: The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Mutual aid agreements are in-place. Reciprocity agreements are current.

COORDINATION WITH OTHER EMS AGENCIES: All necessary coordination has been accomplished.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.11* - CCP Designation

MINIMUM STANDARD: The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: CCPs are designated and the locations are made known throughout the community.

COORDINATION WITH OTHER EMS AGENCIES: Coordination with all pertinent EMS agencies identifies CCP designation.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.12 - Establishment of CCPs

MINIMUM STANDARD: The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This EMS agency, in coordination with the local Office of Emergency Services (OES), has developed plans for establishing casualty collection points (CCP) and a means for communicating with them.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.13 - Disaster Medical Training

MINIMUM STANDARD: The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/ or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINE: The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: This EMS agency reviews the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/ or contaminated by toxic or radioactive substances. All county advanced life support service providers provide current training in disaster medical services. This agency ensures appropriateness of training through periodic audits of the training courses.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.14 - Hospital Plans

MINIMUM STANDARD: The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINE: At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency and prehospital medical care agencies.

CURRENT STATUS: The local EMS agency encourages all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s). This local EMS agency participates in large scale hospital disaster drills. These drills are reviewed by all agencies and hospitals involved to further develop and improve our readiness in the event of a disaster. The Agency and all local hospitals are very active in OES Region IV MCI Planning and exercises.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.15 – Inter-hospital Communications

MINIMUM STANDARD: The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This EMS agency has ensured that there is an emergency system for inter-hospital communications, including operational procedures.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.16 - Prehospital Agency Plans

MINIMUM STANDARD: The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINE: The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: This EMS agency has ensured that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.17 - ALS Policies

MINIMUM STANDARD: The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: Sacramento County EMS Agency has reciprocity agreements in place which allow for responders and advanced life support personnel from other systems to respond and function during significant medical incidents. The Agency and all ALS providers adhere to the OES Region IV MCI Plan.

NEED(S): None.

OBJECTIVE: None.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.18 - Specialty Center Roles

MINIMUM STANDARD: Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This EMS agency, having developed a trauma care system, has determined the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

System Assessment Form # 8.19 - Waiving Exclusivity

MINIMUM STANDARD: Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINE: None provided.

CURRENT STATUS: This agency does not grant exclusive operating permits.

NEED(S): None at this time.

OBJECTIVE: To maintain the current practice.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Sacramento County

Reporting Year: FY 10/11

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

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

   Implementation of exclusive operating areas (ambulance franchising)

   Designation of trauma centers/trauma care system planning ✔

   Designation/approval of pediatric facilities

   Designation of other critical care centers

   Development of transfer agreements

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 05-06:

A. EXPENSES

Salaries and benefits (all but contract personnel)	476,409
Contract services (trauma fund dist., Med. Director, Misc.)	127,516
Operations (e.g. copying, postage, facilities)	147,635
Travel	0
Fixed assets	included in operations
Indirect expenses (overhead)	46,964
Ambulance subsidy	
EMS Fund payments to physicians/hospital	1,048,622
Dispatch center operations (non-staff)	
Training program operations	
Other: Expected mid year adjustments –cost recovery	-40,498
TOTAL EXPENSES	$1,806,648

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE	$
Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund/County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	21,000
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	209,064
Pediatric facility approval fees/Pediatric facility designation fees	
Other critical care center application/designation fees	
Ambulance service/vehicle fees	
EMS Fund (SB 12/612)	1,395,000
Other grants:	
Other fees: Pre-hospital fees	134,342
Other (specify): Cigarette tax revenue (AB75, AB430, EMSA)	0
Other fees: Trauma Fund and Miscellaneous	47,242
TOTAL REVENUE	$1,806,648

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 10/11

_____ We do not charge any fees

__✓__ Our fee structure is:

First responder certification	$ ___
EMS dispatcher certification	
EMT-I certification	25
EMT-I recertification	25
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	35
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	
MICN/ARN recertification	
EMT-I training program approval	
EMT-II training program approval	
EMT-P training program approval	
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	
Trauma center application	15,000
Trauma center designation	4k, 52K & 101k annually
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 10-11.

Table 2 - System Organization & Management (cont.)

EMS System: Sacramento County **Reporting Year:** 10/11

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator (Health Program Manager)	1	49.59	28%	
Admin. Mgr.	Admin. Services Officer 2	1	36.96	24%	
ALS Coord./ Field Coord./ Trng Coord.					
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

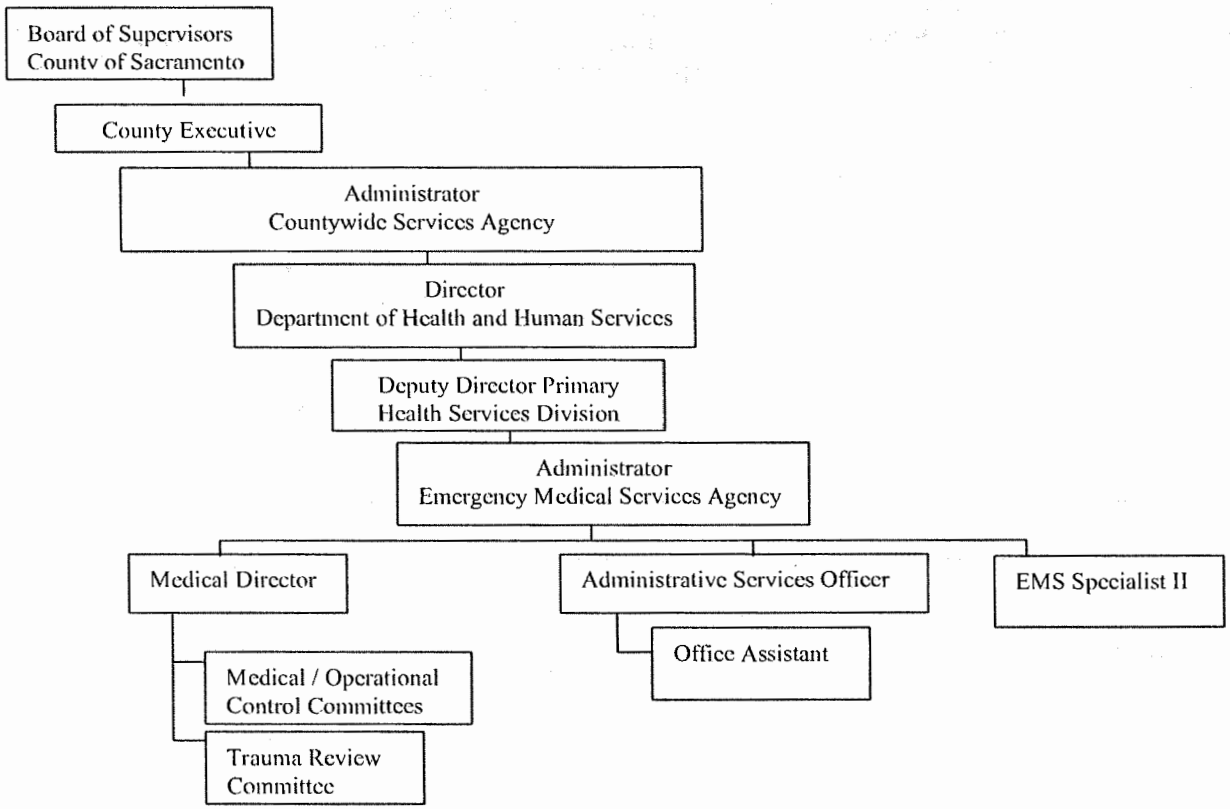

TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: Sacramento County **Reporting Year:** 2009-10 (1 July - 30 June)

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1614	na		206	na*
Number of newly certified this year	340	na		42	na*
Number of recertified this year	522	na		56	na*
Total number of accredited personnel on July 1 of the reporting year			820		
Number of certificate reviews resulting in:					
a) formal investigations	0				
b) probation	0				
c) suspensions	0				
d) revocations	0				
e) denials	0				
f) denials of renewal g) no action taken	00				

1. Number of EMS dispatchers trained to EMSA standards: 24**
2. Early defibrillation:
   a) Number of EMT-I (defib) certified 1614
   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: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1*
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? [✓]yes [] no
   a. Radio primary frequency 800 MHz Trunked System (multiple frequency switching)
   b. Other methods
   c. Can all medical response units communicate on the same disaster communications system?
      [✓]yes [] no
   d. Do you participate in OASIS? [✓]yes [] no
   e. Do you have a plan to utilize RACES as a back-up communication system?
      [✓]yes [] no
      1) Within the operational area? [✓]yes [] no
      2) Between the operational area and the region and/or state? [✓]yes [] no

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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Sacramento County

Reporting Year: 2010

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)	not tracked
	aa) Number of incidents classified as medic responses where patient Contact was made.	not tracked
	b) Number non-emergency responses (Code 1: normal)	not tracked
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	not tracked
	aa) Number of incidents requiring medic transport	not tracked
	b) Number non-emergency transports (Code 1: normal)	not tracked

Early Defibrillation Programs

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

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

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/ Critical Care

EMS System: Sacramento County
Reporting Year: 09
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	**3,011**
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)	**2,687**
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: 2010
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 []

d. Do you have the ability to do decontamination in the field? yes [✓] no []

OPERATIONS

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

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

3. Have you tested your Multi-Casualty Incident (MCI) Plan this year in a:

a. real event? yes [✓] no []

b. exercise? yes [✓] no []

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

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

6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? yes [✓] no []

7. Are you part of a multi-county EMS system for disaster response? yes [✓] no []

8. Are you a separate department or agency? yes [] no [✓]

9. If not, to whom do you report? Primary Health Division Chief

10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes [✓] no[]

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

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

Name, address & telephone: American Medical Response (916) 565-2835 1101 Fee Drive / Sacramento, CA 95815				**Primary Contact**: Jennifer Bales, Operations Manager	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [108] BLS [] EMT-D [] LALS [85 ALS [4 CCT RN
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 34

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

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

Name, address & telephone: California Highway Patrol/Valley Division Air Op (916) 262-3191 6155 Freeport Boulevard, Suite 100 / Sacramento, CA 95822				**Primary Contact**: Aaron York, Officer	
Written Contract: [] No [✓] Yes	Service: [✓] Air [] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [✓] ALS rescue [] BLS rescue	If Air: [✓] Rotary [✓] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [18] BLS [] EMT-D [] LALS [7] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [✓] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [✓] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 1 Helicopter (ALS) 2 Airplanes (BLS)

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Galt Fire Protection District (209) 745-1001 **(MERGED INTO CCSD)** 208 A Street / Galt, CA 95632			**Primary Contact:** Kevin Gainsley, Chief, CCSD		
Written Contract: [] No [✓] Yes	Service: [] Air [✓]] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓]] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

Name, address & telephone: Elk Grove Fire Department (916) 714-5109 **(MERGED INTO CCSD)** 8812 Elk Grove Boulevard / Sacramento, CA 95624			**Primary Contact:** Kevin Gainsley, Chief, CCSD		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓]] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

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

Name, address & telephone: Isleton Fire Department (916) 777-7776 **(NOW WITH SOLANO COUNTY)** Post Office Box 716 / Isleton, CA 95641 **Primary Contact:** Kevin Gainsley, Chief, CCSD					
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [13] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓]] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [✓] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Sacramento County System Aircraft Rescue Firefighter Division (916) 874-0648 **Primary Contact:** Alan Sernholt, Fire Bat Chief 7201 Earhart Drive / Sacramento, CA 95837					
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [36] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [✓] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

Name, address & telephone: Sacramento City Fire Department (916) 264-5352 **Primary Contact:** Keith Galt, Captain 3230 J Street / Sacramento, CA 95816					
Written Contract: [] No [✓] Yes	Service: [] Air [[✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [214] BLS [] EMT-D [] LALS [375] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [✓] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 18

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Walnut Grove Fire Protection (916) 417-4070 **(MERGED INTO CCSD)** 14160 Grove Street / Walnut Grove, CA 95690				**Primary Contact**: Joey Sanchez, Chief	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [5] BLS [] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓]Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

Name, address & telephone: Folsom Fire Department (916) 984-2284 535 Glen Drive / Folsom, CA 95630				**Primary Contact**: Calvin Howard, EMS chief	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [25] BLS [] EMT-D [] LALS [36] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓]Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [✓] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Wilton Fire Protection District (916) 687-6920 **(MERGED INTO CCSD)** 9800 Dillard Road / Wilton, CA 95693 **Primary Contact:** Tom Dark, Chief					
Written Contract: [✓] No [✓] Yes *Letter of approval to operate	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [4] BLS [] EMT-D [] LALS [10] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

Name, address & telephone: Delta Fire Protection District (707) 374-2233 2360 West Twitchell Island Road / Rio Vista, CA 94571 **Primary Contact:** J. Buckingham, Firefighter					
Written Contract: [✓]] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓]Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [27] BLS [] EMT-D [] LALS [5] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: First Responder Emergency Medical Services, Inc. (916) 733-5100 10161 Croydan Way, Suite 1 Sacramento, CA 95827			**Primary Contact**: Mickey Hubert Chief Information Officer		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [30] BLS [] EMT-D [] LALS [38] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 21

Name, address & telephone: Courtland Fire Protection District (916) 775-1210 **(MERGED INTO CCSD)** 154 Magnolia Avenue / Courtland, CA 95615			**Primary Contact**: Kevin Gainsley, Chief, CCSD		
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [20] PS [] PS-Defib [6] BLS [12] EMT-D [] LALS [] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: REACH (800) 338-4045 451 Aviation Boulevard, Suite 201 / Santa Rosa, CA 95403				**Primary Contact:** Charmaine Schimitts	
Written Contract: [] No [✓] Yes	Service: [✓] Air [] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [✓] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [✓] Rotary [✓] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [] BLS [] EMT-D [] LALS [3] ALS [6] RN [1] Resp. Therapist
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 8 6 In Service (Sacramento area) 2 Reserve (Sacramento area)
Name, address & telephone: California Highway Patrol/ Protective Services (916) 322-3337 1801 Ninth Street / Sacramento, CA 95814				**Primary Contact:** Officer Rodney Van Beber	
Written Contract: [] No [✓]] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [37] BLS [] EMT-D [] LALS [6] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [✓] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [✓] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Cosumnes Community Services District (916) 228-3035 8820 Elk Grove Boulevard/ Elk Grove, CA 95624				**Primary Contact:** Linda Lichty, Performance Development Coor.	
Written Contract: [] No [] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [64] BLS [] EMT-D [] LALS [82] ALS
Ownership: [] Private [✓]Public	Medical Director: [] No [] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 11 Active: 6 Reserve: 5
Name, address & telephone: TLC Transportation Inc. (916) 368-5202 5751 Excelsior Road / Sacramento, CA 95827				**Primary Contact:** Kathryn Whipple, President	
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [✓] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [22] BLS [] EMT-D [] LALS [19] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 8

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Nor Cal Ambulance (866) 755-3400 721 North B Street / Sacramento, CA 95815				**Primary Contact:** Eric Larimer, Operations Manager 916-215-8519	
Written Contract: [] No [✓] Yes	Service: [] Air [✓]] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [11] BLS [] EMT-D [] LALS [10] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 3

Name, address & telephone: Priority One Medical Transport (800) 600-3380 ext. 4477 740 South Rochester Avenue, Suite E / Ontario, CA 91761-8179				**Primary Contact:** Jim Karras, V.P. & Gen. Manager	
Written Contract: [] No [✓] Yes	Service: [] Air [✓]] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [16] BLS [] EMT-D [] LALS [2] ALS
Ownership: [] Private [✓] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 6

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Rio Vista Fire Department 350 Main Street / Rio Vista, CA 94571			**Primary Contact:** Max Etchieson, EMS Coordinator		
Written Contract: [✓] No [] Yes	Service: [] Air [✓]] Ground [] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [17] BLS [] EMT-D [] LALS [3] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0
Name, address & telephone: River Delta Fire Department 916-777-8700 2360 West Twitchell Island Road / Rio Vista, CA 94571			**Primary Contact:** Rick Carter, Chief		
Written Contract: [✓] No [] Yes	Service: [] Air [✓] Ground [✓] Water	Transport: [✓] Non-Transport [] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [42] BLS [] EMT-D [] LALS [] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [✓] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Sacramento Valley Ambulance 916-736-2500 & 916-204-5493 (Mobile) 2450 Alhambra Blvd. Sacramento, CA 95818			**Primary Contact:** Paul Lakich, Owner		
Written Contract: [] No [✓] Yes	Service: [] Air [✓]] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [8] BLS [] EMT-D [] LALS [3] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 3
Name, address & telephone: Verihealth Inc. 707-766-2400 P.O. Box 750416 Petaluma, CA 94975			**Primary Contact:** Bruce Lee, CEO		
Written Contract: [] No [✓] Yes	Service: [] Air [✓] Ground [] Water	Transport: [] Non-Transport [✓] Transport	Air classification: [] Air ambulance [] Auxiliary rescue [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: [] PS [] PS-Defib [20] BLS [] EMT-D [] LALS [8] ALS
Ownership: [✓] Private [] Public	Medical Director: [] No [✓] Yes	If public: [✓] Fire [] Law [] Other If Other, Explain:	If public: [] City [] County [] Federal [] Fire District [] State	System available 24 hours? [] No [✓] Yes	Number of ambulances: 3

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County**: Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
American Red Cross 1565 Exposition Blvd Sacramento CA 95815		**Janet Baker (916) 993-7064**
Student Eligibility: *	Cost of Program Basic $75 Refresher _____	**Program Level: EMT-1 Number of students completing training per year: Initial training: _____ Cont. Education: 309 Expiration Date: 1/21/2014
		Number of courses: 17 Initial training: N/A Refresher: 1 Cont. Education16

Training Institution Name / Address		Contact Person telephone no.
American River College 4700 College Oak Drive Sacramento CA 95841		**Dr. Grant Goold (916) 484-8902**
Student Eligibility: * **Public**	**Cost of Program** Basic $75 Refresher $30	**Program Level: EMT-1, EMT-P Number of students completing training per year: Initial training: 100-125 Cont. Education: ____ Expiration Date: 3/22/2010 Refresher: 50**
		Number of courses: Initial training: 6 Refresher: 2 Cont. Education: -------

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
Sacramento Metropolitan Fire District	2101 Hurley Way Sacramento CA 95825-3208	Ric Maloney (916) 859-4300
Student Eligibility: * Sacramento Metropolitan Fire District Personnel Only	Cost of Program [basic/refresher]: $0 Refresher $0 Cont. Education	**Program Level: EMT-I; EMT-P Number of students completing training per year: 650 Initial training: Refresher: 0 Cont. Education: 931 Expiration Date: 6/22/09
		Number of courses: Initial training: Refresher: Continuing Education: 45

Training Institution Name / Address		Contact Person telephone no.
Emergency Medical Sciences Training Institute		Perry Schimke (916) 270-2411
Student Eligibility: * Public	Cost of Program: Basic: $11,400 Refresher:	**Program Level: EMT-P Number of students completing training per year: 60 Initial training: 100+ Refresher: 0 Cont. Education: N Expiration Date: 8/27/12
		Number of courses: Initial training: 6 Refresher: 0 Cont. Education: N/A

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
Cosumnes River College 8401 Center Parkway Sacramento CA 95823-5799		Matt McHugh, Assistant Professor of EMT (916) 691-7906
Student Eligibility: * Public	Cost of Program Basic: $120 Refresher: $35	**Program Level: EMT-I Number of students completing training per year: 110 Initial training: 121 Refresher: 41 Cont. Education: 8 Expiration Date: 06/30/11
		Number of courses: Initial training: 2 Refresher: 1 Cont. Education: N

Training Institution Name / Address		Contact Person telephone no.
CE3000.COM 1401 El Camino Avenue, Suite 500 Sacramento CA 95815		Eileen Dean, R.N. (916) 923-3334, ext. 112
Student Eligibility: * General Public	Cost of Program Basic: $8 CEH Refresher: $50	**Program Level: EM-1, EMT-P, RN Initial training: N/A Refresher: N/A Cont. Education: 12,000 Expiration Date: 1/28/2010
		Number of courses: 25 Initial training: N/A Refresher: N/A Cont. Education: 40

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
University California Davis Medical Center	2315 Stockton Boulevard, PSSB 2100 Sacramento CA 95817	Allison Shuken, Pre-hospital Care Coord. (916) 734-5323
Student Eligibility: * MICN's Sacramento County Base Hospitals	**Cost of Program [basic/refresher]:** MICN Varies $180 $0 Continuing Education	**Program Level: MICN Number of students completing training per year: Initial training: 53 Refresher: N/A Continuing Education: 100 Expiration Date: MICN 10/14/11
		Number of courses: Initial training: 3 Refresher: N/A Cont. Education: 6

Training Institution Name / Address		Contact Person telephone no.
Folsom Fire Department	535 Glen Drive Folsom CA 95630	Calvin Howard (916) 984-2284
Student Eligibility: * Department personnel only	**Cost of Program [basic/refresher]:** $0 Initial $0 Refresher $0 Continuing Education	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 64 Initial training: 0 Refresher: 0 Continuing Education: 71 Expiration Date: EMT-I 02/2810;
		Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 96

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
Galt Fire Protection District 208 A Street Galt CA 95632		Rick Bollinger (209) 745-1001
Student Eligibility: * Open Ambulance/ Fire Personnel Preferred	Cost of Program [basic/refresher]: $0 Initial $100 Refresher $0 CE	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 48-50 Initial training: 05 Refresher: 0 Continuing Education: 48-50 Expiration Date: EMT-I 07/31/08; CE 03/31/10 Number of courses: 8 Initial training: 1 Refresher: 1 Cont. Education: 6

Training Institution Name / Address		Contact Person telephone no.
Sacramento City Fire Department 3230 J Street Sacramento CA 95816		Trent Wecter (916) 216-0254
Student Eligibility: * Sacramento Fire Department Personnel Only	Cost of Program Basic: $0 (Book $50)	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 1,000 Initial training: Refresher: Continuing Education: 3620 Expiration Date: 3/31/10 Number of courses: Initial training: Refresher: 0 Cont. Education: 79

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
Mercy San Juan Hospital 6501 Coyle Avenue, Carmichael, CA 95608		Terry Zelweiger (916) 962-8721
Student Eligibility: Public	Cost of Program [basic/refresher]: N/A $0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: Initial training: 12 Refresher: Continuing Education:150-200 Expiration Date: 12/19/10
		Number of courses Initial training: Refresher: Cnt. Education:8 6

Training Institution Name / Address		Contact Person telephone no.
Sutter General Hospital 2801 L Street Sacramento CA 95816		Loni Howard, Pre-hospital Care Coordinator (916) 733-8579
Student Eligibility: * Public	Cost of Program [basic/refresher]: $0 Continuing Education (for EMS Personnel) ***$0 Continuing Education	**Program Level:MICN Number of students completing training per year: 60 Initial training: N/A Refresher: Continuing Education: 30 Expiration Date: 02/20/10
		Number of courses: Initial training: Continuing Education: 30 Expiration Date: 2/20/10

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
Sacramento County System Aircraft Rescue Firefighter Division 7201 Earhart Drive Sacramento CA 95837		Craig Stroup (209) 321-5873
Student Eligibility* Employees Only	Cost of Program [basic/refresher]: $0 Refresher	**Program Level: EMT-1 Number of students completing training per year: Initial training: 0 Refresher: 60 Continuing Education: N/A Expiration Date: 04/20/10
		Number of courses: 1 Initial training: 0 Refresher: 2 Cont. Education: N/A

Training Institution Name / Address		Contact Person telephone no.
Sacramento County EMS Agency 9616 Micron Avenue, Suite 635 Sacramento CA 95827		Preston Rusch (916) 875-9753
Student Eligibility: * EMT-1, EMT-P, MICN	Cost of Program [basic/refresher]: $0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel (orientation) Number of students completing training per year: 140 Initial training: N/A Refresher: N/A Continuing Education: 60 Expiration Date: 12/31/10
		Number of courses:12 Initial training: N/A Refresher: N/A Continuing Education: 1

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Training Institution Name / Address		Contact Person telephone no.
California SIDS		Cheryl McBride (916) 851-7437
Student Eligibility: * Public Health and Emergency Personnel	Cost of Program [basic/refresher]: Basic: FREE Refresher : FREE	**Program Level: EMT-1 Number of students completing training per year: Initial training: Refresher: Continuing Education: 24 Expiration Date: 1/31/11
		Number of courses: Initial training: Refresher: Continuing Education: 2

Training Institution Name / Address		Contact Person telephone no.
Consumnes Community Special District		Linda Lichty (916) 685-1748
Student Eligibility: * Employees Only	Cost of Program Basic: 0 Refresher: 0	**Program Level: EMT-I, EMT-p Number of students completing training per year: Initial training: Refresher: Continuing Education: 150 Expiration Date: 3/31/10
		Number of courses: Initial training: Refresher: Continuing Education:

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

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

Training Institution Name / Address		Contact Person telephone no.
Methodist Hospital 7500 Hospital Drive, Sacramento, CA 95823		Kathey Nacey (916) 423-5914
Student Eligibility:* Public	Cost of Program Basic: $0 Refresher: $0	**Program Level: Number of students completing training per year: Initial training: Refresher: Continuing Education: 104 Expiration Date: 5/31/10
		Number of courses: Initial training: Refresher: Continuing Education: 8

Training Institution Name / Address		Contact Person telephone no.
Sacramento City Unified School District – Charles A. Jones		Nancy Compton (916) 433-2699
Student Eligibility: * 18 Years of age and High School Diploma	Cost of Program [basic/refresher]: Basic: $1060 Refresher :	**Program Level: Number of students completing training per year: Initial training: 100 Refresher: Continuing Education: Expiration Date: 2/31/10
		Number of courses: Initial training: 4 Refresher: Continuing Education:

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

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

Training Institution Name / Address		Contact Person telephone no.
First Responder EMS Inc.		**Peter Van Niekerk (916) 381-3780**
Student Eligibility: * EMS Personnel	**Cost of Program Basic: $0 Refresher :**	****Program Level: EMT-1, EMT-P Number of students completing training per year: Initial training: Refresher: Continuing Education: 100 Expiration Date: 2/28/10**
		Number of courses: Initial training: 1 Refresher: 1 Continuing Education: 23

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TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Mercy General Hospital 4001 J Street (916) 453-4547 Sacramento CA 95819			Primary Contact: Page West	
Written Contract: [] No [T] Yes	**Basic emergency service** [T] **Comprehensive emergency service** [] **Referral emergency service** [] **Standby emergency service** []		**Base Hospital:** [T] No [] Yes	***Pediatric Critical Care Center:** [T] No [] Yes
EDAP: ** [T] No [] Yes	**PICU: ***** [T] No [] Yes	**Burn Center:** [T] No [] Yes	**Trauma Center:** [T] No [] Yes	**If Trauma Center, Level:**

Name, address & telephone: Mercy Folsom Hospital 1650 Creekside Drive (916) 983-7469 Folsom CA 95630			Primary Contact: Linda Hartum	
Written Contract: [] No [T] Yes	**Basic emergency service** [T] **Comprehensive emergency service** [] **Referral emergency service** [] **Standby emergency service** []		**Base Hospital:** [T] No [] Yes	***Pediatric Critical Care Center:** [T] No [] Yes
EDAP: ** [T] No [] Yes	**PICU: ***** [T] No [] Yes	**Burn Center:** [T] No [] Yes	**Trauma Center:** [T] No [] Yes	**If Trauma Center, Level:**

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: U.C. Davis Medical Center 2315 Stockton Boulevard (916) 734-2011 Sacramento CA 95817			Primary Contact: Michael Minear	
Written Contract: [] No [T] Yes	Basic emergency service [] Comprehensive emergency service [T] Referral emergency service [] Standby emergency service []		Base Hospital: [] No [T] Yes	*Pediatric Critical Care Center: [] No [T] Yes
EDAP: ** [T] No [T] Yes	PICU: *** [] No [[T] Yes	Burn Center: [] No [T] Yes	Trauma Center: [] No [T] Yes	If Trauma Center, Level: Level I and Pediactric

Name, address & telephone: Methodist Hospital 7500 Hospital Drive (916) 423-5914 Sacramento CA 95823			Primary Contact: Kathy Nacey, Pre-hospital Care Coordinator	
Written Contract: [] No [T] Yes	Basic emergency service [T] Comprehensive emergency service [] Referral emergency service [] Standby emergency service []		Base Hospital: [] No [T] Yes	*Pediatric Critical Care Center: [T] No [] Yes *Pediatric dept., not center
EDAP: ** [T] No [] Yes	PICU: *** [T] No [] Yes	Burn Center: [T] No [] Yes	Trauma Center: [T] No [] Yes	If Trauma Center, Level:

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Kaiser Hospital South Sacramento (916) 688-2430 (916) 688-6912	6600 Bruceville Road Sacramento CA 95823		Primary Contact: Jackie Rittenhouse 916-688-2813	
Written Contract: [] No [T] Yes	**Basic emergency service** [T] **Comprehensive emergency service** [] **Referral emergency service** [] **Standby emergency service** []		**Base Hospital:** [] No [T] Yes	***Pediatric Critical Care Center:** [T] No [] Yes
EDAP: ** [] No [T] Yes	**PICU: ***** [T] No [] Yes	**Burn Center:** [T] No [] Yes	**Trauma Center:** [] No [T] Yes	**If Trauma Center, Level: II as of 8/1/09**

Name, address & telephone: Kaiser Hospital North Sacramento	2025 Morse Avenue Sacramento CA 95825		Primary Contact: Ed Glavis 916-474-2068	
Written Contract: [] No [T] Yes	**Basic emergency service** [T] **Comprehensive emergency service** [] **Referral emergency service** [] **Standby emergency service** []		**Base Hospital:** [T] No [] Yes	***Pediatric Critical Care Center:** [T] No [] Yes
EDAP: ** [] No [T] Yes	**PICU: ***** [T] No [] Yes	**Burn Center:** [T] No [] Yes	**Trauma Center:** [T] No [] Yes	**If Trauma Center, Level: ******

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Sutter General Hospital 2801 L Street (916) 454-2222 Sacramento CA 95816			Primary Contact: Tom Gagen, CEO	
Written Contract: [] No [T] Yes	Basic emergency service [] Comprehensive emergency service [T] Referral emergency service [] Standby emergency service []		Base Hospital: [T] No [] Yes	*Pediatric Critical Care Center: [T] No [] Yes
EDAP: ** [T] No [] Yes	PICU: *** [T] No [] Yes	Burn Center: [T] No [] Yes	Trauma Center: [T] No [] Yes	If Trauma Center, Level:

Name, address & telephone: Sutter Memorial Hospital 5151 F Street (916) 454-2222 Sacramento CA 95819			Primary Contact: Vicky Sexton	
Written Contract: [] No [T] Yes	Basic emergency service [] Comprehensive emergency service [T] Referral emergency service [] Standby emergency service []		Base Hospital: [T] No [] Yes	*Pediatric Critical Care Center: [T] No [] Yes
EDAP: ** [] No [T] Yes	PICU: *** [] No [T] Yes	Burn Center: [T] No [] Yes	Trauma Center: [T] No [] Yes	If Trauma Center, Level:

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Mercy San Juan Hospital 6501 Coyle Avenue (916) 537-5308 Carmichael CA 95608			Primary Contact: Kathy Acre	
Written Contract: [] No [T] Yes	Basic emergency service [T] Comprehensive emergency service [] Referral emergency service [] Standby emergency service []		Base Hospital: [] No [T] Yes	*Pediatric Critical Care Center: [T] No [] Yes
EDAP: ** [T] No [] Yes	PICU: *** [T] No [] Yes	Burn Center: [T] No [] Yes	Trauma Center: [] No [T] Yes	If Trauma Center, Level: **** Level II

Name, address & telephone:			Primary Contact:	
Written Contract: [] No [] Yes	Basic emergency service [] Comprehensive emergency service [] Referral emergency service [] Standby emergency service []		Base Hospital: [] No [] Yes	*Pediatric Critical Care Center: [] No [] Yes
EDAP: ** [] No [] Yes	PICU: *** [] No [] Yes	Burn Center: [] No [] Yes	Trauma Center: [] No [] Yes	If Trauma Center, Level: ****

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County **County:** Sacramento **Reporting Year:** 2010

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

Name, address & telephone: Sacramento Regional Fire/EMS Communication Center (916) 228-3070 10230 Systems Parkway / Sacramento CA 95827			Primary Contact:Penny Adams, Center Manager	
Written Contract: [T] No [] Yes	Medical Director: [] No [T] Yes	[T] Day-to-day [T] Disaster	Number of Personnel providing services: 34 EMD Training ____ EMT-D ____ ALS ____ LALS 14 Other ____ BLS	
Ownership: [] Private [T] Public		If Public: [T] Fire [] Law [] Other Explain:	If public: [] City [] County [] Federal [T] Fire District [] State	Number of Ambulances: 0

Name, address & telephone: American Medical Response (916) 563-0600 1779 Tribute Road, Suite II / Sacramento CA 95815			Primary Contact Karl Pedroni	
Written Contract: [T] No [] Yes	Medical Director: [] No [T] Yes	[T] Day-to-day [T] Disaster	Number of Personnel providing services: 26 EMD Training ____ EMT-D ____ ALS ____ LALS ____ Other ____ BLS	
Ownership: [T] Private [] Public		If Public: [] Fire [] Law [] Other Explain:	If public: [] City [] County [] Federal [] Fire District [] State	Number of Ambulances: 0 BLS Provider

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County **County: Sacramento** **Reporting Year: 2010**

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

Name, address & telephone: First Responder Emergency Medical Services, Inc. (916) 381-3780 8611 Folsom Boulevard, Suite G / Sacramento CA 95826				Primary Contact: Mickey Hubert
Written Contract: [T] No [] Yes	Medical Director: [] No [T] Yes	[T] Day-to-day [] Disaster	Number of Personnel providing services: 16 EMD Training ____ EMT-D ____ ALS ____ LALS ____ Other 6 BLS	
Ownership: [T] Private [] Public		If Public: [] Fire [] Law [] Other Explain:	If public: [] City [] County [] Federal [] Fire District [] State	Number of Ambulances: 0 BLS Provider

Name, address & telephone: Medic Ambulance (916) 564-9040 2349 Lexington Street / Sacramento CA 95815				Primary Contact: Helen Pierson
Written Contract: [T] No [] Yes	Medical Director: [] No [T] Yes	[T] Day-to-day [T] Disaster	Number of Personnel providing services: 7 EMD Training ____ EMT-D ____ ALS ____ LALS ____ Other 3 BLS	
Ownership: [T] Private [] Public		If Public: [] Fire [] Law [] Other Explain:	If public: [] City [] County [] Federal [] Fire District [] State	Number of Ambulances: 0 BLS Provider

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

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Sacramento County EMS **County:** Sacramento **Date:** 2010

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.

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

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

County Health Officer's Name:
Glennah Trochet, MD
Work Telephone No.: (916) 875-5881
Home Telephone No.: (916) 736-3560
FAX No.: (916) 875-5888
24-HR No.: (916) 875-5000

Alternate's Name:
Bruce Wagner
Work Telephone No.: (916) 875-9753
Home Telephone No.: (916) 941-9117
Office Pager No.: (916) 876-1141
FAX No.: (916) 875-9711
24-HR No.: (916) 955-1534
E-Mail: wagnerems@msn.com

Medical/Health EOC Telephone no.: (916) 955-1534
Amateur Radio Contact Name: Richard Mar
Who is the RDMHC for your region? Dan Burch

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

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.

Date: _1/28/2011_____

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Sacramento County EMS Agency

Area or Subarea (Zone) Name or Title:
County of Sacramento

Name of Current Provider(s):
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.

Length of operation over 10 years: 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.

Length of operation less than 10 years: TLC EMS, Inc. – 6 yrs, Sacramento Valley Ambulance – 3 yrs, NorCal Ambulance – 2 yrs, Verihealth – 1 yrs.

Area or Subarea (Zone) Geographic Description:
Sacramento County Boundaries

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Non-Exclusive, for board action see Appendices 4, 5 & 6 of EMS Plan

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
N/A

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
N/A

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

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

FEB - 8 2011

February 10, 2011

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

Dear Mr. Wagner:

We have completed our review of *Sacramento County's 2010 Emergency Medical Services Plan Update,* and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines.* Following are comments on your EMS plan update:

Trauma System Status Report
The EMS Authority approved Sacramento County's last Trauma System Status Report in October 2009. You submitted your 2010 Trauma System Status Report on October 21, 2010, and we understand there have been some changes to this report. We look forward to reviewing it by the end of February.

Your annual EMS plan update will be due on February 10, 2012. Please submit Sacramento County's Trauma System Status Report along with your EMS plan update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,

Daniel R. Smiley
Interim Director

DRS:ss