

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



September 15, 2021

Mr. Dave Magnino, EMS Administrator  
Sacramento County Emergency Medical Services Agency  
9616 Micron Avenue, Suite 960  
Sacramento, CA 95827

Dear Mr. Magnino:

This letter is in response to Sacramento County's 2020 emergency medical services (EMS) plan, and the St-Elevation Myocardial Infarction (STEMI), Stroke, Trauma, and Quality Improvement (QI) plan submissions to the EMS Authority on July 2, 2021.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, the EMS Authority has noted your Emergency Ambulance Zone as Non-Exclusive and has enclosed for reference.

The EMS Authority has also reviewed the STEMI, Stroke, Trauma, and QI plans, based on compliance with Chapters 7, 7.1, 7.2, and 12 of California Code of Regulations, Title 22, Division 9, and has approved for implementation.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before September 14, 2022. Please also submit an annual STEMI, Stroke, Trauma, and QI plan concurrently with the EMS plan. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads 'Tom McGinnis' with a small heart symbol above the 'i' and '-Feb-' to the right.

Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

tm:lg

[illegible]

**Department of Health Services**  
Chevon Kothari, Director



**Interim County Executive**  
Ann Edwards

**Divisions**

Behavioral Health Services  
Primary Health  
Public Health  
Departmental Administration

**County of Sacramento**

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July 2, 2021

Dave Duncan, MD, Director  
Emergency Medical Services Authority  
10901 Gold Center Drive, Suite 400  
Rancho Cordova, CA 95670

Dear Dr. Duncan:

Please see the attached annual updates to the Sacramento County 2020 Emergency Medical Services (EMS) Plan, the 2020 Trauma System Annual Update, the 2020 Annual Quality Improvement Program (QIP), 2020 STEMI Critical Care System Annual Update and the 2020 Stroke Critical Care System Annual Update. These are submitted in accordance with *Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 7.1, STEMI Critical Care System, Chapter 7.2, Stroke Critical Care System and Chapter 12, EMS System Quality Improvement.*

**EMS PLAN ANNUAL UPDATE**

No significant changes were made to the EMS Plan during the past year. Key items are noted in each section.

**FORM 1: EMS Plan System Assessment Summary**

**A. System Organization and Management**

**1.03 – Employment of Medical Director:**

- Medical Director's contract was increased from 0.3 to 0.5 position. This helps with oversight demands resulting from the addition of the STEMI and Stroke Critical Care Programs.

**B. Manpower and Training**

**2.13 – Critical Care Paramedic Training and Accreditation:**

- In 2020, a private provider requested this program but the EMS Agency does not have staff nor funding to oversee the program at this time.

## **D. Response and Transportation**

### **4.01 – Primary Response Area:**

- The EMS Agency has executed Advanced Life Support (ALS) Provider Agreements with private providers.
- We worked with Public Fire Service providers to create and execute ALS Provider Agreements. As of April 15, 2021, we have executed ALS Provider agreements with the Public Fire Service providers.

### **4.05 – Response Time Standards:**

- We are currently utilizing National Response Time Standards as benchmarks. Plans are in process to implement Sacramento County Response Time Standards by the end of calendar year 2021.

### **4.07 – Creation of Exclusive Operating Area and Approval:**

- Sacramento County is a Non-Exclusive Operating Area.

## **E. Assessment of Hospitals and Critical Care Centers**

### **5.04 – Critical Care System:**

- STEMI and Stroke Critical Care programs were added in 2019. Designations and contracts were completed in 2020.

## **F. Data Collection and Evaluation**

### **6.04 – Electronic Patient Health Information Exchange:**

- At this time, there are no plans to implement a patient health information exchange program.

### **6.09 – Ambulance Patient Offload Times:**

- EMS stakeholders established the Ambulance Patient Offload Time (APOT) metric at 20 minutes. In 2020, the system wide 90<sup>th</sup> percentile APOT was forty-seven (47) minutes.

### **6.10 – Data Collection from Specialty Care Centers:**

- Trauma – The three Sacramento County trauma centers submit data electronically; the Placer County trauma center submits data manually.
- STEMI and Stroke – Designated STEMI and Stroke centers submit data manually on a quarterly basis.

## **H. Disaster Medical Response**

### **8.14 – Mutual Aid Requests in EOA Areas:**

- Not applicable. Sacramento County is a non-exclusive operating area.



## **TABLE 2: Manpower and Training**

### EMS Agency Certification:

- There was a slight increase in the number of personnel investigations in 2020 as compared to 2019. This increase occurred because staff continued to use and follow the *Recommended Guidelines for Disciplinary Orders and Conditions of Probation for EMT (Basic) and Advanced EMT*. A larger number of initial applicants with prior convictions led to more denials of applications.

### Available Training:

- Nearly all prehospital providers are continuing education (CE) providers.

## **TABLE 4: Response and Transportation**

### System Standard Response Times (90<sup>th</sup> Percentile):

- With over one year of data submitted to California EMS Information System (CEMSIS) from all ALS providers, the EMS Agency continues to provide updates of system wide 90<sup>th</sup> percentile standard response times to stakeholders during regular meetings.

### Provider Resource:

- During the fourth quarter of 2020, American West Ambulance started the process to become an ALS provider. They are expected to be approved in 2021.

## **TRAUMA SYSTEM STATUS REPORT**

The narrative includes improvement information provided to EMSA regarding the Sacramento County Trauma System. Key changes included:

### Trauma System Goals and Objectives:

- Trauma Review Committee (TRC) provides unique educational opportunities to region wide physicians and administrators.
- The EMS Agency works closely with the trauma centers to ensure accurate data is submitted to the CA Trauma Registry and presented in the quarterly TRC meetings.

### System Performance Improvement:

- The EMS Agency worked with the TRC to update several prehospital trauma policies, including adding the use of Tranexamic Acid (TXA) by paramedics. Monitoring usage of TXA is a current project of the QI program.
- Continued to work with trauma surgeons and managers to identify seven (7) relevant indicators to improve the trauma system.
- Worked with prehospital EMS providers to improve documentation practices to ensure prehospital Trauma Alerts are being conducted and reported.

## **QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE**

### 2020 Highlights:

- Continued work to define consistent documentation standards and improve the quality and accuracy of data submission.
- Developed and implemented dashboards to report data on three (3) focused elements.
- Continued to improve tracking of ambulance patient off-load times (APOT). Provided comparisons between 2019 and 2020 APOT data to stakeholders on a monthly basis.

### Active Projects include the following:

- Continued focus on the "Documentation Initiative" to improve prehospital care. This includes:
  - Cardiac Arrest, New Medications, and Spinal Motion Restriction policy
- Continue to monitor Law Enforcement Administration of Naloxone Program for the following:
  - Properly trained officers in handling and administration
  - Data collection
  - Feedback provision

## **2019 STEMI CRITICAL CARE SYSTEM ANNUAL UPDATE**

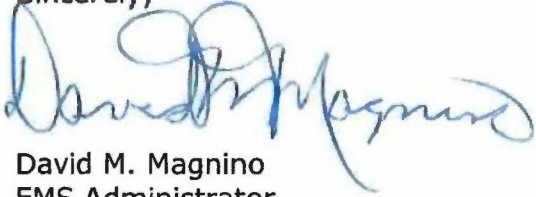
- Approved and executed contracts with several hospitals for designation as Sacramento County approved STEMI Receiving Centers.
- Began the work with STEMI Advisory Committee to identify proposed data reporting platforms available.
- In 2021, STEMI data will be collected via American Heart Association's Get With The Guidelines – Coronary Artery Disease.

## **2019 STROKE CRITICAL CARE SYSTEM ANNUAL UPDATE**

- Approved and executed contracts with ten hospitals for designation as Sacramento County approved Stroke Receiving Center or Comprehensive Stroke Center.
- Began the work with Stroke Advisory Committee to identify proposed data reporting platforms available.

Please do not hesitate to call me at (916) 875-9753 if you have questions.

Sincerely,



David M. Magnino  
EMS Administrator



Hernando Garzon, MD  
Medical Director

Attachments: (5)  
EMS Plan Annual Update  
Trauma System Annual Update  
Quality Improvement Program Annual Update  
STEMI Critical Care System Annual Update  
Stroke Critical Care System Annual Update

Cc: Sandy Damiano, PhD, Deputy Director, DHS, Primary Health





# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



A. SYSTEM ORGANIZATION AND MANAGEMENT	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
1.01 Organizational Structure	✓		
1.02 EMS Administration Budget	✓		
1.03 Employment of Medical Director	✓		Established contract with Kaiser Permanente for an half-time medical director
1.04 Medical Control	✓		
1.05 Expert Consultation	✓		
1.06 Public Input on Plans, Policies, Procedures	✓		
1.07 Establishment of Policies, Procedures, Protocols	✓		
1.08 Availability of Policies, Procedures, Protocols	✓		
B. MANPOWER AND TRAINING	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.01 EMT & AEMT Certification in Central EMT Registry	✓		There is no AEMT certified in Sacramento County. There is no plan to implement an AEMT Program in the future.

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.02 EMT & AEMT Discipline	✓		
2.03 EMT & AEMT Certification Status	✓		
2.04 EMT & AEMT Certification Reporting to National Practitioners Database	✓		
2.05 Paramedic Accreditation	✓		
2.06 RN & MICN Standards	✓		
2.07 EMT, AEMT, Paramedic Training Program Compliance	✓		There are no AEMT Training Program(s) in Sacramento County.
2.08 EMT Training Course Challenge	✓		
2.09 EMS Provider Reporting of EMT & AEMT Actions or Omissions	✓		
2.10 Reporting of Paramedic Actions or Omissions	✓		

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.11 Suspension of Paramedic License			Not Applicable
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics	✓		
2.13 Critical Care Paramedic Training & Accreditation		✓	At this time there is no plan to implement Critical Care Paramedic Training
2.14 Training Standards for EMTs & Paramedics Managing Complex Patients	✓		
2.15 Procedures for Management of Complex Patients	✓		
C. COMMUNICATIONS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.01 Review and Approval of Medical Dispatch Centers	✓		
3.02 City and Fire District Dispatch	✓		
3.03 Medical Dispatch Center Protocols	✓		



# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification	✓		
3.05 Medical Communication System Plan	✓		
3.06 Emergency System for Inter-hospital Communication	✓		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area		✓	There are no signed ALS Provider Agreements with the ALS Public Safety Providers at this time. We are working with providers to execute agreements in 2021
4.02 Provider Selection	✓		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	✓		
4.04 Advanced Life Support Provider Application	✓		
4.05 Response Time Standards		✓	At this time, Sacramento County does not have Response Time standards established. We currently utilize the National Response Time Standards as bench marks. Plan to implement by end of calendar year 2021.
4.06 System Status Management	✓		
4.07 Creation of Exclusive Operating Area and Approval		✓	Sacramento County is an Non-Exclusive Operating Area. There is no plan to establish Exclusive Operating Areas in the future



# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



E. ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
5.01 Hospital and Health Facility Designation	✓		
5.02 Acute Care Facility Assessment and Specialty Care System Development	✓		
5.03 Patient Safety and Non-Permit Facility in Rural Area			Not applicable
5.04 Critical Care System	✓		STEMI and Stroke Critical Care System programs were added in late 2019 with designations and contracts executed for hospitals.
F. DATA COLLECTION AND EVALUATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.01 Data Management System Compliancy with CEMSIS/NEMSIS	✓		
6.02 Electronic Health Record Data	✓		
6.03 Integrated Data Management System using CEMSIS/NEMSIS	✓		
6.04 Electronic Patient Health Information Exchange		✓	No plan to implement program in near future.

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



F. DATA COLLECTION AND EVALUATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.05 Prehospital EMS and Specialty Care Data through CEMSIS/NEMSIS	✓		
6.06 EMS QA/QI Program	✓		
6.07 EMS Service Provider QI Program	✓		
6.08 EMS Quality Core Measures	✓		
6.09 Ambulance Patient Offload Times		✓	APOT metric set at 20min, in 2020 the 90th Percentile APOT time system wide was: 47min
6.10 Data Collection from Specialty Care Centers		✓	We currently receive data from the three trauma centers. We currently request data to be submitted manually on an as needed basis from STEMI / STROKE hospitals.
G. PUBLIC INFORMATION AND EDUCATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.01 Public Information Improvement	✓		
7.02 Program for Public Awareness of EMS System	✓		
7.03 Public Training on First Aid, Bleeding Control, CPR	✓		

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



G. PUBLIC INFORMATION AND EDUCATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.04 Public Education on Injury and Illness Prevention	✓		
7.05 Public Training and Education on Disaster Preparedness	✓		In partnership with County Public Health
H. DISASTER MEDICAL RESPONSE	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.01 Multi-Casualty Response Plans Using ICS/SEMS	✓		
8.02 Medical Response Plans	✓		
8.03 Distribution of Disaster Casualties	✓		
8.04 MHOAC Coordinator	✓		
8.05 Situation Status Reporting & Communication of Emergency Requests	✓		
8.06 Identification of EMS Resources	✓		
8.07 Medical Mutual Aid Agreements	✓		



# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



H. DISASTER MEDICAL RESPONSE (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.08 Disaster Medical Training of EMTs & Paramedics	✓		
8.9 Integration of Hospitals' Disaster Emergency Plan	✓		
8.10 Development of Medical & Health Disaster Plan	✓		
8.11 Hospital Evacuation	✓		
8.12 Increase in Prehospital EMS Needs	✓		
8.13 Specialty Care Center Role in Disasters	✓		
8.14 Mutual Aid Requests in EOA Areas			Not applicable - Sacramento County is a Non-Exclusive Area.



# FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



<b>Date:</b> <div style="text-align: right; margin-top: 5px;">March 1, 2021</div>	
<b>Local EMS Agency or County Name:</b> Sacramento County EMS Agency	
<b>Area Description: (e.g., Zone 1, Zone A)</b> Sacramento County  <b>Title:</b> Sacramento County  <b>Geographic Description: (Also attach map)</b> Geographic boundaries of Sacramento County.	
<b>Current Provider Name: (include legal, fictitious, and dba)</b>  <small>1. Alpha One Ambulance, 2. American Medical Response, Inc. 3. Bay Medic Transportation, 4. California Highway Patrol, Capitol Protection Division, 5. CALSTAR Air Ambulance, 6. Cosumnes CSD Fire District, 7. Falck Ambulance Services, 8. Folsom City Fire Department, 9. Medic Ambulance Services, 10. NorCal Ambulance 11. REACH Air Ambulance, 12. Sacramento City Fire Department, 13. Sacramento Metropolitan Fire District, 14. Trauma Life Care (TLC) Inc., 15. Pro Transport 1 Ambulance, 16. Sacramento Valley Ambulance,</small>	
<input type="checkbox"/> <b>Exclusive</b> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> <b>Non - Exclusive</b></span>	
<b>Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)</b>	
<input type="checkbox"/> <b>Emergency Ambulance</b>	<input type="checkbox"/> <b>Advanced Life Support (ALS)</b>
<input type="checkbox"/> <b>Limited Advanced Life Support (LALS)</b>	
<b>Scope of Operations: (Check one box)</b>	
<input type="checkbox"/> <b>9-1-1 Emergency Ambulance</b>	<input type="checkbox"/> <b>7-Digit Emergency Ambulance</b>
<input type="checkbox"/> <b>ALS Ambulance</b>	<input type="checkbox"/> <b>All ALS Ambulance Services (9-1-1, 7-Digit, IFT)</b>
<input type="checkbox"/> <b>All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)</b>	<input type="checkbox"/> <b>BLS Non-Emergency Services (IFT)</b>
<input type="checkbox"/> <b>Critical Care Transport</b>	<input type="checkbox"/> <b>Standby Service with Transport Authorization</b>
<input checked="" type="checkbox"/> <b>All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)</b>	<input type="checkbox"/> <b>Other</b> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>

## Skarr, John@EMSA

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**From:** Wise, Angela@EMSA  
**Sent:** Friday, September 10, 2021 1:00 PM  
**To:** Galindo, Lisa@EMSA  
**Subject:** Fwd: 2020 EMS Plan correction

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Please add to the plan  
Angela Wise  
Assistant Chief EMS Systems  
State of California  
Emergency Medical Services Authority  
Business Phone: 916-431-1788  
Cell: 209-304-4784  
[www.emsa.ca.gov](http://www.emsa.ca.gov)

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**From:** Magnino, David <MagninoD@saccounty.net>  
**Sent:** Friday, September 10, 2021 12:59:09 PM  
**To:** Wise, Angela@EMSA <angela.wise@emsa.ca.gov>  
**Subject:** 2020 EMS Plan correction

**CAUTION:** This email originated from outside of the organization. Do not click on any links or open any attachments unless you recognize the sender and know the content is safe.

Please add Wilton Fire Protection District to Form 3. They are still a provider in Sacramento County.  
Dave

David M. Magnino, B.S. / EMT-P  
EMS Administrator  
Dept. of Health Services | Primary Health Division | Emergency Medical Services Agency  
916.875-9753(office) | 916-854-9211 (fax) | Mail Code: 58-001F





TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

**EMS Agency Overview**

Local EMS Agency:	<u>Sacramento County</u>
Plan Year:	<u>2020</u>
EMS Director/Administrator:	<u>David Magnino</u>
EMS Medical Director:	<u>Dr. Hernando Garzon</u>
Physical Address:	<u>9616 Micron Ave. Suite 960</u> <u>Sacramento, CA 95827</u>
Type of Agency:	<input checked="" type="checkbox"/> County Health Services Agency <input type="checkbox"/> Public Health Department <input type="checkbox"/> Joint Powers Agency <input type="checkbox"/> Non-Health County Department <input type="checkbox"/> Private Non-Profit Entity
Number of Counties in Local EMS Agency:	<u>1</u>
Counties within Regional Agency:	<u></u>
Population of EMS system:	<u>1,495,400</u>
Local EMS Agency responsibility:	<input checked="" type="checkbox"/> Hospital Preparedness Program <input checked="" type="checkbox"/> Public Health Emergency Preparedness Program <input type="checkbox"/> Other: <u></u>

**EMS Agency Organization**

Organizational Charts Attached: ☐ County Structure ☒ EMS Agency

**EMS Agency Budget**

Fiscal Year: 2020-21

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 977,783
Contract Services	\$ 362,500
Services and Supplies	\$ 1,705,276
Total Expenses*	\$ 3,045,559



**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

**EMS Agency Budget (cont.)**

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$ 162,319
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$ 249,115
Grant Revenue	\$ 43,175
Fees	\$ 939,043
Other:	\$ 1,651,907
Total Revenue*	\$ 3,045,559

Provide brief explanation if totals do not equal: \_\_\_\_\_

**EMS Agency Fee Structure**

Effective Date of Fees: 7/1/2020

	Item	Fee	Comment
Certifications	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 50.28	
	EMT recertification	\$ 50.28	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$	
	AEMT recertification	\$	
	Paramedic accreditation	\$ 95.32	
	Paramedic re-accreditation	\$ 95.32	
	MICN/ARN certification	\$ 37.57	
	MICN/ARN recertification	\$ 37.57	
Program Approval	EMR training program approval	\$ 1,575	
	EMT training program approval	\$ 1,547.88	
	AEMT training program approval	\$	
	Continuing education provider	\$ 435.48	
	Paramedic training program approval	\$ 8,425.55	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 903.31	





**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

**EMS Agency Fee Structure (cont.)**

	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$	
	STEMI/Cardiac center designation	\$ 13,650/\$6,825	In County/Out of County Hospital
	Stroke center application	\$	
	Stroke center designation	\$ 13,650/\$6,825 \$19,425	In County/Out of County/ Comprehensive
	Trauma center application	\$	
	Trauma center designation	\$ Varies	Lv 1 UC Davis = \$123,477. Lv 2: Mercy San Juan=\$67,670. Kaiser South=\$67,364. Roseville=\$5,560
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: <u>ALS Provider Fee</u>	\$ 17,253.11	

**EMS Agency Staffing**

Total full-time equivalent (FTE) staff dedicated to EMS administration: 7.5

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	EMS Administrator	No	1.0	\$127,034-\$140,032	\$184,617	24%	\$44,585
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director	Medical Director	Yes	0.5	\$	\$122,500	0 %	\$ 0
EMS Coordinator	EMS Coordinator	No	1.0	\$90,744-\$110,300	\$162,457	32%	\$52,157
EMS Specialist	EMS Specialist Lv 2	No	3.0	\$68,716-\$83,520	\$111,878-\$128,206	35%	\$39,381-\$44,686
CQI Coordinator				\$	\$	%	\$
Trauma Coordinator				\$	\$	%	\$
EMS Analyst				\$	\$	%	\$
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	Administrative Services Officer II	No	1.0	\$79,114-\$96,152	\$126,338	24%	\$30,186
Office Assistant III	Senior Office Assistant	No	1.0	\$41,134-\$50,008	\$74,305	31%	\$23,195
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$

(09/2019)

**TABLE 2: MANPOWER AND TRAINING**County: SacramentoReporting Year: 2020**EMS Agency Training Program**

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? ☒ Yes ☐ No

Do you have an EMR Training Program? ☒ Yes ☐ No

**EMS Agency Certification**

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified	757		765	153	19
Number newly certified this year	319		117	58	19
Number recertified this year	438		648	95	0
Total accredited on July 1 of reporting year	391		454	65	1
<b>Number of certification reviews resulting in:</b>					
• Formal investigations	26				
• Probation	1				
• Suspensions	N/A				
• Revocations	N/A				
• Denials	3				
• No action taken	10				
<b>Number of personnel authorized/certified in:</b>					
• Early defibrillation					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4870</u>	Expiration Date of Training Program: <u>07/26/2021</u>				
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input checked="" type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic <u>0</u> Refresher <u>0</u>					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>AlphaOne Ambulance</u> </td> <td style="width: 50%;">           Phone Number: <u>(916)635-2011</u> </td> </tr> <tr> <td>           Address: <u>10461 Old Placerville Rd</u>  <u>Sacramento CA 95827 suite 110</u> </td> <td>           Contact Name: <u>Matt Burruel</u> </td> </tr> </table>		Training Institution: <u>AlphaOne Ambulance</u>	Phone Number: <u>(916)635-2011</u>	Address: <u>10461 Old Placerville Rd</u> <u>Sacramento CA 95827 suite 110</u>	Contact Name: <u>Matt Burruel</u>
Training Institution: <u>AlphaOne Ambulance</u>	Phone Number: <u>(916)635-2011</u>				
Address: <u>10461 Old Placerville Rd</u> <u>Sacramento CA 95827 suite 110</u>	Contact Name: <u>Matt Burruel</u>				

Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													1052	
Number of students completing training													1141	





TABLE 2: MANPOWER AND TRAINING

*Available Training*

Continuing Education Number: <u>34-3000</u>	Expiration Date of Training Program: <u>CE/3/22/22 EMT-P 9/18/24</u>
Student Eligibility: <u>General Public</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>750-2500</u> Refresher _____	
Training Institution: <u>American River College</u>	Phone Number: <u>916-484-8843</u>
Address: <u>4700 College Oak Drive</u> <u>Sacramento, CA 95814</u>	Contact Name: <u>Dr. Grant Goold</u>

*Training Program Statistics for Reporting Year 2020*

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	12				1								13	
Number of students completing training	200				17								50	





TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-4930</u>		Expiration Date of Training Program: <u>CE-1/22/2022/10/18/22</u>	
Student Eligibility: <u>Open</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
		Program Cost: Basic <u>\$1400</u> Refresher _____	
Training Institution: <u>California Fire &amp; Rescue Training Authority</u>		Phone Number: <u>(916) 475-1668</u>	
Address: <u>3121 Gold Canal Drive</u> <u>Rancho Cordova, CA 95670</u>		Contact Name: <u>Joe Gear</u>	

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	3	0												
Number of students completing training	59	0												



TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-4910</u>		Expiration Date of Training Program: <u>9/30/2020</u>	
Student Eligibility: <u>Employees Only</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic <u>0</u>		Refresher <u>0</u>	
Training Institution: <u>CALSTAR</u>		Phone Number: <u>916-921-4026</u>	
Address: <u>4933 Bailey Loop</u> <u>McClellan, CA 95652</u>		Contact Name: <u>Kim Duggins</u>	

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													224	
Number of students completing training													1760	

TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-1090</u>	Expiration Date of Training Program: <u>3/31/2021</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Cosumnes Fire Department</u>	Phone Number: <u>916-405-7131</u>
Address: <u>10573 E. Stockton Blvd</u> <u>Elk Grove, CA 95624</u>	Contact Name: <u>Chief Rick Clarke</u>

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													23	
Number of students completing training													687	

TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-3300</u>	Expiration Date of Training Program: <u>07/05/2022</u>
Student Eligibility: <u>Open to public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>500</u> Refresher <u>150</u>	
Training Institution: <u>Cosumnes River College</u>	Phone Number: <u>916-412-0981</u>
Address: <u>8401 Center Parkway</u> <u>Sacramento, CA 95823</u>	Contact Name: <u>Matthew McHugh</u>

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	2	1											2	
Number of students completing training	45	20											15	





**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-4900</u>	Expiration Date of Training Program: <u>11/30/22</u>
Student Eligibility: <u>Open to General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Dignity Health Collaborative Learning Center</u>	Phone Number: <u>916-733-6347</u>
Address: <u>1700 Tribute Road, Sacramento CA 95815</u> _____ _____	Contact Name: <u>Stacy Williams</u>

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													12	
Number of students completing training													1736	



TABLE 2: MANPOWER AND TRAINING

*Available Training*

Continuing Education Number: <u>34-4860</u>	Expiration Date of Training Program: <u>03/24/22</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher _____	
Training Institution: <u>DMAT CA-11</u>	Phone Number: <u>916-606-5205</u>
Address: <u>10161 Croydon Way #2</u> <u>Sacramento, CA 95827</u>	Contact Name: <u>Ed Miles</u>

*Training Program Statistics for Reporting Year 2020*

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													4
Number of students completing training													42



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number:	<u>34-1030</u>	Expiration Date of Training Program:	<u>01/21/22</u>
Student Eligibility:	<u>Restricted</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic <u>0</u> Refresher <u>0</u>
Training Institution:	<u>Folsom Fire Department</u>	Phone Number:	<u>916-461-6300</u>
Address:	<u>535 Glenn Dr</u> <u>Folsom CA 95630</u>	Contact Name:	<u>Mark Piacentini</u>

Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													8	
Number of students completing training													69	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4920</u>	Expiration Date of Training Program: <u>1/15/2022</u>				
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic <u>2990</u> Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>ISTM</u> </td> <td style="width: 50%;">           Phone Number: <u>760-880-4102</u> </td> </tr> <tr> <td>           Address: <u>PO Box 2609</u>  <u>Rancho Mirage, CA 92270</u> </td> <td>           Contact Name: <u>Lawrence Heiskell</u> </td> </tr> </table>		Training Institution: <u>ISTM</u>	Phone Number: <u>760-880-4102</u>	Address: <u>PO Box 2609</u> <u>Rancho Mirage, CA 92270</u>	Contact Name: <u>Lawrence Heiskell</u>
Training Institution: <u>ISTM</u>	Phone Number: <u>760-880-4102</u>				
Address: <u>PO Box 2609</u> <u>Rancho Mirage, CA 92270</u>	Contact Name: <u>Lawrence Heiskell</u>				

Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													2	
Number of students completing training													49	





TABLE 2: MANPOWER AND TRAINING

*Available Training*

Continuing Education Number: <u>34-2090</u>	Expiration Date of Training Program: <u>02/28/22</u>				
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic <u>0</u> Refresher <u>0</u>					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>Kaiser Permanente North Sacramento</u> </td> <td style="width: 50%;">           Phone Number: <u>916-973-6626</u> </td> </tr> <tr> <td>           Address: <u>2025 Morse Ave</u>  <u>Sacramento, CA 95825</u> </td> <td>           Contact Name: <u>Richard Meidinger</u> </td> </tr> </table>		Training Institution: <u>Kaiser Permanente North Sacramento</u>	Phone Number: <u>916-973-6626</u>	Address: <u>2025 Morse Ave</u> <u>Sacramento, CA 95825</u>	Contact Name: <u>Richard Meidinger</u>
Training Institution: <u>Kaiser Permanente North Sacramento</u>	Phone Number: <u>916-973-6626</u>				
Address: <u>2025 Morse Ave</u> <u>Sacramento, CA 95825</u>	Contact Name: <u>Richard Meidinger</u>				

*Training Program Statistics for Reporting Year 2020*

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													0	
Number of students completing training													0	



TABLE 2: MANPOWER AND TRAINING

*Available Training*

Continuing Education Number: <u>34-2060</u>		Expiration Date of Training Program: <u>9/29/2022</u>	
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Training Institution: <u>Kaiser Permanente South Sacramento</u>		Phone Number: <u>916-201-4265</u>	
Address: <u>6600 Bruceville Road</u> <u>Sacramento CA 95823</u>		Contact Name: <u>Wendin Gulbransen</u>	
Program Cost: Basic <u>na</u> Refresher <u>na</u>			

*Training Program Statistics for Reporting Year 2020*

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													6	
Number of students completing training													36	

TABLE 2: MANPOWER AND TRAINING



### Available Training

Continuing Education Number: <u>34-020</u>	Expiration Date of Training Program: <u>June 17, 2022</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$150 / \$250</u> Refresher _____	
Training Institution: <u>Mercy San Juan Medical Center</u>	Phone Number: <u>916.962.8721</u>
Address: <u>6501 Coyle Avenue</u> <u>Carmichael, California 95608</u>	Contact Name: <u>Paula Green RN</u>

### Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													3	
Number of students completing training													55	



TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-2100</u>	Expiration Date of Training Program: <u>10/25/22</u>				
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic _____ Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>Methodist Hospital of Sacramento</u> </td> <td style="width: 50%;">           Phone Number: <u>9164236103</u> </td> </tr> <tr> <td>           Address: <u>7500 Hospital Dr.</u>  <u>Sacramento, CA 95823</u> </td> <td>           Contact Name: <u>David Perry</u> </td> </tr> </table>		Training Institution: <u>Methodist Hospital of Sacramento</u>	Phone Number: <u>9164236103</u>	Address: <u>7500 Hospital Dr.</u> <u>Sacramento, CA 95823</u>	Contact Name: <u>David Perry</u>
Training Institution: <u>Methodist Hospital of Sacramento</u>	Phone Number: <u>9164236103</u>				
Address: <u>7500 Hospital Dr.</u> <u>Sacramento, CA 95823</u>	Contact Name: <u>David Perry</u>				

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														0
Number of students completing training														0





TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-4880</u>	Expiration Date of Training Program: _____				
Student Eligibility: <u>Open to Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic <u>250.00</u> Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>NorCal Emergency Medical Training</u> </td> <td style="width: 50%;">           Phone Number: <u>916-787-1787</u> </td> </tr> <tr> <td>           Address: <u>1512 Eureka Road, Suite 105</u>  <u>Roseville, CA 95661</u> </td> <td>           Contact Name: <u>Dave Mullarky</u> </td> </tr> </table>		Training Institution: <u>NorCal Emergency Medical Training</u>	Phone Number: <u>916-787-1787</u>	Address: <u>1512 Eureka Road, Suite 105</u> <u>Roseville, CA 95661</u>	Contact Name: <u>Dave Mullarky</u>
Training Institution: <u>NorCal Emergency Medical Training</u>	Phone Number: <u>916-787-1787</u>				
Address: <u>1512 Eureka Road, Suite 105</u> <u>Roseville, CA 95661</u>	Contact Name: <u>Dave Mullarky</u>				

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													527	
Number of students completing training													2847	



TABLE 2: MANPOWER AND TRAINING

*Available Training*

Continuing Education Number: <u>01-0053</u>	Expiration Date of Training Program: <u>6/13/2021</u>
Student Eligibility: <u>General Public</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>2195</u> Refresher <u>375</u>	
Training Institution: <u>Project Heartbeat</u>	
Phone Number: <u>510.452.1100</u>	
Address: <u>2033 Howe Ave, Suite 150</u>	
Contact Name: <u>Eric Kim</u>	
<u>Sacramento, CA 95825</u>	

*Training Program Statistics for Reporting Year 2020*

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	6	3												
Number of students completing training	94	19												

TABLE 2: MANPOWER AND TRAINING



### Available Training

Continuing Education Number: <u>34-3950</u>	Expiration Date of Training Program: <u>9/19/2021</u>
Student Eligibility: <u>Open to General public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>River Delta Fire District</u>	Phone Number: <u>(925) 658-0332</u>
Address: <u>16969 Jackson Slough Road</u> <u>Isleton, CA 95641</u>	Contact Name: <u>Paul Cutino</u>

### Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														2
Number of students completing training														45





TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1050</u>	Expiration Date of Training Program: <u>1-26-2022</u>
Student Eligibility: <u>Employees only</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>Sacramento City Fire Department</u>	Phone Number: <u>916-808-1654</u>
Address: <u>5770 Freeport Blvd, Ste 200</u> <u>Sacramento, CA 95822</u>	Contact Name: <u>Brian Pedro</u>

Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													11
Number of students completing training													565

TABLE 2: MANPOWER AND TRAINING



### Available Training

Continuing Education Number: <u>34-3500</u>		Expiration Date of Training Program: _____	
Student Eligibility: <u>Open</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Training Institution: <u>California State University, Sacramento, College of Continuing Education</u>		Phone Number: <u>916-278-4846</u>	
Address: <u>3000 State University Drive</u> <u>Sacramento, CA 95819</u>		Contact Name: <u>Kim Ramirez</u>	

### Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	6				1								1	
Number of students completing training	119				34 In Progress								34	



TABLE 2: MANPOWER AND TRAINING

*Available Training*

Continuing Education Number: <u>34-1020</u>	Expiration Date of Training Program: <u>09/20/2022</u>				
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic <u>N/A</u> Refresher <u>N/A</u>					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>Sacramento County Airport Fire</u> </td> <td style="width: 50%;">           Phone Number: <u>916-224-8366</u> </td> </tr> <tr> <td>           Address: <u>7201 Earhart Dr</u>  <u>Sacramento, CA. 95837</u> </td> <td>           Contact Name: <u>BC Rob Brown</u> </td> </tr> </table>		Training Institution: <u>Sacramento County Airport Fire</u>	Phone Number: <u>916-224-8366</u>	Address: <u>7201 Earhart Dr</u> <u>Sacramento, CA. 95837</u>	Contact Name: <u>BC Rob Brown</u>
Training Institution: <u>Sacramento County Airport Fire</u>	Phone Number: <u>916-224-8366</u>				
Address: <u>7201 Earhart Dr</u> <u>Sacramento, CA. 95837</u>	Contact Name: <u>BC Rob Brown</u>				

*Training Program Statistics for Reporting Year 2020*

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													6	
Number of students completing training													46	





TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1010</u>	Expiration Date of Training Program: <u>7/31/21</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$0</u> Refresher <u>\$0</u>	
Training Institution: <u>Sacramento Metropolitan Fire District</u>	
Phone Number: <u>916-616-2451</u>	
Address: <u>10545 Armstrong Ave. Suite 200</u> <u>Mather CA 95655</u>	
Contact Name: <u>Captain Greg Markel</u>	

Training Program Statistics for Reporting Year 2020

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													38	
Number of students completing training													607	



TABLE 2: MANPOWER AND TRAINING

*Available Training*

Continuing Education Number: _____		Expiration Date of Training Program: <u>9/2021</u>	
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education	
		Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>Sacramento Fire CERT</u>		Phone Number: <u>916-718-8786</u>	
Address: <u>3230 J Street</u> <u>Sacramento, CA 95816</u>		Contact Name: <u>Robert Ross</u>	

*Training Program Statistics for Reporting Year 2020*

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered								16						
Number of students completing training								16						

TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-2050</u>	Expiration Date of Training Program: <u>10-14-2021</u>				
Student Eligibility: <u>Open</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic _____ Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>University of California, Davis Medical Center</u> </td> <td style="width: 50%;">           Phone Number: <u>916-734-5323</u> </td> </tr> <tr> <td>           Address: <u>2315 Stockton, CA PSSB 2100A</u>  <u>Sacramento, CA 95817</u> </td> <td>           Contact Name: <u>David M. Buettner</u> </td> </tr> </table>		Training Institution: <u>University of California, Davis Medical Center</u>	Phone Number: <u>916-734-5323</u>	Address: <u>2315 Stockton, CA PSSB 2100A</u> <u>Sacramento, CA 95817</u>	Contact Name: <u>David M. Buettner</u>
Training Institution: <u>University of California, Davis Medical Center</u>	Phone Number: <u>916-734-5323</u>				
Address: <u>2315 Stockton, CA PSSB 2100A</u> <u>Sacramento, CA 95817</u>	Contact Name: <u>David M. Buettner</u>				

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													6	
Number of students completing training													186	



TABLE 2: MANPOWER AND TRAINING

**Available Training**

Continuing Education Number: <u>34-1160</u>	Expiration Date of Training Program: <u>5/19/21</u>				
Student Eligibility: <u>Open to Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic <u>1200</u> Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Training Institution: <u>Walnut Grove Fire</u> </td> <td style="width: 50%;">           Phone Number: <u>(916) 776-1284</u> </td> </tr> <tr> <td>           Address: <u>14160 Grove Street</u>  <u>Walnut Grove, CA 95690</u> </td> <td>           Contact Name: <u>Gary Volkman</u> </td> </tr> </table>		Training Institution: <u>Walnut Grove Fire</u>	Phone Number: <u>(916) 776-1284</u>	Address: <u>14160 Grove Street</u> <u>Walnut Grove, CA 95690</u>	Contact Name: <u>Gary Volkman</u>
Training Institution: <u>Walnut Grove Fire</u>	Phone Number: <u>(916) 776-1284</u>				
Address: <u>14160 Grove Street</u> <u>Walnut Grove, CA 95690</u>	Contact Name: <u>Gary Volkman</u>				

**Training Program Statistics for Reporting Year 2020**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	0	0											0	0
Number of students completing training	0	0											0	0

TABLE 3: COMMUNICATIONS

County: Sacramento CountyReporting Year: 2020**EMS Agency Communications Structure**

Number of primary Public Service Answering Points (PSAP):	<u>13</u>
Number of secondary PSAPs:	<u>1</u>
Number of dispatch centers directly dispatching ambulances:	<u>12</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>13</u>
Number of designated dispatch centers for EMS aircraft:	<u>3</u>

Who is your primary dispatch agency for day-to day emergencies?

Sacramento Regional Fire / EMS Communication CenterDo you have an operational area disaster communication system? ☒ Yes ☐ Noa) Identify the radio primary frequency: 800 MHz Trunked Systemb) Identify other methods: Cell Phone, Satellite Phones and Landlinec) Can all medical response units communicate on the same disaster communication system? ☐ Yes ☒ Nod) Do you participate in the Operational Area Satellite Information System? ☒ Yes ☐ Noe) Do you have a plan to utilize the Radio Amateur Civil Emergency Services as a back-up communication system? ☒ Yes ☐ No1) Within the operational area? ☒ Yes ☐ No2) Between operational area and the region and/or state? ☒ Yes ☐ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Alpha One Name of Primary Contact: Dan Husum

Address: 10461 Old Placerville Rd. Ste 110 Telephone Number: 916-504-4262  
Sacramento, CA 95827

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training 17 EMT-D \_\_\_\_\_ ALS \_\_\_\_\_

BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other \_\_\_\_\_

Total Number of Dispatchers: 17

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other \_\_\_\_\_

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: AMR Sacramento Name of Primary Contact: Timothy Reeser

Address: 1041 Fee Drive Telephone Number: 1-800-913-9112  
Sacramento, CA 95815

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:

EMD Training 64 EMT-D 64 ALS         

BLS          LALS          Other         

Total Number of Dispatchers: 64

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other                         

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Bay Medic Ambulance Name of Primary Contact: Josh Enea

Address: 959 Detroit Avenue Telephone Number: 925-689-9067  
Concord, CA 94518

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	<u>7</u>	EMT-D	<u>      </u>	ALS	<u>5</u>
BLS	<u>68</u>	LALS	<u>      </u>	Other	<u>      </u>

Total Number of Dispatchers: 8

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other                     

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020  
 Dispatch Agency: CHP: Office of Air Operations Name of Primary Contact: Ron Wilson  
 Address: 601 N. 7th Street Telephone Number: 916-943-3303  
Sacramento, CA 95811

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☐ Disaster  
 Number of Personnel Providing Services:  
 EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS \_\_\_\_\_  
 BLS \_\_\_\_\_ LALS 5 Other \_\_\_\_\_  
 Total Number of Dispatchers: \_\_\_\_\_

Ownership: ☒ Public ☐ Private If Public: ☐ Fire ☒ Law ☐ Other \_\_\_\_\_  
 If Public: ☐ City ☐ County ☒ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No



TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: CHP-Capitol Protectice Services Name of Primary Contact: Shawna Hainsworth

Address: 1801 Ninth Street Telephone Number: 916-445-2895  
Sacramento, CA 95811-7011

Written Contract: ☐ Yes ☒ No Medical Director: ☐ Yes ☒ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>16</u>

Total Number of Dispatchers: 16

Ownership: ☒ Public ☐ Private If Public: ☐ Fire ☒ Law ☐ Other \_\_\_\_\_

If Public: ☐ City ☐ County ☒ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Medic Ambulance Name of Primary Contact: Sandra Whaley

Address: 506 Cough Street Telephone Number: 916-564-9011  
Vallejo, CA 94590

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:

EMD Training 13 EMT-D        ALS       

BLS        LALS        Other       

Total Number of Dispatchers: 18

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other                     

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: NORCAL Ambulance Name of Primary Contact: John Brooks

Address: 18115 Stockton Blvd Telephone Number: 916-812-9465  
Sacramento, CA 95816

Written Contract: ☒ Yes ☐ No Medical Director: ☐ Yes ☐ No Availability: ☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:

EMD Training	<u>14</u>	EMT-D	<u>        </u>	ALS	<u>12</u>
BLS	<u>170</u>	LALS	<u>        </u>	Other	<u>        </u>

Total Number of Dispatchers: 14

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other                     

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Pro Transport Ambulance Name of Primary Contact: Chris Day

Address: 720 Portal Street Telephone Number: 707-280-0353  
Cotati, CA 94930

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:

EMD Training	<u>10</u>	EMT-D	<u>      </u>	ALS	<u>8</u>
BLS	<u>108</u>	LALS	<u>      </u>	Other	<u>      </u>

Total Number of Dispatchers: 10

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other \_\_\_\_\_

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Reach & CalStar Name of Primary Contact: Dannielle LAnce

Address: 1041 Fee Drive Telephone Number: 800-338-4045  
Sacramento, CA 95815

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>22</u>

Total Number of Dispatchers: 22

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other \_\_\_\_\_

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Sacramento Regional Fire/EMS Communication Center Name of Primary Contact: Kylee Soares

Address: 10230 Systems Parkway Telephone Number: 916-228-3070  
Sacramento, CA 95827

Written Contract: ☐ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:

EMD Training 41 EMT-D        ALS       

BLS        LALS        Other       

Total Number of Dispatchers: 41

Ownership: ☐ Public ☐ Private If Public: ☒ Fire ☐ Law ☒ Other JPA

If Public: ☐ City ☒ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No



TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Sacramento International Airport Name of Primary Contact: Phillip Arnold

Address: 6900 Airport Blvd Telephone Number: 916-874-0177  
Sacramento, CA 95837

Written Contract: ☐ Yes ☒ No Medical Director: ☐ Yes ☒ No Availability: ☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:

EMD Training 18 EMT-D        ALS       

BLS        LALS        Other       

Total Number of Dispatchers: 18

Ownership: ☒ Public ☐ Private If Public: ☒ Fire ☒ Law ☐ Other                     

If Public: ☐ City ☒ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: Sac Valley Ambulance Name of Primary Contact: Daniel Gilbert

Address: 6220 Belleau Wood Lane Telephone Number: \_\_\_\_\_  
Sacramento, CA 95822

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	<u>11</u>	EMT-D	_____	ALS	<u>4</u>
BLS	<u>48</u>	LALS	_____	Other	_____

Total Number of Dispatchers: 11

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other \_\_\_\_\_

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento Reporting Year: 2020

Dispatch Agency: TLC, Trauma Life Care Medical Transport, INC Name of Primary Contact: Chief P. Bedia

Address: 3637 Mission Avenue, Bldg. A, Ste. 4 Telephone Number: 916-879-4472

Carmichael, CA 95608

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training 20 EMT-D      ALS     

BLS      LALS      Other     

Total Number of Dispatchers: 4

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other     

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

**County:** Sacramento **Provider:** AlphaOne Ambulance Medical Services, Inc. **Response Area:** Sacramento County

**Address:** 10461 Old Placerville Road Ste 110

**Phone Number:** 916-635-2011

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 30

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 26

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 8

**Ambulance Strike Team Participant:** ☐ Yes ☒ No

**Number of Helicopters based in this LEMSAs jurisdiction:** 0

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <div><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground</div> <div><input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air</div> <div><input type="checkbox"/> BLS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT</div> <div>Other Specialty Services (water, snow, etc.): <u>COVID testing and vaccinations</u></div> <div><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input checked="" type="checkbox"/> Wheelchair Van</div>
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TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51717

**Name of ePCR Vendor:** ImageTrend

**Contract Dates:** July 1, 2019 - June 30, 2022

**Ground Non-Transporting and/or Transporting Agencies**

25883 Total number of responses  
15653 Number of emergency responses  
10230 Number of non-emergency responses

**Ground Transporting Agencies**

24082 Total number of transports  
14061 Number of emergency transports  
10021 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 126  
Total number of certified Advanced EMTs in the field: 0  
Total number of certified/accredited Paramedics in the field: 44



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>American Medical Response</u>	<b>Response Area:</b>	<u>Sacramento</u>
<b>Address:</b>	<u>1101 Fee Drive</u> <u>Sacramento, CA 95815</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>28</u>		
<b>Phone Number:</b>	<u>916-563-0838</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>14</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>1</u>		
<b>Ambulance Strike Team Participant:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Helicopters based in this LEMSAs jurisdiction:</b>	<u>                    </u>		

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> <b>Other Specialty Services (water, snow, etc.):</b> <u>Bariatric Ambulance</u>  <table><tr><td><input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input checked="" type="checkbox"/> Litter/Gurney Van</td><td><input checked="" type="checkbox"/> Wheelchair Van</td></tr></table>		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input checked="" type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																				
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																				
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																					
		<input checked="" type="checkbox"/> IFT																					
<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input checked="" type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van																					



TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

CEMSIS Provider ID #: S34-50088

Name of ePCR Vendor: MEDS

Contract Dates: 1/1/2020 to 12/31/2020

**Ground Non-Transporting and/or Transporting Agencies**

22860 Total number of responses  
11000 Number of emergency responses  
11860 Number of non-emergency responses

**Ground Transporting Agencies**

17917 Total number of transports  
7609 Number of emergency transports  
10308 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 215  
Total number of certified Advanced EMTs in the field: NA  
Total number of certified/accredited Paramedics in the field: 70



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>Bay Medic Ambulance</u>	<b>Response Area:</b>	<u>Sacramento County</u>
<b>Address:</b>	<u>7917 Fruitridge Rd</u> <u>Sacramento, CA 95820</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>5</u>		
<b>Phone Number:</b>	<u>925-689-9000</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>3</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>0</u>		
<b>Ambulance Strike Team Participant:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Number of Helicopters based in this LEMSAs jurisdiction:</b>	<u>0</u>	

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> <b>Other Specialty Services (water, snow, etc.):</b> _____  <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground																					
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																					
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																						
		<input checked="" type="checkbox"/> IFT																						
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																						





**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** 534-50120

**Name of ePCR Vendor:** Trauma Soft

**Contract Dates:** 1/1/2020 - 12/31/2021

**Ground Non-Transporting and/or Transporting Agencies**

1,944 Total number of responses  
0 Number of emergency responses  
1,944 Number of non-emergency responses

**Ground Transporting Agencies**

1,884 Total number of transports  
2 Number of emergency transports  
1,882 Number of non-emergency transports

**Air Transporting Services**

n/a Total number of responses  
n/a Number of emergency responses  
n/a Number of non-emergency responses

n/a Total number of transports  
n/a Number of emergency transports  
n/a Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: 88

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 5



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>California Highway Patrol</u>	<b>Response Area:</b>	<u>CHP Headquarters</u>
<b>Address:</b>	<u>601 North 7th Street</u> <u>Sacramento, CA. 95811</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>0</u>		
<b>Phone Number:</b>	<u>916-843-3303</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>0</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>0</u>		
<b>Ambulance Strike Team Participant:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Number of Helicopters based in this LEMSAs jurisdiction:</b>	<u>0</u>	

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> <b>Other Specialty Services (water, snow, etc.):</b> _____  <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground																					
<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																					
	<input type="checkbox"/> BLS	<input type="checkbox"/> CCT																						
		<input type="checkbox"/> IFT																						
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																						



**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** Inland Counties EMS Agency

**Name of ePCR Vendor:** Image Trend Elite

**Contract Dates:** Valid until June 30, 2026

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: 3



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>CHP - Capitol Protection Section</u>	<b>Response Area:</b>	<u>Downtown Sacramento</u>
<b>Address:</b>	<u>1801 9th Street</u> <u>Sacramento, CA 95811</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>0</u>		
<b>Phone Number:</b>	<u>916-341-4740</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>0</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>0</u>		
<b>Ambulance Strike Team Participant:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Helicopters based in this LEMSA's jurisdiction:</b>	<u>0</u>		

<b>Written ALS Agreement with LEMSA to Participate in EMS System:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> <b>Other Specialty Services (water, snow, etc.):</b> _____  <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>				<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																						
<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																						
	<input type="checkbox"/> BLS	<input type="checkbox"/> CCT																							
		<input type="checkbox"/> IFT																							
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																							





TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

CEMSIS Provider ID #: S62-51806

Name of ePCR Vendor: Image Trend, Inc. , ELITE

Contract Dates: \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 4 \_\_\_\_\_

Total number of certified Advanced EMTs in the field: 0 \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: 2 \_\_\_\_\_

TABLE 4: RESPONSE AND TRANSPORTATION



### Provider Resource

**County:** Sacramento      **Provider:** Cosumnes Fire Department      **Response Area:** Elk Grove, Galt, Unincorporated areas of Sacramento County

**Address:** 10573 East Stockton Blvd  
Elk Grove Ca 95642

**Phone Number:** 916.405.7100

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 11

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 8

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:** ☐ Yes ☒ No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<b>Written ALS Agreement with LEMSA to Participate in EMS System:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <div> <input checked="" type="checkbox"/> Transport   <input checked="" type="checkbox"/> ALS   <input checked="" type="checkbox"/> 9-1-1   <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport   <input type="checkbox"/> LALS   <input type="checkbox"/> 7-Digit   <input type="checkbox"/> Air                                             <input type="checkbox"/> BLS   <input type="checkbox"/> CCT   <input type="checkbox"/> IFT         </div> <b>Other Specialty Services (water, snow, etc.):</b> _____ _____
			<input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van



TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

CEMSIS Provider ID #: S34-50309

Name of ePCR Vendor: ImageTrend

Contract Dates: 2021

**Ground Non-Transporting and/or Transporting Agencies**

20305 Total number of responses  
20305 Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

11,321 Total number of transports  
11,321 Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 35

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: 119



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

County:	<u>Sacramento</u>	Provider:	<u>Folsom Fire Department</u>	Response Area:	<u>Sacramento County</u>
Address:	<u>535 Glenn Dr</u> <u>Folsom CA 95630</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>5</u>		
Phone Number:	<u>916-461-6300</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>3</u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>0</u>		
		Number of Helicopters based in this LEMSAs jurisdiction:	<u>0</u>		

Written ALS Agreement with LEMSAs to Participate in EMS System:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.):  <input type="checkbox"/> Non-Ambulance Medical Transport Services	Water Rescue, Confined Space  <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van		





TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

CEMSIS Provider ID #: S34-50402

Name of ePCR Vendor: Image Trend

Contract Dates: October 2019-Present

**Ground Non-Transporting and/or Transporting Agencies**

8474 Total number of responses  
8474 Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

4711 Total number of transports  
4711 Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 5  
Total number of certified Advanced EMTs in the field: 0  
Total number of certified/accredited Paramedics in the field: 64



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>Medic Ambulance Service Inc.</u>	<b>Response Area:</b>	<u>Sacramento</u>
<b>Address:</b>	<u>8689 Folsom Blvd</u> <u>Sacramento Ca, 95820</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>30</u>		
<b>Phone Number:</b>	<u>916 564-9040</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>15</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>2</u>		
<b>Ambulance Strike Team Participant:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Helicopters based in this LEMSAs jurisdiction:</b>	<u>0</u>		

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input checked="" type="checkbox"/> Litter/Gurney Van</td><td><input checked="" type="checkbox"/> Wheelchair Van</td></tr></table>				<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input checked="" type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																						
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																						
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																							
		<input checked="" type="checkbox"/> IFT																							
<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input checked="" type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van																							



TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

CEMSIS Provider ID #: S34-51960

Name of ePCR Vendor: Water

Contract Dates: 1/1/2021 - 12/31/2021

**Ground Non-Transporting and/or Transporting Agencies**

13784 Total number of responses  
1109 Number of emergency responses  
12675 Number of non-emergency responses

**Ground Transporting Agencies**

12867 Total number of transports  
827 Number of emergency transports  
12040 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 80  
Total number of certified Advanced EMTs in the field: 0  
Total number of certified/accredited Paramedics in the field: 10



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

County:	<u>Sacramento</u>	Provider:	<u>NORCAL Ambulance</u>	Response Area:	<u>Sacramento County</u>
Address:	<u>1815 Stockton Blvd</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>32 Ambulances</u>		
Phone Number:	<u>(916) 860-7900</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>21 Ambulances</u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>2 wheel chair vans</u>		
		Number of Helicopters based in this LEMSA's jurisdiction:	<u>0</u>		

<b>Written ALS Agreement with LEMSA to Participate in EMS System:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): <u>NICU/PICU</u>  <table><tr><td><input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input checked="" type="checkbox"/> Wheelchair Van</td></tr></table>				<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																						
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																						
	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																							
		<input checked="" type="checkbox"/> IFT																							
<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van																							





TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

CEMSIS Provider ID #: S34-50672

Name of ePCR Vendor: Traumasoft

Contract Dates: 10/23/2020-Present

**Ground Non-Transporting and/or Transporting Agencies**

19051 Total number of responses  
14825 Number of emergency responses  
4226 Number of non-emergency responses

**Ground Transporting Agencies**

18764 Total number of transports  
14572 Number of emergency transports  
4192 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 162  
Total number of certified Advanced EMTs in the field: 0  
Total number of certified/accredited Paramedics in the field: 11

**TABLE 4: RESPONSE AND TRANSPORTATION**

### Provider Resource

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>ProTransport-1</u>	<b>Response Area:</b>	<u>Sacramento County</u>
<b>Address:</b>	<u>2700 Mercantile Drive</u> <u>Rancho Cordova, CA 95742</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>		<u>29</u>	
<b>Phone Number:</b>	<u>800-650-4003</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>		<u>15</u>	
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>		<u>2</u>	
<b>Ambulance Strike Team Participant:</b>	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Number of Helicopters based in this LEMSA's jurisdiction:</b>		

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport    <input checked="" type="checkbox"/> ALS    <input type="checkbox"/> 9-1-1    <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS    <input type="checkbox"/> 7-Digit    <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS    <input checked="" type="checkbox"/> CCT    <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input checked="" type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

CEMSIS Provider ID #: S58-50771

Name of ePCR Vendor: ImageTrend

Contract Dates: October 23, 2015 to Current

**Ground Non-Transporting and/or Transporting Agencies**

12261 Total number of responses  
 35 Number of emergency responses  
 12226 Number of non-emergency responses

**Ground Transporting Agencies**

12241 Total number of transports  
 48 Number of emergency transports  
 12193 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 64

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 11



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>REACH Air Medical Services</u>	<b>Response Area:</b>	<u>Sac County</u>
<b>Address:</b>	<u>8880 Cal Center Dr Suite 125</u> <u>Sacramento, CA 95826</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>43</u>		
<b>Phone Number:</b>	<u>916 921-4000</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>1</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>0</u>		
<b>Ambulance Strike Team Participant:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Helicopters based in this LEMSAs jurisdiction:</b>	<u>1</u>		

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input checked="" type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> <b>Other Specialty Services (water, snow, etc.):</b> _____  <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>				<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air		<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground																						
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air																						
	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																							
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<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																							





**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50779

**Name of ePCR Vendor:** Imagetrend

**Contract Dates:** August 2020 - August 2021

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

63 \_\_\_\_\_ Total number of responses  
37 \_\_\_\_\_ Number of emergency responses  
26 \_\_\_\_\_ Number of non-emergency responses

27 \_\_\_\_\_ Total number of transports  
4 \_\_\_\_\_ Number of emergency transports  
23 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 7



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>Sacramento Airport Fire</u>	<b>Response Area:</b>	<u>SMF</u>
<b>Address:</b>	<u>7201 Earhart Drive</u> <u>Sacramento, CA 95837</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>0</u>		
<b>Phone Number:</b>	<u>(916) 874-0648</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>0</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>0</u>		
<b>Ambulance Strike Team Participant:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Helicopters based in this LEMSAs jurisdiction:</b>	<u>0</u>		

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> <b>Other Specialty Services (water, snow, etc.):</b> _____  <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>				<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground																						
<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																						
	<input type="checkbox"/> BLS	<input type="checkbox"/> CCT																							
		<input type="checkbox"/> IFT																							
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																							



TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**CEMSIS Provider ID #: S34-51343Name of ePCR Vendor: ImageTrendContract Dates: 2/6/2020 - 4/12/2022**Ground Non-Transporting and/or Transporting Agencies**

392 Total number of responses  
392 Number of emergency responses  
0 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**Total number of certified EMTs in the field: 29Total number of certified Advanced EMTs in the field: 0Total number of certified/accredited Paramedics in the field: 6



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>City of Sacramento Fire Department</u>	<b>Response Area:</b>	<u>Sacramento</u>
<b>Address:</b>	<u>5770 Freeport Blvd</u> <u>Sacramento, CA 95822</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>27 Ambulances</u>		
<b>Phone Number:</b>	<u>916-808-1654</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>17 Ambulances</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>4 Box vans</u>		
<b>Ambulance Strike Team Participant:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Number of Helicopters based in this LEMSA's jurisdiction:</b>	<u>0</u>	

<b>Written ALS Agreement with LEMSA to Participate in EMS System:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> <b>Other Specialty Services (water, snow, etc.):</b> _____  <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground																					
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																					
	<input type="checkbox"/> BLS	<input type="checkbox"/> CCT																						
		<input type="checkbox"/> IFT																						
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																						





TABLE 4: RESPONSE AND TRANSPORTATION

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S534-50810

**Name of ePCR Vendor:** Health EMS Stryker

**Contract Dates:** Jan 2020 - Jan 2025

**Ground Non-Transporting and/or Transporting Agencies**

63165 Total number of responses  
63105 Number of emergency responses  
60 Number of non-emergency responses

**Ground Transporting Agencies**

39665 Total number of transports  
39665 Number of emergency transports  
0 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 113  
Total number of certified Advanced EMTs in the field: 0  
Total number of certified/accredited Paramedics in the field: 453



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>Sacramento Metropolitan Fire District</u>	<b>Response Area:</b>	<u>Sacramento County</u>
<b>Address:</b>	<u>10545 Armstrong Ave</u> <u>Mather, CA 95655</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>	<u>39</u>		
<b>Phone Number:</b>	<u>916-859-4300</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>	<u>25</u>		
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>	<u>0</u>		
<b>Ambulance Strike Team Participant:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Helicopters based in this LEMSAs jurisdiction:</b>	<u>2</u>		

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>  <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> <table><tr><td>Other Specialty Services (water, snow, etc.):</td><td><u>Boat rescue, bike medics,</u></td></tr><tr><td></td><td><u>TEMS team</u></td></tr></table> <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		Other Specialty Services (water, snow, etc.):	<u>Boat rescue, bike medics,</u>		<u>TEMS team</u>	<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																								
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Other Specialty Services (water, snow, etc.):	<u>Boat rescue, bike medics,</u>																										
	<u>TEMS team</u>																										
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																									



TABLE 4: RESPONSE AND TRANSPORTATION

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

**Provider Resource (cont.)**CEMSIS Provider ID #: S34-50811Name of ePCR Vendor: ImageTrendContract Dates: 09/22/2019 - 09/21/2022**Ground Non-Transporting and/or Transporting Agencies**

98181 Total number of responses  
98181 Number of emergency responses  
0 Number of non-emergency responses

**Ground Transporting Agencies**

43,847 Total number of transports  
43,847 Number of emergency transports  
0 Number of non-emergency transports

**Air Transporting Services**

121 Total number of responses  
121 Number of emergency responses  
0 Number of non-emergency responses

3 Total number of transports  
3 Number of emergency transports  
0 Number of non-emergency transports

**Provider Staff Information**Total number of certified EMTs in the field: 69Total number of certified Advanced EMTs in the field: 0Total number of certified/accredited Paramedics in the field: 494



TABLE 4: RESPONSE AND TRANSPORTATION

**Provider Resource**

County:	<u>Sacramento</u>	Provider:	<u>Sacramento Valley Ambulance</u>	Response Area:	<u>Sacramento</u>
Address:	<u>6220 Belleau Wood Lane Ste. 4</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>17</u>		
Phone Number:	<u>916-736-2500</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>15</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>3</u>		
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSAs jurisdiction:	<u>n/a</u>		

<b>Written ALS Agreement with LEMSAs to Participate in EMS System:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ _____ <table><tr><td><input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input checked="" type="checkbox"/> Litter/Gurney Van</td><td><input checked="" type="checkbox"/> Wheelchair Van</td></tr></table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input checked="" type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van
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	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																				
		<input checked="" type="checkbox"/> IFT																				
<input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services	<input checked="" type="checkbox"/> Litter/Gurney Van	<input checked="" type="checkbox"/> Wheelchair Van																				





**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50813

**Name of ePCR Vendor:** TraumaSoft

**Contract Dates:** 1/1/21-12/31/2021

**Ground Non-Transporting and/or Transporting Agencies**

16425 Total number of responses  
3 Number of emergency responses  
16422 Number of non-emergency responses

**Ground Transporting Agencies**

14601 Total number of transports  
1 Number of emergency transports  
14600 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 95

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 4

#### TABLE 4: RESPONSE AND TRANSPORTATION

### Provider Resource

<b>County:</b>	<u>Sacramento</u>	<b>Provider:</b>	<u>Wilton Fire Protection District</u>	<b>Response Area:</b>	<u>Wilton,CA</u>
<b>Address:</b>	<u>9800 Dillard Road</u> <u>Wilton, CA 95693</u>	<b>Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:</b>		<u>0</u>	
<b>Phone Number:</b>	<u>916-687-6920</u>	<b>Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:</b>		<u>0</u>	
		<b>Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:</b>		<u>0</u>	
<b>Ambulance Strike Team Participant:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Number of Helicopters based in this LEMSA's jurisdiction:</b>	<u>0</u>	

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <table> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> CCT</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> <p>Other Specialty Services (water, snow, etc.): _____</p> <table> <tr> <td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td> <td><input type="checkbox"/> Litter/Gurney Van</td> <td><input type="checkbox"/> Wheelchair Van</td> </tr> </table>	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
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	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																				
		<input type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

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

**Provider Resource (cont.)**

**CEMSIS Provider ID #:** Not Applicable

**Name of ePCR Vendor:** Image Trend (Contract service through Cosumnes CSD Fire)

**Contract Dates:** Refer to Cosumnes CSD Contract Dates

**Ground Non-Transporting and/or Transporting Agencies**

464 Total number of responses  
443 Number of emergency responses  
21 Number of non-emergency responses

**Ground Transporting Agencies**

n/a Total number of transports  
n/a Number of emergency transports  
n/a Number of non-emergency transports

**Air Transporting Services**

n/a Total number of responses  
n/a Number of emergency responses  
n/a Number of non-emergency responses

n/a Total number of transports  
n/a Number of emergency transports  
n/a Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: 35  
Total number of certified Advanced EMTs in the field: 5  
Total number of certified/accredited Paramedics in the field: 10



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: Sacramento

Reporting Year: 2019

**EMS Agency Facility Details**

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? ☐ Yes ☒ No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? ☒ Yes ☐ No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSAs policies and procedures and have training in radio communications techniques? ☒ Yes ☐ No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? ☐ Yes ☐ No

a) Do the base station personnel have training in radio communications? ☒ Yes ☐ No

**EMS Agency Facility Statistics**

**Emergency Departments**

Total number of emergency departments: 9

Total number of comprehensive emergency services: 9

Total number of basic emergency services:           

Total number of standby emergency services:           

**Hospitals with Written Agreements**

Total number of receiving hospitals: 9

Total number of base hospitals: 4

**Alternative Receiving Facilities**

Do you have designated alternative receiving facilities? ☐ Yes ☒ No

Number of alternate receiving facilities:

Psychiatric:            Sobering Centers:            Rural Area           

**Specialty Care System**

Do you have a trauma system? ☒ Yes ☐ No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? ☒ Yes ☐ No





TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

**EMS Agency Facility Statistics (cont.)**

Do you have a stroke system? ☒ Yes ☐ No

Do you have an EMS for children system? ☐ Yes ☒ No

**EMS Agency Specialty Care System Capabilities**

Number of *trauma* centers:

Level I <sup>1</sup> \_\_\_\_\_ Level II <sup>2</sup> \_\_\_\_\_ Level III \_\_\_\_\_ Level IV \_\_\_\_\_

Number of pediatric trauma centers:

Level I <sup>1</sup> \_\_\_\_\_ Level II \_\_\_\_\_

Number of EMS patients meeting trauma triage criteria:

2108

a) Transported to a trauma center by ambulance:

2099

b) Not transported to a trauma center:

9

Number of trauma patients transferred to a trauma center for a higher level of care:

a) From a non-trauma facility:

128

b) From a lower level trauma center:

11

Number of *STEMI* centers/hospitals designated by EMS Agency:

Receiving: <sup>5</sup> \_\_\_\_\_ Referring: \_\_\_\_\_

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: <sup>1</sup> \_\_\_\_\_ Thrombectomy Capable: \_\_\_\_\_

Primary: <sup>10</sup> \_\_\_\_\_ Acute Stroke Ready: \_\_\_\_\_

Number of *pediatric* receiving centers:

Comprehensive: <sup>1</sup> \_\_\_\_\_ General: \_\_\_\_\_ Advanced: \_\_\_\_\_ Basic: \_\_\_\_\_



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Sacramento

Reporting Year: 2020

***Public Information, Education, and Awareness***

---

Number of programs EMS Agency provided to the public:

       EMS Awareness  
       First Aid  
       Prevention Activities

       Bleeding Control  
       CPR  
       Disaster Preparedness

***Injury & Illness Prevention***

---

Number of programs EMS Agency provided to the public:

       Alcohol & Substance Abuse  
       Asthma Control  
       Bicycle Safety  
       Burn Prevention  
       Child Passenger Safety  
       Childhood Immunizations  
       Diabetes  
       Distracted Driving  
       Dog Bite Prevention  
       Elderly Falls  
       Firearm Safety  
       General Health

       General Injury  
       Home Safety  
       Infant Safe Sleep Practices  
       Mental Health  
       Obesity  
       Pedestrian Safety  
       POLST/End of Life Care  
       Poison Control & Prevention  
       Product Safety & Recalls  
       Suicide Prevention  
       Water Safety  
       Youth Violence Prevention

**Skarr, John@EMSA**

---

**From:** Galindo, Lisa@EMSA  
**Sent:** Monday, September 13, 2021 10:49 AM  
**To:** Galindo, Lisa@EMSA  
**Subject:** Table 6 - Public Info/Education

---

**From:** Magnino, David <MagninoD@saccounty.net>  
**Sent:** Thursday, September 9, 2021 12:47 PM  
**To:** Galindo, Lisa@EMSA <lisa.galindo@emsa.ca.gov>  
**Subject:** RE: Table 6 - Public Info/Education

CAUTION: This email originated from outside of the organization. Do not click on any links or open any attachments unless you recognize the sender and know the content is safe.

Lisa,  
Table 6 is blank because we did not have any public education during 2020 due to COVID-19.  
Dave

David M. Magnino, B.S. / EMT-P  
EMS Administrator  
Dept. of Health Services | Primary Health Division | Emergency Medical Services Agency  
916.875-9753(office) | 916-854-9211 (fax) | Mail Code: 58-001F





TABLE 7: DISASTER MEDICAL RESPONSE

County: Sacramento

Reporting Year: 2020

**EMS Agency Structure**

Are you part of a multicounty EMS system for disaster response? ☐ Yes ☒ No

Are you a separate department or agency? ☐ Yes ☒ No

a) To whom do you report? Department of Health Services

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? ☒ Yes ☐ No

What healthcare coalitions are you participating in? Sacramento County Health Care Coalition

a) How often do you meet with your healthcare coalitions? Monthly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? ☒ Yes ☐ No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:

Yolo County, Solano County

**EMS Agency Plans, Policies, Programs, and Teams**

Do you have the following:

- |  |   |   |  |
|--|---|---|--|
| a) Disaster Plan?  | <input checked="" type="checkbox"/> Yes | URL Link: <a href="https://dhs.sacounty.net/PRI/EMS/Documents/PoliciesProceduresProtocols/Policy%20Disaster%20Plan.pdf">https://dhs.sacounty.net/PRI/EMS/Documents/PoliciesProceduresProtocols/Policy%20Disaster%20Plan.pdf</a> | <input type="checkbox"/> No            |
| b) Active Shooter Policy?  | <input type="checkbox"/> Yes            | URL Link: _____   | <input checked="" type="checkbox"/> No |
| c) Hazardous Material (Hazmat) Plan?   | <input type="checkbox"/> Yes            | URL Link: _____   | <input checked="" type="checkbox"/> No |
| d) Disaster Medical Cache?   | <input type="checkbox"/> Yes            | URL Link: _____   | <input checked="" type="checkbox"/> No |
| e) Disaster Medical Support Group?   | <input type="checkbox"/> Yes            | URL Link: _____   | <input checked="" type="checkbox"/> No |
| f) Medical Assets?   | <input type="checkbox"/> Yes            | URL Link: _____   | <input checked="" type="checkbox"/> No |
| g) Incident Command Organization Chart?  | <input type="checkbox"/> Yes            | URL Link: _____   | <input checked="" type="checkbox"/> No |
| h) Communications Plan?  | <input type="checkbox"/> Yes            | URL Link: _____   | <input checked="" type="checkbox"/> No |
| i) Ambulance Strike Team Leader Program?   | <input type="checkbox"/> Yes            |   | <input checked="" type="checkbox"/> No |
| j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? | <input type="checkbox"/> Yes            |   | <input checked="" type="checkbox"/> No |

Identify the provider: \_\_\_\_\_





TABLE 7: DISASTER MEDICAL RESPONSE

**EMS Agency System Operations and Resources**

Do you have designated field treatment sites? ☐ Yes ☒ No

a) Identify the locations: \_\_\_\_\_

b) How are they staffed? \_\_\_\_\_

c) Is there a supply system for supporting them for 72 hours? ☐ Yes ☒ No

Is there a mental/behavioral health program available for responders within your jurisdiction? ☒ Yes ☐ No

a) Identify the program: EAP

Is there a team medical response capability? ☒ Yes ☐ No

a) For each team, are they incorporated into the local response plan? ☒ Yes ☐ No

b) Are they available for statewide response? ☒ Yes ☐ No

c) Are they part of a formal out-of-state response system? ☐ Yes ☒ No

Are there HazMat trained medical response teams? ☒ Yes ☐ No

a) At what HazMat level are they trained? FRO- Haz Tech

b) Is there capability to do decontamination in an emergency room? ☒ Yes ☐ No

c) Is there capability to do decontamination in the field? ☒ Yes ☐ No

Identify who the Medical Health Operational Area Coordinator is:

☐ Health Officer ☐ EMS Agency ☒ Jointly Appointed

Do you have specific training for mass casualty incident policies? ☒ Yes ☐ No

Are you using the Standardized Emergency Management System (SEMS)? ☒ Yes ☐ No

a) Does it incorporate a form of Incident Command System (ICS) structure? ☒ Yes ☐ No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? ☒ Yes ☐ No

Have you tested your multicasualty incident plan this year? ☒ Yes ☐ No

a) Was it a real event? Yes

b) Was it an exercise? None due to COVID Incident.

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals? ☒ Yes ☐ No

b) Community Clinics? ☐ Yes ☒ No

# **Annex 1**

**2018 EMS PLAN  
UPDATE:  
APPROVAL LETTERS**

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



May 11, 2021

Mr. Dave Magnino, EMS Administrator  
Sacramento County Emergency Medical Services Agency  
9616 Micron Avenue, Suite 960  
Sacramento, CA 95827

Dear Mr. Magnino:

The Emergency Medical Services (EMS) Authority has reviewed the recently provided advanced life support agreement documentation submitted by Sacramento County EMS Agency for the 2018 EMS plan. It has been determined the 2018 EMS plan now meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b).

If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dave Duncan'.

Dave Duncan, MD  
Director

dd:lg

# **Annex 2**

**2019 EMS PLAN  
UPDATE:  
APPROVAL LETTERS**



**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



May 14, 2021

Mr. Dave Magnino, EMS Administrator  
Sacramento County Emergency Medical Services Agency  
9616 Micron Avenue, Suite 960  
Sacramento, CA 95827

Dear Mr. Magnino:

This letter is in response to Sacramento County's 2019 emergency medical services (EMS) plan, and the St-Elevation Myocardial Infarction (STEMI), Stroke, Trauma, and Quality Improvement (QI) plan submissions to the EMS Authority on October 13, 2020.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, the EMS Authority has noted your Emergency Ambulance Zone as Non-Exclusive and has enclosed for reference.

The EMS Authority has also reviewed the STEMI, Stroke, Trauma, and QI plans, based on compliance with HSC §§ 1797.257 and 1797.258, and Chapters 7, 7.1, 7.2, 12, and 14 of California Code of Regulations, Title 22, Division 9, and has approved for implementation.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before May 14, 2022. Please also submit an annual STEMI, Stroke, Trauma, and QI plan concurrently as part of your EMS plan. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads 'Angela D. Daise - F&amp;R -'.

Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

tm:lg

[illegible]