

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



October 17, 2024

Dave Magnino, EMS Director
Sacramento County Emergency Medical Services Agency
9616 Micron Ave., Suite 960
Sacramento, CA 95827

Dear Dave Magnino,

This letter is in response to Sacramento County Emergency Medical Service (EMS) Agency's 2023 EMS, Triage to Alternate Destination (TAD), Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on September 10, 2024.

EMSA 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 the enclosed EMS area/subarea status, compiled by EMSA.

EMSA has also reviewed the TAD, Trauma, STEMI, Stroke, and QI plans based on compliance with Chapters 5, 7, 7.1, 7.2, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Sacramento County EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2024 EMS plan will be due on or before October 17, 2025. Concurrently with the EMS plan, please submit an annual TAD, Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Tom McGinnis".

Tom McGinnis, MHA, EMT-P
Chief, EMS Systems Division

Enclosure:
AW: jg

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Sacramento County 2023 EMS Plan EMS Operating Areas and Subareas	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.
Area/Subarea Name	EXCLUSIVITY			TYPE			LEVEL						
Sacramento County	X												

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 three quarter 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	✓	✓	Currently working to implement AEMT certification and program in Sacramento County for Inter-facility Transfer providers.

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	✓		Working with Sacramento State University EMS Training program to add AEMT into their curriculum.
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		✓	We are currently working to implement a Critical Care Paramedic program, accreditation and 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	✓		
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. Discussion around possible implementation by end of calendar year 2023.
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 20 minutes. In 2023, the 90th Percentile APOT time system wide was: 73 minutes.
6.10 Data Collection from Specialty Care Centers	✓		We currently receive data from the three trauma centers. In 2023, all STEMI/Stroke hospitals submitted data through 'Get With the Guideline - CAD' and 'GTWG- Stroke' for 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:	
March 26, 2024	
Local EMS Agency or County Name: Sacramento County EMS Agency	
Area Description: (e.g., Zone 1, Zone A) Sacramento County	
Title: Sacramento County	
Geographic Description: (Also attach map) Geographic boundaries of Sacramento County.	
Current Provider Name: (include legal, fictitious, and dba)	
<small>1. Alpha One Ambulance, 2. America West, 3. American Medical Response, Inc. 4. Amwest, 5. Bay Medic Transportation, 6. CalMAT EMSA, 7. California Highway Patrol, Capitol Protection Division, 8. California Highway Patrol, Office of Air Operations, 9. CALSTAR Air Ambulance, 10. City of Isleton Fire Department, 11. Cosumnes CSD Fire District, 12. Folsom City Fire Department, 13. Herald Fire Protection District, 14. Medic Ambulance Services, 15. NorCal Ambulance 16. Performance EMS, 17. Pro Transport 1 Ambulance, 18. REACH Air Ambulance, 19. River Delta Fire District, 20. Sacramento City Fire Department, 21. Sacramento County Airport Fire, 22. Sacramento Metropolitan Fire District, 23. Sacramento Valley Ambulance, 24. Trauma Life Care (TLC) Inc., 25. Versa Care Emergency Medical Services, 26. Wilton Fire Protection District.</small>	
<input type="checkbox"/> Exclusive	<input checked="" 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"/> ALS Ambulance <input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit) <input type="checkbox"/> Critical Care Transport <input checked="" type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> 7-Digit Emergency Ambulance <input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT) <input type="checkbox"/> BLS Non-Emergency Services (IFT) <input type="checkbox"/> Standby Service with Transport Authorization <input type="checkbox"/> Other <hr/> <hr/> <hr/>



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency: _____

Plan Year: _____

EMS Director/Administrator: _____

EMS Medical Director: _____

Physical Address: _____

- Type of Agency:
- County Health Services Agency
 - Public Health Department
 - Joint Powers Agency
 - Non-Health County Department
 - Private Non-Profit Entity

Number of Counties in Local EMS Agency: _____

Counties within Regional Agency: _____

Population of EMS system: _____

- Local EMS Agency responsibility:
- Hospital Preparedness Program
 - Public Health Emergency Preparedness Program
 - Other: _____

EMS Agency Organization

Organizational Charts Attached: County Structure EMS Agency

EMS Agency Budget

Fiscal Year: _____

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$
Contract Services	\$
Services and Supplies	\$
Total Expenses*	\$



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$
Grant Revenue	\$
Fees	\$
Other:	\$
Total Revenue*	\$

Provide brief explanation if totals do not equal: _____

EMS Agency Fee Structure

Effective Date of Fees: _____

	Item	Fee	Comment
Certifications	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$	
	EMT recertification	\$	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$	
	AEMT recertification	\$	
	Paramedic accreditation	\$	
	Paramedic re-accreditation	\$	
	MICN/ARN certification	\$	
	MICN/ARN recertification	\$	
Program Approval	EMR training program approval	\$	
	EMT training program approval	\$	
	AEMT training program approval	\$	
	Continuing education provider	\$	
	Paramedic training program approval	\$	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Fee Structure (cont.)

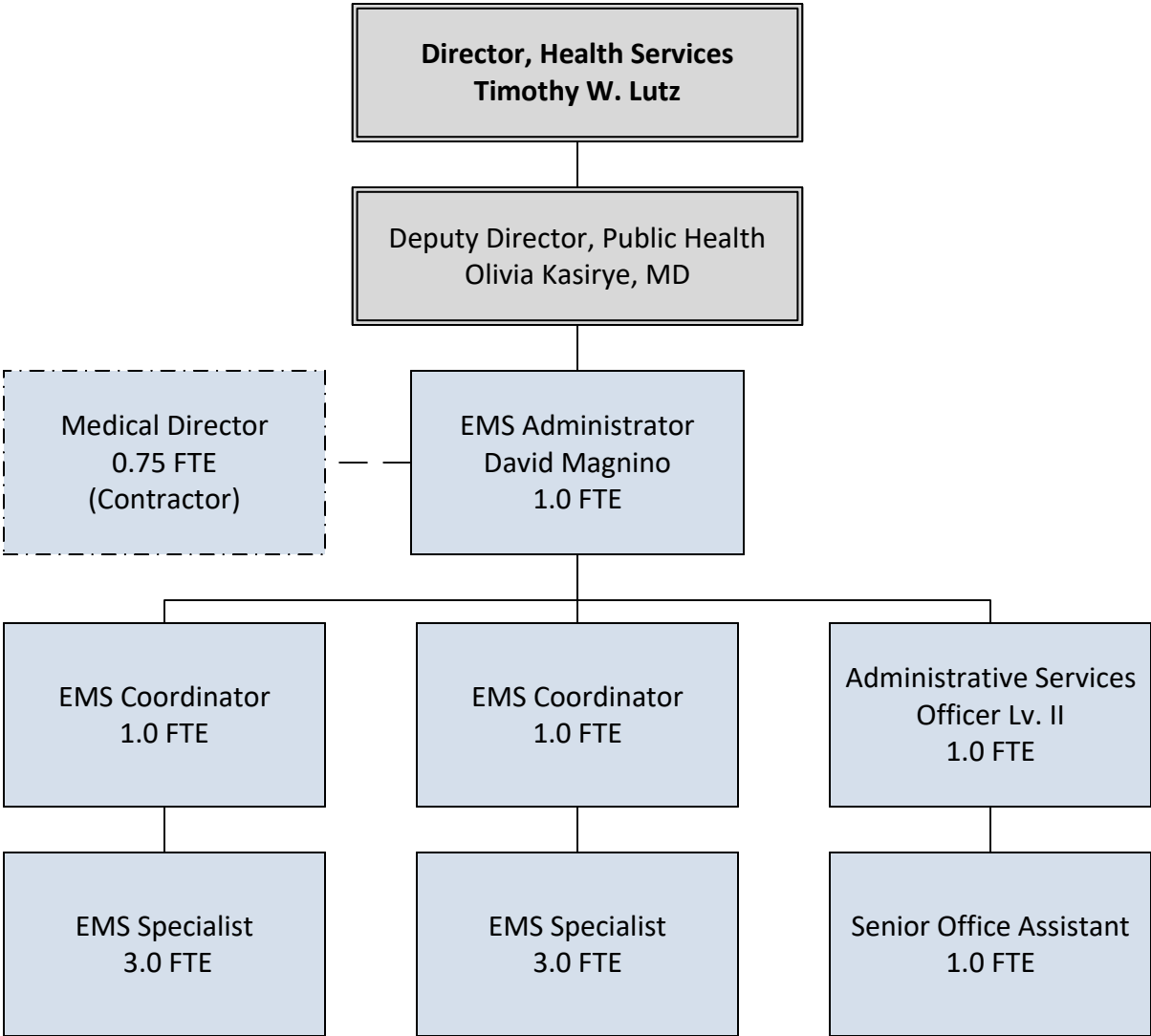
	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$	
	STEMI/Cardiac center designation	\$	
	Stroke center application	\$	
	Stroke center designation	\$	
	Trauma center application	\$	
	Trauma center designation	\$ 136,134 / 74,606 74,269 / 6,130	UC Davis / Mercy San Juan / Kaiser Sacramento / Sutter Roseville
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

EMS Agency Staffing

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

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator				\$	\$	%	\$
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director				\$	\$	%	\$
EMS Coordinator				\$	\$	%	\$
EMS Specialist				\$	\$	%	\$
CQI Coordinator				\$	\$	%	\$
Trauma Coordinator				\$	\$	%	\$
EMS Analyst				\$	\$	%	\$
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant				\$	\$	%	\$
Office Assistant III				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$

Fiscal Year 2022-23
 Sacramento County
 Department of Health Services, Public Health
 Emergency Medical Services
 Total FTE = 11.75



Legend

Indicates Direct Line of Authority _____

Indicates Contracted Staff - - - - -



TABLE 2: MANPOWER AND TRAINING

County: Sacramento

Reporting Year: 2023

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	1070		794	104	21
Number newly certified this year	520		115	29	11
Number recertified this year	550		679	75	10
Total accredited on July 1 of reporting year	529		425	56	18
Number of certification reviews resulting in:					
• Formal investigations	29		2		
• Probation	3				
• Suspensions	0				
• Revocations	2				
• Denials	2				
• No action taken	8		2		
Number of personnel authorized/certified in:					
• Early defibrillation					



TABLE 3: COMMUNICATIONS

County: Sacramento County

Reporting Year: 2023

EMS Agency Communications Structure

Number of primary Public Service Answering Points (PSAP):	<u>10</u>
Number of secondary PSAPs:	<u>1</u>
Number of dispatch centers directly dispatching ambulances:	<u>10</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>10</u>
Number of designated dispatch centers for EMS aircraft:	<u>2</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:** 2023
Dispatch Agency: Alpha One **Name of Primary Contact:** Jack Finnigan
Address: 10461 Old Placerville Rd. Ste 110 **Telephone Number:** 916-635-1111
Sacramento, CA 95827

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Day-to-Day	EMD Training	<u>14</u>	EMT-D	<u>0</u>	ALS	<u>14</u>
<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	BLS	<u>14</u>	LALS	<u>0</u>	Other	<u>0</u>
			Total Number of Dispatchers: <u>14</u>					

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

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2023

Dispatch Agency: America West Name of Primary Contact: Sanford Perreira

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 18 LALS _____ Other _____

Total Number of Dispatchers: 18

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City County State Fire District Federal

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2023

Dispatch Agency: AMR Sacramento Name of Primary Contact: Jennifer Morgan

Address: 1041 Fee Drive Telephone Number: (916)402-1812
Sacramento, CA 95815

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training	<u>36</u>	EMT-D	<u> </u>	ALS	<u> </u>
BLS	<u> </u>	LALS	<u> </u>	Other	<u> </u>

Total Number of Dispatchers: 36

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: 2023

Dispatch Agency: AMWest Name of Primary Contact: Brian Napoli

Address: 13257 Saticoy St. Telephone Number: 818-859-7999
North Hollywood, Ca. 91605

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training 6 EMT-D 3 ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 9

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: 2023

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

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

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training	<u>6</u>	EMT-D	<u> </u>	ALS	<u> </u>
BLS	<u>3</u>	LALS	<u> </u>	Other	<u>1</u>

Total Number of Dispatchers: 10

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City County State Fire District Federal

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento **Reporting Year:** 2023
Dispatch Agency: CHP: Office of Air Operations **Name of Primary Contact:** Whitney Lowe
Address: 601 N. 7th Street **Telephone Number:** 916-843-3306
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: 2023

Dispatch Agency: CHP-Capitol Protectice Services Name of Primary Contact: Natasha Hudson

Address: 1021 O Street Telephone Number: 916-445-2895
Sacramento, CA 95814

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 Public Safety

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:** 2023
Dispatch Agency: Sacramento Regional Fire/EMS Communication Center **Name of Primary Contact:** Josh Freeman
Address: 10230 Systems Parkway **Telephone Number:** 916-956-8723
Sacramento, CA 95827

Written Contract: **Medical Director:** **Availability:** **Number of Personnel Providing Services:**
 Yes Yes Day-to-Day EMD Training 7 EMT-D _____ ALS _____
 No No Disaster BLS _____ LALS _____ Other 1
Total Number of Dispatchers: 47

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

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

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2023

Dispatch Agency: Medic Ambulance Name of Primary Contact: Lisa Curley

Address: 300 Business Drive Telephone Number: 916-564-9040
Sacramento, CA 95820

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training	<u>16</u>	EMT-D	<u> </u>	ALS	<u> </u>
BLS	<u> </u>	LALS	<u> </u>	Other	<u>3</u>

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: 2023

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 _____ EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 28

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: 2023

Dispatch Agency: Pro Transport Ambulance Name of Primary Contact: Christine Miyahara

Address: 720 Portal Street Telephone Number: 323-384-6116
Cotati, CA 94930

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training	<u>19</u>	EMT-D	<u>0</u>	ALS	<u>7</u>
BLS	<u>118</u>	LALS	<u>0</u>	Other	<u>0</u>

Total Number of Dispatchers: 25

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: 2023

Dispatch Agency: Reach & CalStar Name of Primary Contact: Anna Blair /Keith Finch

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

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>30</u>

Total Number of Dispatchers: 30

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City County State Fire District Federal

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



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: SACRAMENTO **Provider:** ALPHAONE AMBULANCE MEDICAL SERVICES, INC. **Response Area:** SACRAMENTO COUNTY

Address: 10461 OLD PLACERVILLE ROAD, SUITE 110
SACRAMENTO, CA 95827

Phone Number: 916-635-2011

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 37

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: 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 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.): _____</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 #: S34-51717

Name of ePCR Vendor: IMAGETREND

Contract Dates: JULY 1, 2019 - CONTINUOUS

Ground Non-Transporting and/or Transporting Agencies

23628/10701 Total number of responses
15338/6469 Number of emergency responses
8290/4232 Number of non-emergency responses

Ground Transporting Agencies

21868/10172 Total number of transports
13862/5967 Number of emergency transports
8006/4205 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: 205
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 32



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** America West **Response Area:** Sacramento County

Address: 90990 Union Park Way #117
Elk Grove, CA 95758

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 type="checkbox"/> Yes <input checked="" 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 checked="" 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"/> 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: Continuous

Ground Non-Transporting and/or Transporting Agencies

2674/0 Total number of responses
0 Number of emergency responses
2674/0 Number of non-emergency responses

Ground Transporting Agencies

2627/0 Total number of transports
0 Number of emergency transports
2627/0 Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 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

Address: 1101 Fee Drive
Sacramento CA 95815

Phone Number: 916.563.0385

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 25

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 9

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 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.): _____</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 #: S34-50088

Name of ePCR Vendor: Image Trend

Contract Dates: Ongoing

Ground Non-Transporting and/or Transporting Agencies

22325/5184 Total number of responses
17629/4133 Number of emergency responses
4696/1051 Number of non-emergency responses

Ground Transporting Agencies

14855/3983 Total number of transports
11595/2966 Number of emergency transports
3260/1017 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: 110
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 75



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

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

Address: 13257 Salicoy St.
Los Angeles CA 91605

Phone Number: (818) 8597999

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 6

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 6

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 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 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"/> 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 #: S34-51849

Name of ePCR Vendor: Trauma Soft

Contract Dates: Continuous

Ground Non-Transporting and/or Transporting Agencies

52/3 Total number of responses
0 Number of emergency responses
52/3 Number of non-emergency responses

Ground Transporting Agencies

33/3 Total number of transports
0 Number of emergency transports
33/3 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: 28

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:** 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: 7

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: 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 type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT </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 #: S34-50120

Name of ePCR Vendor: TraumaSoft

Contract Dates: 2018-Current

Ground Non-Transporting and/or Transporting Agencies

3652/1067 Total number of responses
64/19 Number of emergency responses
3588/1048 Number of non-emergency responses

Ground Transporting Agencies

3473/1040 Total number of transports
59/18 Number of emergency transports
3414/1022 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: 54

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 Services Authority **Response Area:** State of California

Address: 11120 International Drive, 2nd Floor
Rancho Cordova, CA 95670

Phone Number: (916) 322-4336

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 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><u>Fixed Site Disaster Medical Services</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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other <u>EMSA</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-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

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 236

Total number of certified Advanced EMTs in the field: 0

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



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

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

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 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 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 #: S42-50181

Name of ePCR Vendor: Image Trend

Contract Dates: Current-June 30, 2026

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

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 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:** California Highway Patrol **Response Area:** State Capitol Area

Address: 1801 9th 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: 00

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 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 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 #: S-34-50181

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

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 4

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:** California Highway Patrol **Response Area:** Travels with the Governor

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 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 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

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 4

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:** City of Isleton FD **Response Area:** Isleton, CA

Address: 201 2nd Street
Isleton, CA 95641

Phone Number: (916) 777-7776

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 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 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 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 #: S34-51818

Name of ePCR Vendor: Emergency Reporting

Contract Dates: Current

Ground Non-Transporting and/or Transporting Agencies

61/32 Total number of responses
61/28 Number of emergency responses
0/4 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

_____ 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: 21

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:** Cosumnes Fire Department **Response Area:** Elk Grove & Galt

Address: 10573 East Stockton Blvd
Elk Grove, CA 95624

Phone Number: (916)405-7130

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 8

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

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

Ambulance Strike Team Participant: Yes No

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

<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 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.): <u>Water</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 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 #: 34-1090

Name of ePCR Vendor: ImageTrend

Contract Dates: May 2016 - Current

Ground Non-Transporting and/or Transporting Agencies

14183/2711 Total number of responses
14181/2711 Number of emergency responses
2/0 Number of non-emergency responses

Ground Transporting Agencies

8876/1820 Total number of transports
8875/1820 Number of emergency transports
1/0 Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 39
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 126



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

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

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 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 #: S34-50402

Name of ePCR Vendor: Image Trend

Contract Dates: October 2019-Current

Ground Non-Transporting and/or Transporting Agencies

6682/609 Total number of responses
6678/609 Number of emergency responses
4/0 Number of non-emergency responses

Ground Transporting Agencies

4450/1097 Total number of transports
4446/403 Number of emergency transports
4/4694 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: 70



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

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

Address: 12746 Ivie Rd
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

28/7 Total number of responses
28/7 Number of emergency responses
0/0 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

_____ 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 **Response Area:** Sacramento County

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 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 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 #: S34-50600

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

Contract Dates: 1/2022 - Current

Ground Non-Transporting and/or Transporting Agencies

19687/5266 Total number of responses
870/219 Number of emergency responses
18817/5047 Number of non-emergency responses

Ground Transporting Agencies

18373/195 Total number of transports
723/183 Number of emergency transports
17650/12 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: 0
 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: 55

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 40

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 type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): <u>NICU/PICU</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 #: S34-50672

Name of ePCR Vendor: TraumaSoft ePCR

Contract Dates: 9/5/2023 - 9/30/26

Ground Non-Transporting and/or Transporting Agencies

24434/5812 Total number of responses
341/159 Number of emergency responses
24093/5653 Number of non-emergency responses

Ground Transporting Agencies

23893/1408 Total number of transports
328/159 Number of emergency transports
23565/1249 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: 389
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 18



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

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

Address: 720 Portal St.
Cotati, CA 94931

Phone Number: 1-800-650-4003

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 34

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 18

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

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: N/A

<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 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.): _____</p> <p> <input checked="" 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: 3/1/22 - 2/28/25

Ground Non-Transporting and/or Transporting Agencies

12508/1249 Total number of responses
2/0 Number of emergency responses
12506/1249 Number of non-emergency responses

Ground Transporting Agencies

12127/1 Total number of transports
2/0 Number of emergency transports
12125/1 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: 121
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 8



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** REACH Air Medical Services **Response Area:** Sacramento County

Address: 10034 Missile Way
Mather, CA 95655

Phone Number: (916) 362-0120

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: N/A

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 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 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 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: Image Trend

Contract Dates: 4/2022-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

27/2 Total number of responses
6/1 Number of emergency responses
21/1 Number of non-emergency responses

19/581 Total number of transports
4/1 Number of emergency transports
15/580 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: 4



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento County **Provider:** River Delta Fire District **Response Area:** 30-Square Miles/Sacramento County

Address: 16969 Jackson Slough Road
Isleton, CA 95641

Phone Number: (925) 658-0332

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.): _____ Water Rescue _____ </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 #: S34-51342

Name of ePCR Vendor: ESO & Emergency Reporting

Contract Dates: January 1, 2022-Current

Ground Non-Transporting and/or Transporting Agencies

68/4 Total number of responses
68/0 Number of emergency responses
0/4 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

_____ 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: 42
 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:** Sacramento Metropolitan Fire District **Response Area:** Sacramento County

Address: 10545 Armstrong Avenue St #200
Mather, CA 95655

Phone Number: (916) 616-2451

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 checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): <u>Boat Medics, 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 checked="" 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: Image Trend

Contract Dates: 9/2022-9/2025

Ground Non-Transporting and/or Transporting Agencies

71923/12957 Total number of responses
71840/12945 Number of emergency responses
83/12 Number of non-emergency responses

Ground Transporting Agencies

48995/5513 Total number of transports
31345/5501 Number of emergency transports
17650/12 Number of non-emergency transports

Air Transporting Services

5 Total number of responses
5 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: 95
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 509



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

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

Address: 7203 Earhart Drive
Sacramento Ca 95837

Phone Number: 916-224-8366

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 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: Imagetrend

Contract Dates: 2/6/2020 - Continuous

Ground Non-Transporting and/or Transporting Agencies

861/133 Total number of responses
859/131 Number of emergency responses
2/2 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

_____ 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: 28
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 8



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

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

Address: 5770 Freeport Blvd
Sacramento, CA 95822

Phone Number: 916-808-1300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 20

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 18

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.): <u>Water/Boat, HAZMAT, Rescue</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 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 #: 1811054745

Name of ePCR Vendor: HealthEMS

Contract Dates: 01/01/2008 - 12/31/2025

Ground Non-Transporting and/or Transporting Agencies

67215/14680 Total number of responses
67215/14680 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

34054/7373 Total number of transports
34054/7373 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 478
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 143



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Trauma Life Care Medical Transport, Inc. **Response Area:** Sacramento County

Address: 3637 Mission Ave Bldg-A, Suite-4
Carmichael, CA 95608

Phone Number: (916) 368-2222

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 4

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: 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 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 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 #: S34-50929

Name of ePCR Vendor: Forte Holdings

Contract Dates: 03/2021 - Current

Ground Non-Transporting and/or Transporting Agencies

1890/586 Total number of responses
0 Number of emergency responses
1890/586 Number of non-emergency responses

Ground Transporting Agencies

1850/0 Total number of transports
0 Number of emergency transports
1850/0 Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 20

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:** Versa Care **Response Area:** Northern California

Address: 8850 Greenback Ln. - 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 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 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 #: S34-51723

Name of ePCR Vendor: Beyond Lucid Technologies

Contract Dates: Current

Ground Non-Transporting and/or Transporting Agencies

4/3 Total number of responses
0 Number of emergency responses
4/3 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

_____ 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: 20

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: _____ Provider: _____ Response Area: _____

Address: _____

Phone Number: _____

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

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

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 x

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yes</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air</p> <p><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 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 #: _____

Name of ePCR Vendor: _____

Contract Dates: _____

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

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

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



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: Sacramento

Reporting Year: 2023

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 LEMSA 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 center

Number of pediatric trauma centers:

Level I 1 Level II

Number of EMS patients meeting trauma triage criteria:

2,093

a) Transported to a trauma center by ambulance:

2,048

b) Not transported to a trauma center:

45

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

Unable to obtain

a) From a non-trauma facility:

Unable to obtain

b) From a lower level trauma center:

Unable to obtain

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

Receiving: 7 Referring:

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: 2023

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>2</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: 2023

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? _____

b) Was it an exercise? _____

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