

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

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



November 2, 2022

Mr. David M. Magnino, B.S. / EMT-P
EMS Administrator
Sacramento County Emergency Medical Services Agency
9616 Micron Ave, Suite 960
Sacramento, CA 95827

Dear Mr. Magnino,

This letter is in response to Sacramento 2021 Emergency Medical Services (EMS) plan, and the Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to the EMS Authority on May 16, 2022.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined that 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 the transportation documentation provided, please find enclosed the ground exclusive operating area status, as compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, Stroke and QI plans, based on compliance with Chapters 7, 7.1, 7.2, and 12, of the 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 November 2, 2023. Concurrently with the EMS Plan please submit an annual Trauma, STEMI, Stroke, and QI plan. If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 384-1925.

Sincerely,

A handwritten signature in blue ink that reads "Tom McGinnis".

//for//

Tom McGinnis
Chief, EMS Systems Division

Enclosure

AW: rd

County Executive
Ann Edwards

Deputy County Executive
Bruce Wagstaff
Social Services



Department of Health Services
Chevon Kothari, Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

May 16, 2022

Elizabeth Basnett, Interim Director
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Ms. Basnett:

Please see the attached annual updates to the 2021 Sacramento County Emergency Medical Services (EMS) Plan, the 2021 Trauma System Annual Update, the 2021 Annual Quality Improvement Program (QIP), 2021 STEMI Critical Care System Annual Update and the 2021 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 increased from a 0.3 to 0.5 position. The increase was necessary for the 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 2021, a private provider continued to request this program but the Sacramento County EMS Agency (SCEMSA) does not have staff nor funding to oversee the program at this time.

D. Response and Transportation

4.01 – Primary Response Area:

- SCEMSA has executed Advanced Life Support (ALS) Provider Agreements with private and public providers.

4.05 – Response Time Standards:

- SCEMSA utilizes the National Response Time Standards as its benchmarks. In 2021, SCEMSA did not complete the plans to implement Sacramento County Response Time Standards. SCEMSA continues to work on the process to establish County Response Time Standard by end of calendar year 2022.

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:

- SCEMSA's Critical Care System contains Trauma, STEMI and Stroke programs since 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 2021, the system wide 90th percentile APOT was sixty-one (61) minutes. In 2020 the APOT was forty-seven (47) minutes. This is an increase of fourteen (14) 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.
- In 2021, SCEMSA implemented American Heart Association, "Get with the Guidelines – Cardiac Artery Disease," for STEMI hospital data submission.

G. Public Information and Education

7.05 – Public Training and Education on Disaster Preparedness:

- SCEMSA works in partnership with the Sacramento County Public Health Division in conducting public education through press and social media releases.

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

Sacramento County EMS Agency Certification:

- There was a slight increase in the number of personnel investigations in 2021 (N=38) as compared to 2020 (N = 31). In September 2021, SCEMSA hired a full time EMS Specialist to implement the Professional Standards program that includes personnel investigations.

Available Training:

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

TABLE 4: Response and Transportation

System Standard Response Times (90th Percentile):

- With over two years of data submitted to California EMS Information System (CEMSIS) from all ALS providers, SCEMSA provides updates of system wide 90th percentile standard response times to stakeholders during regular meetings.

Provider Resource:

- SCEMSA works with current basic life support (BLS) providers to submit data into CEMSIS. SCEMSA's ALS and BLS applications require providers to submit CEMSIS data.

TRAUMA SYSTEM STATUS REPORT

The narrative includes updated information providing improvements through the Sacramento County Trauma System. Key changes included:

Trauma System Goals and Objectives:

- Trauma Review Committee (TRC) provides unique region wide educational opportunities to physicians and administrators.
- SCEMSA works closely with the trauma centers to ensure accurate data submission to the CA Trauma Registry. Data is presented in the quarterly TRC meetings.
- Due to the COVID-19 pandemic, trauma center inspections and certifications by the American College of Surgeons, College of Trauma were suspended, and certifications extended for additional year.

System Performance Improvement:

- Due to the ongoing COVID-19 pandemic, the TRC met virtually on a quarterly basis.
- Worked with the TRC to update several prehospital trauma polices, including adding a new policy to address clinical and operational decision-making relative to traumatic arrest.
- Worked with trauma surgeons and managers to identify seven (7) relevant indicators to improve the trauma system.
- Reviewed EMS provider data and identified that the Spinal Mobilization Restriction (SMR) policy was not being implemented as intended. Shared the results of the data with EMS providers and trauma centers and provided education which resulted in improved understanding and use of the SMR policy and improved patient outcomes.

QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE

2021 Highlights:

- Enhanced the Quality Improvement Program (QIP) by developing and implementing a new QIP compliance and evaluation methods to review and approve QIP plans and annual updates.
- Developed and implemented new dashboards to report data on specialty services and 911 response times.
- Improved tracking of ambulance patient off-load times (APOT). Provided monthly comparisons between 2020 and 2021 APOT data to stakeholders.

Active Projects include the following:

- Continued focus on documentation, training and monitoring to improve prehospital care for Cardiac Arrest with Return of Spontaneous Circulation.
- Monitored Law Enforcement Administration of Naloxone Program for the following:
 - Trained officers in handling and administration
 - Data collection
 - Feedback provision

2021 STEMI CRITICAL CARE SYSTEM ANNUAL UPDATE

- Approved and executed contracts with seven (7) hospitals for designation as Sacramento County STEMI Receiving Centers.
- Worked with the STEMI Advisory Committee to update several prehospital STEMI polices, including incorporating the American Heart Association's, "Get With the Guidelines - Coronary Artery Disease," platform as the County's approved STEMI data registry.

2021 STROKE CRITICAL CARE SYSTEM ANNUAL UPDATE

- Approved and executed contracts with ten (10) hospitals for designation as Sacramento County Stroke Receiving Centers (6), and Comprehensive Stroke Centers (4).
- Worked with the Stroke Advisory Committee to incorporate the American Heart Association's, "Get With the Guidelines - Stroke" platform as the County's approved Stroke data registry.

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	✓		ALS Provider Agreements with the ALS Public Safety Providers executed 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 2022.
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	✓		
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 CEMISIS/NEMSIS	✓		
6.02 Electronic Health Record Data	✓		
6.03 Integrated Data Management System using CEMISIS/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 CEMISIS/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 2021 the 90th Percentile APOT time system wide was: 61minutes
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. In 2021, we implemented 'Get With the Guideline - CAD' for STEMI hospital data.
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



Date:	
Local EMS Agency or County Name:	
Area Description: (e.g., Zone 1, Zone A)	
Title:	
Geographic Description: (Also attach map)	
Current Provider Name: (include legal, fictitious, and dba)	
<input type="checkbox"/> Exclusive	<input type="checkbox"/> Non - Exclusive
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<input type="checkbox"/> Emergency Ambulance	<input type="checkbox"/> Advanced Life Support (ALS)
	<input type="checkbox"/> Limited Advanced Life Support (LALS)
Scope of Operations: (Check one box)	
<input type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance
<input type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)
<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization
<input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other



TABLE 2: MANPOWER AND TRAINING

County: Sacramento

Reporting Year: 2021

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	913		809	109	11
Number newly certified this year	377		117	39	11
Number recertified this year	536		692	70	0
Total accredited on July 1 of reporting year	467		444	54	7
Number of certification reviews resulting in:					
• Formal investigations	30		3		
• Probation	3				
• Suspensions	N/A				
• Revocations	3				
• Denials	2				
• No action taken	7			3	
Number of personnel authorized/certified in:					
• Early defibrillation					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4870</u>	Expiration Date of Training Program: <u>7/26/23</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>AlphaOne Ambulance</u>	Phone Number: <u>(916) 635-2011</u>
Address: <u>10461 Old Placerville Road, Suite 110</u> <u>Sacramento, CA 95827</u>	Contact Name: <u>Matthew Burruel</u>

Training Program Statistics for Reporting Year

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													83	24
Number of students completing training													316	53



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-3000</u>	Expiration Date of Training Program: <u>3/22/24</u>
Student Eligibility: <u>Open</u> <small>(Open to general public or restricted)</small>	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
Program Cost: Basic <u>\$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 95841</u>	Contact Name: <u>Grant Goold</u>

Training Program Statistics for Reporting Year

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				1								1	
Number of students completing training	98				14								8	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-3500</u>	Expiration Date of Training Program: <u>1/17/24 & 10/31/23</u>
Student Eligibility: <u>Open</u> <small>(Open to general public or restricted)</small>	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
Program Cost: Basic \$ <u>1700</u> EMT/2Refresher _____	
Training Institution: <u>CA 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 95827</u>	Contact Name: <u>Kim Ramirez</u>

Training Program Statistics for Reporting Year

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	9				2								2	
Number of students completing training	171				19								56	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1090</u>	Expiration Date of Training Program: <u>3/31/24</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>Cosumnes Fire Department</u>	Phone Number: <u>(916) 405-7122</u>
Address: <u>10551 E. Stockton Blvd.</u> <u>Elk Grove, CA 95624</u>	Contact Name: <u>Julie Carrington, RN</u>

Training Program Statistics for Reporting Year

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													56
Number of students completing training													982



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-3300</u>	Expiration Date of Training Program: <u>7/5/22</u>
Student Eligibility: <u>General 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>\$600</u> Refresher _____	
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

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												4	
Number of students completing training	37												8	



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>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 <u>\$0</u> Refresher _____	
Training Institution: <u>Dignity Healthcare-Collabrotative Learning</u>	Phone Number: <u>(916) 733-6347</u>
Address: <u>1700 Tribute Road, Suite 100</u> <u>Sacramento, CA 95815</u>	Contact Name: <u>Stacy Williams or Preet Kaur</u>

Training Program Statistics for Reporting Year

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.	In.	Ref.
Number of courses offered													17	68
Number of students completing training													170	1000



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4860</u>	Expiration Date of Training Program: <u>3/24/24</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>Disaster Medical Assistant Team (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

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													40	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1030</u>	Expiration Date of Training Program: <u>1/21/24</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>Folsom Fire Department</u>	Phone Number: <u>(916) 461-6310</u>
Address: <u>535 Glenn Drive</u> <u>Folsom, CA 95630</u>	Contact Name: <u>Mark Piacentini</u>

Training Program Statistics for Reporting Year

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													65	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4920</u>	Expiration Date of Training Program: <u>1/15/24</u>
Student Eligibility: <u>Open EMT and above</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>\$2,990</u> Refresher _____	
<hr/>	
Training Institution: <u>International School of Tactical Medicine</u>	Phone Number: <u>(760) 880-4102</u>
Address: <u>P.O. Box 2609</u> <u>Rancho Mirage, CA 92270</u>	Contact Name: <u>Lawrence Heiskell, MD</u>

Training Program Statistics for Reporting Year

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														70	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2090</u>	Expiration Date of Training Program: <u>2/29/24</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 _____	
<hr/>	
Training Institution: <u>Kaiser Permanente Sacramento-North</u>	Phone Number: <u>(916) 973-6626</u>
Address: <u>2025 Morse Avenue</u> <u>Sacramento, CA 95825</u>	Contact Name: <u>Richard Meidinger</u>

Training Program Statistics for Reporting Year

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
Number of students completing training													0	0



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2060</u>	Expiration Date of Training Program: <u>9/16/22</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>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>

Training Program Statistics for Reporting Year

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													13
Number of students completing training													262



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2020</u>	Expiration Date of Training Program: <u>2/17/23</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 <u>\$0</u>	
Training Institution: <u>Mercy San Juan Medical Center</u>	Phone Number: <u>(916) 962-8721</u>
Address: <u>6501 Coyle Avenue</u> <u>Carmichael, CA 95608</u>	Contact Name: <u>Jeff Carl, RN</u>

Training Program Statistics for Reporting Year

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 <u>\$0</u> Refresher _____	
Training Institution: <u>Methodist Hospital</u>	Phone Number: <u>(916) 423-6103</u>
Address: <u>7500 Hospital Drive</u> <u>Sacramento, CA 95823</u>	Contact Name: <u>Krystyna Ongjoco</u>

Training Program Statistics for Reporting Year

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													1	0
Number of students completing training													21	0



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4880</u>	Expiration Date of Training Program: <u>8/7/23</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 <u>Varies</u> Refresher _____	
<hr/>	
Training Institution: <u>NorCal Emergency Medical Training</u>	Phone Number: <u>(916) 233-2700</u>
Address: <u>512 Eureka Road, Suite 105</u> <u>Roseville, CA 95661</u>	Contact Name: <u>David Mullarky</u>

Training Program Statistics for Reporting Year

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													579
Number of students completing training													2918



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>N/A</u>	Expiration Date of Training Program: <u>6/13/23</u>
Student Eligibility: <u>Open</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 type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$1995</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> <u>Sacramento, CA 95825</u>	Contact Name: <u>Eric Kim</u>

Training Program Statistics for Reporting Year

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	0												
Number of students completing training	201	0												



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4960</u>	Expiration Date of Training Program: <u>9/17/22</u>
Student Eligibility: <u>General Public & 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>REACH Air Medical Services</u>	Phone Number: <u>(916) 956-0062</u>
Address: <u>8880 Cal Center Drive, Suite 125</u> <u>Sacramento, CA 95826</u>	Contact Name: <u>Margaret Franklin</u>

Training Program Statistics for Reporting Year

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													62	
Number of students completing training													3944	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4950</u>	Expiration Date of Training Program: <u>9/19/23</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>River Delta Fire District</u>	Phone Number: <u>(925) 658-0332</u>
Address: <u>P.O. Box 541</u> <u>Isleton, CA 95641</u>	Contact Name: <u>Paul Cutino, Chief</u>

Training Program Statistics for Reporting Year

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													32	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1020</u>	Expiration Date of Training Program: <u>9/20/22</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>	
Training Institution: <u>Sacramento Airport Fire Department</u>	Phone Number: <u>(916) 224-8366</u>
Address: <u>7203 Earhart Drive</u> <u>Sacramento, CA 95837</u>	Contact Name: <u>David Dolson Battalion Chief</u>

Training Program Statistics for Reporting Year

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													32



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>N/A</u>	Expiration Date of Training Program: <u>2/27/24</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) 808-2378</u>
Address: <u>3230 J Street</u> <u>Sacramento, CA 95822</u>	Contact Name: <u>Robert Ross</u>

Training Program Statistics for Reporting Year

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	1					
Number of students completing training							0	6					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1050</u>	Expiration Date of Training Program: <u>1/26/24</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 Fire Department</u>	Phone Number: <u>(916) 808-1654</u>
Address: <u>3230 J Street</u> <u>Sacramento, CA 95816</u>	Contact Name: <u>Brian Pedro, RN</u>

Training Program Statistics for Reporting Year

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													18
Number of students completing training													545



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1010</u>	Expiration Date of Training Program: <u>7/31/22</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>	
Training Institution: <u>Sacramento Metropolitan Fire District</u>	Phone Number: <u>(916) 616-2451</u>
Address: <u>10545 Armstrong Avenue, Suite 200</u> <u>Mather, CA 95655</u>	Contact Name: <u>Greg Markel, Captain</u>

Training Program Statistics for Reporting Year

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													39
Number of students completing training													516



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2050</u>	Expiration Date of Training Program: <u>10/14/23</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>Department of Emergency Medicine, UC Davis Medical Center</u>	Phone Number: <u>(916) 734-5323</u>
Address: <u>2315 Stockton Blvd, PSSB2100-A</u> <u>Sacramento, CA 95817</u>	Contact Name: <u>David Buettner, RN, MICN</u>

Training Program Statistics for Reporting Year

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													10	
Number of students completing training													230	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1160</u>	Expiration Date of Training Program: <u>EMT 5/19/25-CE 5/19</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 <u>\$0</u>	
Training Institution: <u>Walnut Grove Fire Department</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

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 County

Reporting Year: 2021

EMS Agency Communications Structure

Number of primary Public Service Answering Points (PSAP):	<u>8</u>
Number of secondary PSAPs:	<u>2</u>
Number of dispatch centers directly dispatching ambulances:	<u>14</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>11</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 Center

Do you have an operational area disaster communication system? Yes No

a) Identify the radio primary frequency: 800 MHz Trunked System

b) Identify other methods: Cell Phone, Satellite Phones and Landline

c) Can all medical response units communicate on the same disaster communication system? Yes No

d) Do you participate in the Operational Area Satellite Information System? Yes No

e) Do you have a plan to utilize the Radio Amateur Civil Emergency Services as a back-up communication system? Yes No

1) Within the operational area? Yes No

2) Between operational area and the region and/or state? Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento **Reporting Year:** 2021
Dispatch Agency: Alpha One **Name of Primary Contact:** Matt Burruel
Address: 10461 Old Placerville Rd. Ste 110 **Telephone Number:** 916-504-4262
Sacramento, CA 95827

Written Contract: **Medical Director:** **Availability:** **Number of Personnel Providing Services:**
 Yes Yes Day-to-Day EMD Training 17 EMT-D _____ ALS _____
 No No Disaster BLS _____ LALS _____ Other 8
Total Number of Dispatchers: 25

Ownership: **If Public:** **If Public:**
 Public Fire City Fire District
 Private Law County Federal
 Other _____ State

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2021

Dispatch Agency: America West Name of Primary Contact: Eddie McThorn

Address: 9090 Union Park Ste 117 Telephone Number: 916-890-6194
Elk Grove, Ca. 95624

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 2

Total Number of Dispatchers: 2

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: 2021

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 54 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 54

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: 2021

Dispatch Agency: AMWest Name of Primary Contact: RJ Morrison

Address: 13257 Saticoy St. Telephone Number: 209-561-6222
North Hollywood, Ca. 91605

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training 10 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

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: 2021
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 6 EMT-D _____ ALS _____
BLS _____ LALS _____ Other 1
Total Number of Dispatchers: 7

Ownership: Public Private
If Public: Fire Law Other _____
If Public: City Fire District County Federal State

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento **Reporting Year:** 2021
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: **Medical Director:** **Availability:** **Number of Personnel Providing Services:**
 Yes Yes Day-to-Day EMD Training _____ EMT-D _____ ALS _____
 No No Disaster BLS _____ LALS _____ Other 12
Total Number of Dispatchers: 12

Ownership: **If Public:** **If Public:**
 Public Fire City Fire District
 Private Law County Federal
 Other _____ State

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2021

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 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: 2021

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 14 EMT-D _____ ALS _____

BLS _____ LALS _____ Other 5

Total Number of Dispatchers: 19

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: 2021

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 13 EMT-D _____ ALS _____

BLS _____ LALS _____ 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: 2021

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 7 EMT-D _____ ALS _____

BLS _____ LALS _____ Other 1

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: 2021

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	<u>0</u>	EMT-D	<u> </u>	ALS	<u> </u>
BLS	<u> </u>	LALS	<u> </u>	Other	<u>31</u>

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: 2021

Dispatch Agency: Sac Valley Ambulance Name of Primary Contact: Mike Baker

Address: 6220 Belleau Wood Lane Telephone Number: 916-736-2500
Sacramento, CA 95822

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training 5 EMT-D _____ ALS _____

BLS _____ LALS _____ Other 2

Total Number of Dispatchers: 7

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: 2021

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 15 EMT-D _____ ALS _____

BLS _____ LALS _____ Other 2

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:** 2021
Dispatch Agency: TLC, Trauma Life Care Medical Transport, INC **Name of Primary Contact:** Steven Adeosun
Address: 3637 Mission Avenue, Bldg. A, Ste. 4 **Telephone Number:** 208-599-4051
Carmichael, CA 95608

Written Contract: **Medical Director:** **Availability:** **Number of Personnel Providing Services:**
 Yes Yes Day-to-Day EMD Training 2 EMT-D _____ ALS _____
 No No Disaster BLS _____ LALS _____ Other 2
Total Number of Dispatchers: 4

Ownership: **If Public:** **If Public:**
 Public Fire City Fire District
 Private Law County Federal
 Other _____ State

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2021

Dispatch Agency: Sacramento Regional Fire/EMS Communication Center Name of Primary Contact: Troy Bair

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 35 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 35

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 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Alpha One Ambulance **Response Area:** Sacramento County

Address: 10461 Old Placerville Rd, Suite 110
Sacramento, CA 95827

Phone Number: 916-635-2011

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 32

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: 7

Ambulance Strike Team Participant: Yes No

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

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" 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 checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: Image Trend

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

Ground Non-Transporting and/or Transporting Agencies

24,354 Total number of responses
17,304 Number of emergency responses
7,050 Number of non-emergency responses

Ground Transporting Agencies

22,826 Total number of transports
15,793 Number of emergency transports
7,033 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: 151

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: 40



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** America West **Response Area:** Sacramento
Address: 9090 Union Park way #117
Elk Grove, Ca. 95624
Phone Number: 888-678-6801

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 5
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 4
Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 40
Ambulance Strike Team Participant: Yes No
Number of Helicopters based in this LEMSA's jurisdiction: _____

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

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51938

Name of ePCR Vendor: Trauma Soft

Contract Dates: N/A

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

926 Total number of transports
 Number of emergency transports
926 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: 26

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** American Medical Response **Response Area:** Sacramento County

Address: 1101 Fee Drive
Sacramento, CA 95815

Phone Number: 916-565-2838

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 28

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 15

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 1

Ambulance Strike Team Participant: Yes No

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" 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 checked="" 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.): <u>N/A</u></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

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 (Owned and operated by AMR)

Contract Dates: N/A

Ground Non-Transporting and/or Transporting Agencies

29,497 Total number of responses
16,828 Number of emergency responses
12,669 Number of non-emergency responses

Ground Transporting Agencies

21,256 Total number of transports
11,092 Number of emergency transports
10,164 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: 233
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 128



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** AmWest **Response Area:** Sacramento
Address: 13257 Saticoy St.
Los Angeles, Ca. 91605
Phone Number: 818-859-7999

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 7
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 5
Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: _____
Number of Helicopters based in this LEMSA's jurisdiction: _____

Ambulance Strike Team Participant: Yes No

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<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input 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 checked="" type="checkbox"/> BLS <input 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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51849

Name of ePCR Vendor: Trauma Soft

Contract Dates: N/A

Ground Non-Transporting and/or Transporting Agencies

 772 Total number of responses
 20 Number of emergency responses
 752 Number of non-emergency responses

Ground Transporting Agencies

 748 Total number of transports
 8 Number of emergency transports
 740 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: 22

Total number of certified Advanced EMTs in the field: _____

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



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Bay Medic Ambulance **Response Area:** Sacramento

Address: 7717 Cucamonga Ave
Sacramento CA 95826

Phone Number: 925-689-9000

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 5

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 3

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-50120

Name of ePCR Vendor: TraumaSoft

Contract Dates: 09/2018 - Current

Ground Non-Transporting and/or Transporting Agencies

4,889 Total number of responses
5 Number of emergency responses
4,884 Number of non-emergency responses

Ground Transporting Agencies

4,696 Total number of transports
2 Number of emergency transports
4,694 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: 97

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 6



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Emergency Medical Service Authority **Response Area:** State of California

Address: 10901 Gold Center Dr Suite 400
Rancho Cordova CA 95670

Phone Number: 916-516-2574

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

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: _____

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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</p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p>Fixed Site Disaster Medical Services _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other <u>State EMS Authority</u>	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51952

Name of ePCR Vendor: Image Trend

Contract Dates: 2021/2022

Ground Non-Transporting and/or Transporting Agencies

6 Total number of responses
6 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

6 Total number of responses
6 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: 236

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: 26



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** CalStar **Response Area:** Sacramento / Oregon / Nevada

Address: 8880 Cal Center Drive
Sacramento, Ca. 95826

Phone Number: 707-324-4045

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 1

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 1

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: 1

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

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51718

Name of ePCR Vendor: Image Trend

Contract Dates: 4/4/2022 - 3/31/2025

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

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

35 Total number of transports
 _____ Number of emergency transports
35 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: 5



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** CHP-Air Operations **Response Area:** Sacramento City

Address: 601 N. 7th Street
Sacramento, CA 95811

Phone Number: 916-843-3300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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 </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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-50181

Name of ePCR Vendor: Image Trend

Contract Dates: 2019-Current

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

6 Total number of responses
2 Number of emergency responses
2 Number of non-emergency responses

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

Provider Staff Information

Total number of certified EMTs in the field: 1

Total number of certified Advanced EMTs in the field: 0

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



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** CHP-Capitol Protection **Response Area:** Sacramento
Address: 1801 9th Street
Sacramento, CA 95811
Phone Number: 916-341-4740

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0
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

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

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-50181

Name of ePCR Vendor: Image Trend

Contract Dates: 2019-Current

Ground Non-Transporting and/or Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 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: 3

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

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51818

Name of ePCR Vendor: Emergency Reporting

Contract Dates: current

Ground Non-Transporting and/or Transporting Agencies

98 Total number of responses
98 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: 2

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

Elk Grove, Galt, Unincorporated areas of Sacramento County

County: Sacramento **Provider:** Cosumnes Fire Department **Response Area:** _____

Address: 10551 East Stockton Blvd
Elk Grove, CA 95624

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: _____

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: _____

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 </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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: 12/2021-12/2026

Ground Non-Transporting and/or Transporting Agencies

16,667 Total number of responses
16,665 Number of emergency responses
2 Number of non-emergency responses

Ground Transporting Agencies

10,620 Total number of transports
10,619 Number of emergency transports
1 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: 40

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: 130



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Folsom Fire Department **Response Area:** Folsom

Address: 535 Glenn Dr.
Folsom, CA 95630

Phone Number: 916-984-2280

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 5

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 3

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 </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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

7,942 Total number of responses
7,937 Number of emergency responses
5 Number of non-emergency responses

Ground Transporting Agencies

5,888 Total number of transports
5,885 Number of emergency transports
3 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: 7

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 65



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Herald Fire Protection District **Response Area:** Herald

Address: 12746 Ivie Road
Herald, CA 95638

Phone Number: (209) 748-2322

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input 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 </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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51340

Name of ePCR Vendor: Beyond Lucid Technologies

Contract Dates: Current

Ground Non-Transporting and/or Transporting Agencies

65 Total number of responses
64 Number of emergency responses
1 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: 15

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Medic Ambulance Service **Response Area:** Sacramento

Address: 3300 Business Dr, Sacramento, CA 95820

Phone Number: 916-564-9040

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 35

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 15

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 2

Ambulance Strike Team Participant: Yes No

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 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 checked="" type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>			



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-50600

Name of ePCR Vendor: World Advancement of Technology for EMS and Rescue (WATER)

Contract Dates: January 2022-2023

Ground Non-Transporting and/or Transporting Agencies

19,055 Total number of responses
1,524 Number of emergency responses
17,531 Number of non-emergency responses

Ground Transporting Agencies

17,860 Total number of transports
1,247 Number of emergency transports
16,613 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: 69

Total number of certified Advanced EMTs in the field: _____

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



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** NORCAL Ambulance **Response Area:** Sacramento County

Address: 1815 Stockton Blvd.
Sacramento, CA 95816

Phone Number: (916) 860-7900

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 52

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 24

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 2 wheelchair vans

Ambulance Strike Team Participant: Yes No

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input 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 type="checkbox"/> BLS <input type="checkbox"/> CCT <input 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 type="checkbox"/> Wheelchair Van </p> <p>NICU/PICU transport services _____</p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

20,991 Total number of responses
985 Number of emergency responses
20,006 Number of non-emergency responses

Ground Transporting Agencies

20,924 Total number of transports
983 Number of emergency transports
19,941 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: 253
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 12



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** ProTransport-1 **Response Area:** Sacramento

Address: 2700 Mercantile Drive Suite 700
Rancho Cordova, CA 95742

Phone Number: 1-800-650-4003

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 32

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 20

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 1

Ambulance Strike Team Participant: Yes No

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 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

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-50771

Name of ePCR Vendor: ImageTrend

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

Ground Non-Transporting and/or Transporting Agencies

13,326 Total number of responses
2 Number of emergency responses
13,324 Number of non-emergency responses

Ground Transporting Agencies

12,016 Total number of transports
2 Number of emergency transports
12,014 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: 95

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

County: Sacramento **Provider:** REACH/CALSTAR **Response Area:** California/Oregon/Nevada

Address: 8880 Cal Center Dr.
Sacramento, Ca. 95826

Phone Number: 707-324-4045

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: Two(in LEMSA)

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

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

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: One

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

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Air Classification: <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: 4/4/2022 - 3/31/2025

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

32 Total number of responses
6 Number of emergency responses
26 Number of non-emergency responses

31 Total number of transports
6 Number of emergency transports
25 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: 5



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Sacramento Fire Department **Response Area:** Sacramento

Address: 5770 Freeport Blvd, Ste 200
Sacramento, CA 95822

Phone Number: 916-808-1654

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: 17

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 5 Box vans

Ambulance Strike Team Participant: Yes No

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 </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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 Sansio

Contract Dates: Jan 2020 - Jan 2025

Ground Non-Transporting and/or Transporting Agencies

81,982 Total number of responses
81,083 Number of emergency responses
899 Number of non-emergency responses

Ground Transporting Agencies

44,028 Total number of transports
43,410 Number of emergency transports
618 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: 140
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 451



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Sacramento Metropolitan Fire District **Response Area:** Sacramento County

Address: 10545 Armstrong Ave
Suite 200 Mather, CA 95655

Phone Number: (916) 859-4300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 38

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 25

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: 2

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

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

CEMSIS Provider ID #: S34-50811

Name of ePCR Vendor: ImageTrend, Inc.

Contract Dates: 09-22-2019 - 09-21-2022

Ground Non-Transporting and/or Transporting Agencies

91,719 Total number of responses
91,618 Number of emergency responses
101 Number of non-emergency responses

Ground Transporting Agencies

43,742 Total number of transports
43,666 Number of emergency transports
76 Number of non-emergency transports

Air Transporting Services

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

1 Total number of transports
1 Number of emergency transports
0 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: 473



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Sacramento Airport Fire **Response Area:** SMF

Address: 7201 Earhart Drive
Sacramento, Ca. 95837

Phone Number: 916-874-0648

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 </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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51343

Name of ePCR Vendor: Image Trend

Contract Dates: 2/6/2020-4/21/2023

Ground Non-Transporting and/or Transporting Agencies

725 Total number of responses
721 Number of emergency responses
4 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: 29

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: 6



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Sacramento Valley Ambulance-SVA **Response Area:** Sacramento County

Address: 6220 Belleau Wood Lane Suite 4
Sacramento, CA 95822

Phone Number: 916-736-2500

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 17

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 10

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 4

Ambulance Strike Team Participant: Yes No

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

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" 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 checked="" type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			<input 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

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: Trauma Soft

Contract Dates: 1/1/2022-12/31/2022

Ground Non-Transporting and/or Transporting Agencies

3,140 Total number of responses
 _____ Number of emergency responses
3,140 Number of non-emergency responses

Ground Transporting Agencies

3,140 Total number of transports
 _____ Number of emergency transports
3,123 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: 0

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



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** TLC-Trauma Life Care **Response Area:** Sacramento County
Address: 3637 Mission Ave, Suite 4
Carmichael, CA 95608
Phone Number: 916-368-2222

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 5
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 3
Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 1
Ambulance Strike Team Participant: Yes No
Number of Helicopters based in this LEMSA's jurisdiction: 0

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input 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 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 checked="" type="checkbox"/> Litter/Gurney Van <input checked="" type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-50929

Name of ePCR Vendor: Forte Holdings

Contract Dates: 3/2019 - Current

Ground Non-Transporting and/or Transporting Agencies

1,098 Total number of responses
1 Number of emergency responses
1,097 Number of non-emergency responses

Ground Transporting Agencies

60 Total number of transports
0 Number of emergency transports
60 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: 22

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** VersaCare EMS **Response Area:** Northern CA
Address: 8850 Greenback Lane - Suite B
Orangevale, CA 95662
Phone Number: 916-521-0966

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0
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

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

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51723

Name of ePCR Vendor: Beyond Lucid Technologies (Mediview ePCR)

Contract Dates: 3/19/2021 - 3/19/2024

Ground Non-Transporting and/or Transporting Agencies

12 Total number of responses
9 Number of emergency responses
3 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: 22

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:** Wilton Fire Protection District **Response Area:** Wilton

Address: 9800 Dillard Road
Wilton, CA 95690

Phone Number: 916-687-6920

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

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

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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 </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 type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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 #: S34-51345

Name of ePCR Vendor: Image Trend (Agreement with CSD Fire)

Contract Dates: N/A

Ground Non-Transporting and/or Transporting Agencies

564 Total number of responses
563 Number of emergency responses
1 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: 31

Total number of certified Advanced EMTs in the field: N/A

Total number of certified/accredited Paramedics in the field: 10



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: Sacramento

Reporting Year: 2021

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: 11

Note: Includes two (2) out-of-county facilities

Total number of comprehensive emergency services: 11

Total number of basic emergency services: _____

Total number of standby emergency services: _____

Hospitals with Written Agreements

Total number of receiving hospitals: 11

Note: Includes two (2) out-of-county facilities

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 ¹ _____ Level II ³ _____ Level III _____ Level IV _____

Note: Includes one (1) out-of-county trauma facility

Number of pediatric trauma centers:

Level I ¹ _____ Level II _____

Number of EMS patients meeting trauma triage criteria: 2,312

a) Transported to a trauma center by ambulance: 2,277

b) Not transported to a trauma center: 35

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

a) From a non-trauma facility: 30

b) From a lower level trauma center: 0

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

Receiving: ⁷ _____ Referring: _____

Note: Includes two (2) out-of-county STEMI facilities

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

Comprehensive: ⁴ _____ Thrombectomy Capable: _____

Primary: ¹⁰ _____ Acute Stroke Ready: _____

Note: Includes two (2) out-of-county primary stroke facilities

Number of *pediatric* receiving centers:

Comprehensive: ¹ _____ General: _____ Advanced: _____ Basic: _____



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Sacramento

Reporting Year: 2021

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

<u>0</u> EMS Awareness	<u>1</u> Bleeding Control
<u>0</u> First Aid	<u>0</u> CPR
<u>0</u> Prevention Activities	<u>0</u> Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

<u>0</u> Alcohol & Substance Abuse	<u>0</u> General Injury
<u>0</u> Asthma Control	<u>0</u> Home Safety
<u>0</u> Bicycle Safety	<u>0</u> Infant Safe Sleep Practices
<u>0</u> Burn Prevention	<u>0</u> Mental Health
<u>0</u> Child Passenger Safety	<u>0</u> Obesity
<u>0</u> Childhood Immunizations	<u>0</u> Pedestrian Safety
<u>0</u> Diabetes	<u>0</u> POLST/End of Life Care
<u>0</u> Distracted Driving	<u>0</u> Poison Control & Prevention
<u>0</u> Dog Bite Prevention	<u>0</u> Product Safety & Recalls
<u>0</u> Elderly Falls	<u>0</u> Suicide Prevention
<u>0</u> Firearm Safety	<u>0</u> Water Safety
<u>0</u> General Health	<u>0</u> Youth Violence Prevention



TABLE 7: DISASTER MEDICAL RESPONSE

County: Sacramento

Reporting Year: 2021

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? Yes URL Link: <https://dhs.saccounty.net/PRI/EMS/Documents/PoliciesProceduresProtocols/Police> No

b) Active Shooter Policy? Yes URL Link: _____ No

c) Hazardous Material (Hazmat) Plan? Yes URL Link: _____ No

d) Disaster Medical Cache? Yes URL Link: _____ No

e) Disaster Medical Support Group? Yes URL Link: _____ No

f) Medical Assets? Yes URL Link: _____ No

g) Incident Command Organization Chart? Yes URL Link: _____ No

h) Communications Plan? Yes URL Link: _____ No

i) Ambulance Strike Team Leader Program? Yes No

j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? Yes 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

**2020 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



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 - EMT-P'. The signature is stylized and includes a small heart symbol above the 'i' in 'Ginnis'.

Tom McGinnis, EMT-P

Chief, EMS Systems Division

Enclosure

tm:lg

Sacramento County 2019 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive		Exclusive		Method to Achieve Exclusivity		Emergency Ambulance		ALS		LALS		All Emergency Ambulance Services		9-1-1 Emergency Response		7-digit Emergency Response		ALS Ambulance		All CCT Ambulance Services		IFT		Standby Service with Transport Auth.																																																																																																																																																																																																																																																																																																																																																																																																																							
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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 "Tom McGinnis - EMT-P".

Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

tm:lg

Sacramento County 2020 EMS Plan Ground Exclusive Operating Areas	<i>Non-Exclusive</i>	<i>Exclusive</i>	<i>Method to Achieve Exclusivity</i>	<i>Emergency Ambulance</i>	<i>ALS</i>	<i>LALS</i>	<i>All Emergency Ambulance Services</i>	<i>9-1-1 Emergency Response</i>	<i>7-digit Emergency Response</i>	<i>ALS Ambulance</i>	<i>All CCT Ambulance Services</i>	<i>IFT</i>	<i>Standby Service with Transport Auth.</i>	
ZONE	EXCLUSIVITY		TYPE			LEVEL						NOTES		
Sacramento County	X													