

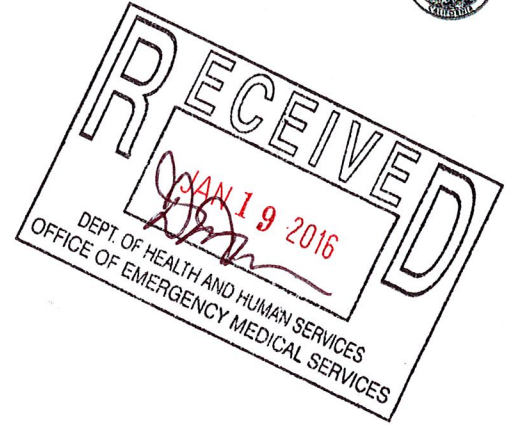
**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



January 15, 2016

David M. Magnino, EMS Administrator  
Sacramento County Emergency Medical Services  
9616 Micron Avenue, Suite 960  
Sacramento, CA 95827



Dear Mr. Magnino:

This letter is in response to the 2014 Sacramento County EMS Plan Update submission to the EMS Authority on December 9, 2015.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Sacramento County's 2014 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

Historically, we have received EMS Plan documentation from Sacramento County for the following years: 1999, 2001, 2002, 2004, 2005, 2006, 2007, 2008, 2010, 2011, 2012, 2013 and, most current, its 2014 plan submission. Sacramento County received its last Five-Year Plan approval in 2010 and its last annual Plan Update approval in 2015 for its 2013 plan submission.

### III. Analysis of EMS System Components:

Following are comments related to Sacramento County's 2014 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

- |    | Approved                            | Not<br>Approved          |   |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u>   |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>  |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>   |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u><br><br>1. Ambulance Zones <ul style="list-style-type: none"><li>• Please see the attachment on the EMS Authority's determination of the exclusivity of Sacramento County's ambulance zone.</li></ul> |
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>   |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u>  |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>   |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>  |

### IV. Conclusion:

Based on the information identified, Sacramento County may implement areas of the 2014 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

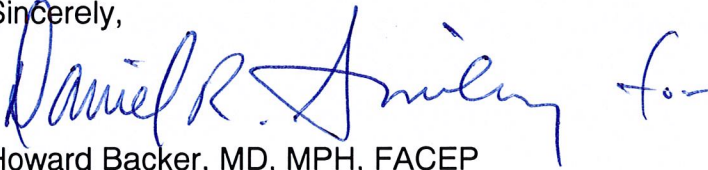
*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and*

*consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority.”*

**V. Next Steps:**

Sacramento County's annual EMS Plan submission will be due on January 15, 2017. If you have any questions regarding the plan review please contact the EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads "Daniel R. Ameling" followed by a small flourish.

Howard Backer, MD, MPH, FACEP  
Director

Attachment

SACRAMENTO AMBULANCE ZONES 2014

ZONE	EXCLUSIVITY			TYPE			LEVEL									
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance	
Sacramento County	X															





**County of Sacramento**

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December 8, 2015

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

Dear Dr. Backer:

In accordance with publication EMSA #103, *EMS System Guidelines* and *Title 22, Division 9, Chapter 12, EMS System Quality Improvement*, please find the attached annual updates to the Sacramento County Emergency Medical Services (EMS) Plan (2014 and 2015), the Trauma System Status Report (2014 and 2015), and the 2015 Annual Quality Improvement Program (QIP). Please replace existing pages with these attachments.

No significant changes have been made to the EMS Plan during the past year. Key items are noted below.

**TRAUMA SYSTEM STATUS REPORT**

The narrative has expanded to respond to an EMSA letter dated July 24, 2014 that approved the Sacramento County Trauma System Status Report. Specific attention to the following sections: Trauma System Goals and Objectives, and System Performance Improvement.

**QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE**

The narrative includes the response to EMSA August 14, 2015 letter approving the Sacramento County Quality Improvement Program (QIP) plan. Specific attention to the followings sections: Description of the Agency, QIP Goals and Objectives, and Changes to Implementation Schedule.

**EMS PLAN ANNUAL UPDATE:**

**SECTION I: Summary of System Status**

- 1.1 #1.02 - LEMSA Mission. This objective is ongoing. Efforts will continue to identify needed system changes/improvements. Major effort in 2015 to improve data collection from out-of-hospital provider was established through new data vendor contract and movement to the National Emergency Medical Services Information System (NEMSIS) Version 3 data submission platform. This will be an on-going effort through 2016.

- 1.2 #4.13 - Inter-county Response. Efforts to facilitate agreements for medical reimbursement of inter-county response of emergency medical resources will continue.

**SECTION III: System Resources and Operations**

- Tables 2 - 11 detail updated information for the calendar years 2014 and 2015.
- Tables 3 & 6 includes data requested in EMSA December 11, 2014 EMS Plan approval letter.
- Table 11 in 2015 had a minor change to reflect the closure of Sutter Memorial Hospital as an Advanced Life Support (ALS) receiving hospital and the merging of Sutter General and Sutter Memorial Hospitals into Sutter Medical Center – Sacramento.

**SECTION IV: Resources Directory**

- Table 11(a) has been discontinued in response to EMSA December 11, 2014 EMS Plan approval letter.

**SECTION VI: Annex**

- Appendix 9 please add the attached December 11, 2015 approval letter from EMSA for our last EMS Plan, the EMSA July 24, 2014 approval letter for our last Trauma System Status Report and the EMSA August 14, 2015 approval letter for our last QIP Plan.

This submission includes the calendar year 2014 and first three quarters of 2015 for the EMS Plan and Trauma System Status Report. The QIP Update includes the third and fourth quarters of 2015. We would like to update our trauma plan to the same submission timeline.

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

Sincerely,



DAVID M. MAGNINO,  
EMS Administrator  
County of Sacramento

**Attachments:**

Trauma System Status Report  
Quality Improvement Program Annual Update  
EMS Plan Update;  
Tables 2 – 11; 2014 and 2015  
Appendix 9

**SACRAMENTO COUNTY  
2015 TRAUMA SYSTEM STATUS REPORT**

In accordance with established guidelines, attached is the annual update to the Sacramento County Trauma Care System Plan.

**Trauma System Summary** - No significant changes have occurred within the last year. The Sacramento County Trauma Care System remains a network of dedicated professionals in communications, transportation (public and private), out-of-hospital emergency medical care employing comprehensive standing orders and immediate availability at one of three in-county (and one out-of-County) trauma centers. The system is constantly under review to include quarterly trauma review committee meetings conducted by trauma surgeons and other trauma professionals from within the County and adjacent or nearby counties. During 2015, two of the in-county trauma centers completed their American College of Surgeons, Committee on Trauma re-verification visit and audit. The University of California, Davis Medical Center's (UCDMC) visit was conducted on April 8 and 9, 2015 and received verification through April 21, 2018 for both Adult and Pediatric Level I Trauma Center. Mercy San Juan Medical Center's (MSJMC) visit was conducted on August 17 and 18, 2015 and is currently awaiting the final report and verification status.

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

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

**In County**

**University of California Davis Medical Center**

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

**Kaiser Permanente Medical Center - South Sacramento**

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

**Mercy San Juan Medical Center**

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

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**Out-of-County**

Sutter Roseville Medical Center

One Medical Plaza  
Roseville, CA 95661  
(916) 781-1200  
Level II Trauma Center

**Trauma System Goals and Objectives** – Most of the activities dealing with the Trauma Systems goals and objectives involve maintaining or expanding our region-wide Trauma Review Committee forum for detailed review and analysis of filtered, unexpected surgical outcomes, and comprehensive data collaboration.

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

Trauma managers and surgeons from El Dorado, Placer, Sacramento, San Joaquin, Solano, and Yolo counties, as well as regional forensic pathologists, are regularly invited, contributing participants at Sacramento County Trauma Review Committee quarterly meetings. This forum is nearly two decades old and provides uncommon educational opportunities to region-wide physicians and administrators.

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

Sacramento County trauma data is posted on its EMS web site, thereby open for public comment and analysis by the County's EMS Medical Oversight and Operational Oversight Committees. Our previous data consultant provided a software/element interface, and guidance on trending quality improvement issues through the first half of 2015.

In July 2015, Sacramento County EMS Agency contracted with the Inland County Emergency Medical Agency (ICEMA) as the new data provider. ICEMA will function as the repository of the Sacramento County trauma and EMS data. Under the new data system, the trauma centers and EMS providers will submit their data directly to ICEMA, which hosts the CA Emergency Medical Services Information System (CEMSIS). This new data collection system will allow the EMS agency to review data as it is submitted by trauma centers to decrease the time between submission, analysis, and review at advisory meetings.



**Sacramento County**  
**2015 Trauma System Status Report**  
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*Improve coordination of local trauma activities with trauma services in adjacent counties through involvement in trauma CQI activities with out-of-county trauma centers and trauma systems.*

The County's EMS Agency participation and support for the North Regional Trauma Coordinating Committee (RTCC) is ongoing. Attendance at the quarterly North RTCC meeting by the EMS administrator has improved the communication between the North RTCC, out of county trauma centers, and the EMS Agency. At the request of the North RTCC Chairman, Dr. David Shatz, UCDCMC, the Sacramento County EMS administrator chairs the pre-hospital sub-committee. This relationship and personal encouragement by the Sacramento County EMS administrator has improved the local participation, and is considered a valuable activity.

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

In addition to ongoing local and regional trauma data review and analysis, each Sacramento County designated trauma center data registry is inspected every three years by an independent, nationally recognized team of trauma surgeon experts from the American College of Surgeons – Committee on Trauma (ACSCOT). Representative, filtered samplings of patient charts and data records are reviewed for appropriateness, and practices are improved as deemed necessary.

In 2015, UCDCMC and MSJMC completed their ACSCOT re-verification visits in April and August. UCDCMC received three (3) year verification for its Adult, and Pediatric Level I Trauma Centers. MSJMC is waiting for a final report and re-verification as an Adult Level II Trauma Center. In the first quarter of 2016, Kaiser Permanente Medical Center - South Sacramento has its re-verification visit scheduled.

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

**System Performance Improvement** – Local trauma system improvement is ongoing. Improvements are accomplished through the items discussed above and by regular discussions with local trauma surgeons. These discussions occur at the quarterly meetings (February, May, August, and November) of the Trauma Review Committee (TRC). In 2015, several changes were made in the trauma system review process to address the comments received by the EMS Authority in the 2014 Trauma System Status Report.

The first change involved the review of all pre-hospital trauma treatment protocols by the TRC. Recommendations from the review are forwarded to the County's EMS Medical Oversight and Operational Oversight Committees (MOC/OOC). This review will be conducted at the TRC meeting in the quarter prior to the protocols scheduled review date by the MOC/OOC meeting.

**Sacramento County**  
**2015 Trauma System Status Report**  
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The second change involved, with the new data submission system, the EMS Agency is working with the trauma surgeon to identify more relevant indicators, which will improve the trauma system. During the next year, the following indicators will be compared by each facility and countywide: mechanism of injury, mode of arrival, blunt verse penetrating injuries, emergency department disposition, and final hospital disposition.

The third change involved, to meet the Title 22 requirement, the EMS administrator attended the pre-visit evening dinner and site visit during the ACSCOT visits, to answer questions relating to the pre-hospital part of the trauma system. On both occasions in 2015, it was well received by the auditors and trauma center staff members.

**SACRAMENTO COUNTY**  
**2015 QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE**

In accordance with established guidelines, please find the annual update to the Sacramento County Quality Improvement Program (QIP) Plan.

**Quality Improvement Program Summary** – Since the adoption and submission of the Sacramento County Quality Improvement Program (QIP) Plan in June 2015, the Emergency Medical Services (EMS) agency started the implementation of the plan. The Sacramento County QIP is a network of dedicated professionals in communications, transportation (public and private), and EMS training and hospital emergency medical care employing comprehensive evaluation of the pre-hospital patient care within Sacramento County. Several items within the QIP plan have occurred or changed since June 2015. The most significant is the establishment of the Technical Advisory Group (TAG) and the hiring of an EMS Specialist to coordinate the QIP. Additionally, minor changes to the plan involved the closure of Sutter Memorial Hospital as an Advanced Life Support (ALS) receiving hospital and the addition of California Ambulance as an ALS service provider.

**Description of Agency** – The June 2015 QIP Plan indicated the Sacramento County Emergency Medical Services Agency (SCEMSA) was comprised of an EMS Administrator, EMS Medical Director (part-time contracted), EMS Coordinator, two EMS Specialists, one Administrative Service Officer, and one Office Assistant.

Effective November 16, 2015, a third EMS Specialist was added to coordinate the QIP. Our current staffing is indicated in the revised organizational chart. (See attachment). Please replace the old organizational chart in the QIP Plan with this current revision.

**Quality Improvement Program (QIP) Goals and Objectives** – Most of the activities dealing with the QIP goals and objectives involve establishing the Technical Advisory Group and holding its first meeting prior to the end of 2015. Additionally, work began with all SCEMSA approved Advanced Life Support Providers (ALS) to submit EMS data that is National Emergency Medical Services Information System, Version 3 (NEMESIS v3) complaint prior to December 31, 2016

*Established the Technical Advisory Group (TAG) through selection of members by multidisciplinary EMS community groups and will hold its first meeting prior to December 31, 2015.*

Between July 31 and September 31, 2015, the EMS community groups selected the representative(s) and notified SCEMSA. TAG members attended the first meeting on November 17, 2015 at the SCEMSA office. This meeting was to start the development of its Mission Statement, Goals, and Objectives and 2016 meeting dates. The TAG will meet on the following dates in 2016; March 10, May 12, September 8 and November 10. Small sub-groups were established to draft the Mission Statement, Goals, and Objectives.

**Sacramento County**  
**2015 Quality Improvement Program Annual Update**  
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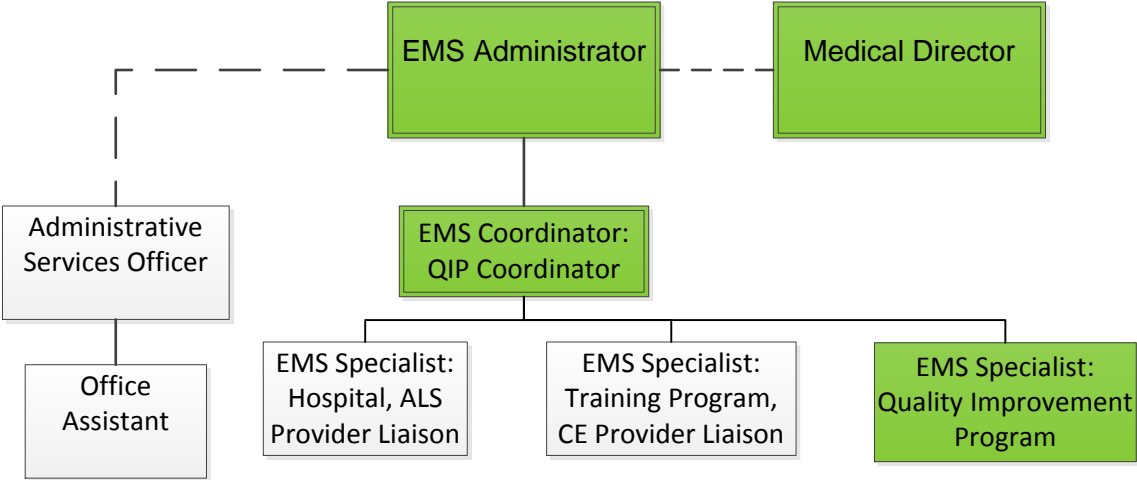
*Work to improve integration and coordination of EMS data within the QIP by implementation of NEMSIS v3 data submission.*

On July 28, 2015, SCEMSA established a contract with Inland County's Emergency Medical Agency (ICEMA) as the new EMS data vendor. ICEMA will serve as SCEMSA's data repository, which is capable of accepting NEMSIS v3 data. This was the first step for SCEMSA in the implementation of NEMSIS v3 data submission for SCEMSA. On September 16, 2015, SCEMSA held an EMS Data Workshop for all ALS providers and trauma centers to discuss the new NEMSIS v3 data submission and ICEMA as SCEMSA's data vendor. ALS providers were advised to begin working with ICEMA's representative to establish the necessary contacts to start submitting their data to ICEMA. SCEMSA continues to work with the ALS providers in the full implementation of NEMSIS v3 data submission before the December 31, 2016 deadline.

**Changes to Implementation Schedule** – The current implementation schedule is still in the first stages. The TAG has been established and will hold its first meeting in 2015. In 2016, TAG will discuss the following items:

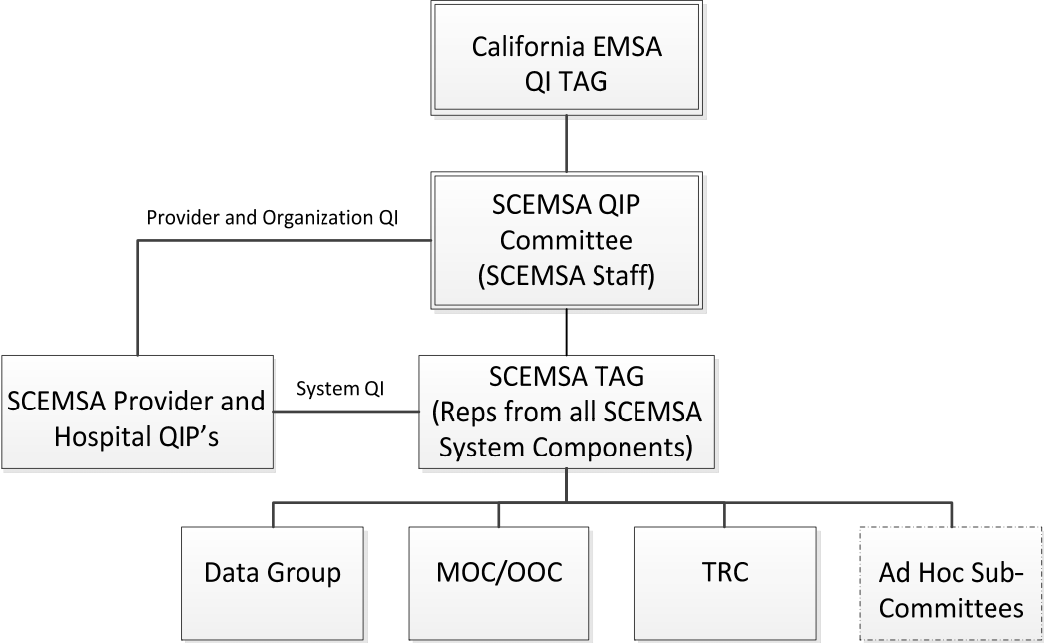
1. Implementation of electronic patient care reports (ePCR) by all Sacramento County approved Advanced Life Support (ALS) provider.
2. The submissions of NEMSIS compliant data-to-data vendor (ICEMA).
3. All ALS providers submitting NEMSIS v3 by December 31, 2016.

SCEMSA Organizational and QIP Committee Chart



SCEMSA QIP Committee members are shaded green

SCEMSA QIP Communication Chart





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

EMS System: Sacramento County

Reporting Year: 2014 and 2015

1. Percentage of population served by each level of care by county: (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Sacramento

- |   |             |
|---|-------------|
| a. Basic Life Support (BLS)             | <u>0%</u>   |
| b. Limited Advanced Life Support (LALS) | <u>0%</u>   |
| c. Advanced Life Support (ALS)          | <u>100%</u> |

2. Type of agency: b

- a - Public Health Department
- b - County Health Services Agency
- c - Other (non-health) County Department
- d - Joint Powers Agency
- e - Private Non-profit Entity
- f - Other:

3. The person responsible for day-to-day activities of EMS agency reports to: d

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

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

- Implementation of exclusive operating areas (ambulance franchising)
- Designation of trauma centers/trauma care system planning
- Designation/approval of pediatric facilities
- Designation of other critical care centers
- Development of transfer agreements

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

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

5. EMS agency budget for Fiscal 2014-2015

<b>Expenses</b>	
Salaries and benefits (all but contract personnel)	\$687,838
Contract services (trauma fund dist., Med. Director, Misc.)	\$116,200
Operations (e.g. copying, postage, facilities, Not Including Allocated Costs)	\$238,504
Travel	\$8,407
Fixed assets	included in operations
Indirect expenses (overhead/allocated costs)	\$64,244
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	\$939,600
Support Services and pass thru to State	\$34,260
Dispatch center operations (non-staff)	0
Training program operations	0
Cost covered by Department	0
Other: Expected midyear adjustments –cost recovery	0
<b>TOTAL EXPENSES</b>	<b>\$2,089,053</b>

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

<b>SOURCES OF REVENUE</b>	
Special project grant(s) [from EMSA	0
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund/County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees (EMT, Paramedic, MICN)	\$31,528
Training program approval fees (EMS Training & CE Provider Fees)	\$42,037
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees/Base hospital designation fees	0
Trauma center application fees	0
Trauma center designation fees	\$213,745
Pediatric facility approval fees/Pediatric facility designation fees	0
Other critical care center application/designation fees	0
Ambulance service/vehicle fees (ALS Provider Fees)	\$194,168
EMS Fund (SB 12/612)	\$1,395,000
Other grants	0
Other fees: Pre-hospital fees (Medical Control)	\$167,928
Other (specify): Cigarette tax revenue (AB75, AB430, EMSA)	\$37,071
Other fees: Trauma Fund and Miscellaneous	\$7,576
<b>TOTAL REVENUE</b>	<b>\$2,089,053</b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DO NOT, PLEASE EXPLAIN BELOW.*

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

6. Fee structure for 2014 and 2015

We do not charge any fees

Our fee structure is:

<b>Certification</b>	<b>2014</b>	<b>2015</b>
First responder certification		
EMS dispatcher certification		
EMT-I certification	25	33
EMT-I recertification	25	33
EMT-defibrillation certification		
EMT-defibrillation recertification		
EMT-II certification		
EMT-II recertification		
EMT-P accreditation	35	53
Mobile Intensive Care Nurse		
Authorized Registered Nurse (MICN/ARN)	35	35.35
MICN/ARN recertification	35	35.35
EMT-I training program approval	1,340	1,353.40
EMT-II training program approval		
EMT-P training program approval	7,294	7,366.94
MICN/ARN training program approval	782	789.82
Base hospital application		
Base hospital designation		
Trauma center application		
Trauma center designation (Out of County Level II - \$4,064, In-County Level II - \$52,000, In-County Level I - 101,000)	4,064 52,000 101,000	4,064 52,000 101,000
Pediatric facility approval		
Pediatric facility designation		

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

Other critical care center application	Type:
Other critical care center designation	Type:
Ambulance service license	
Ambulance vehicle permits	
Other:	
Other:	
Other:	

7. Complete the table on the following two pages for the EMS agency staff for 2014 and 2015



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

EMS System: Sacramento County

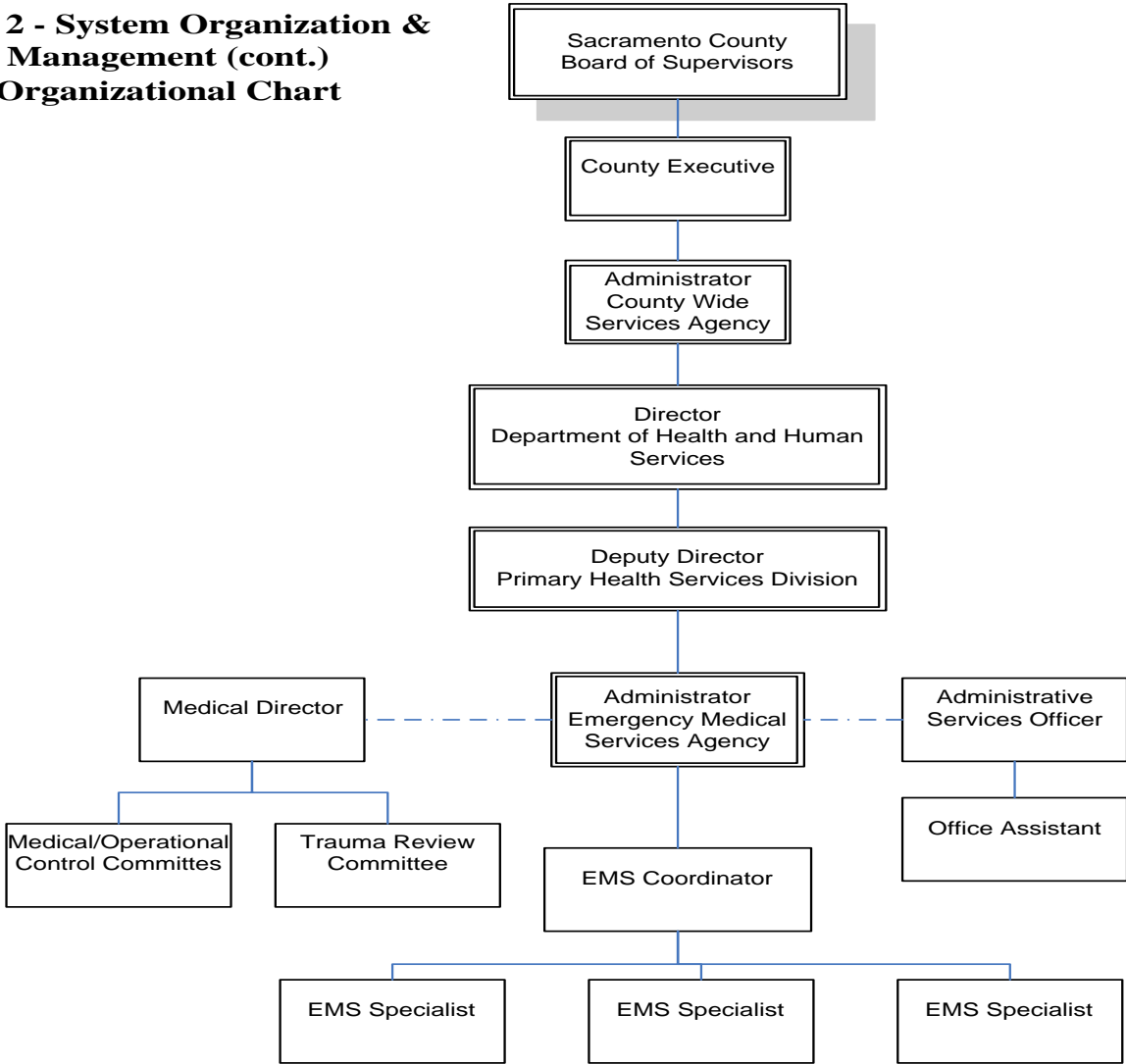
Reporting Year: FY 2015-2016

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	EMS Administrator	1	58.77	28	
Administration Manager	Administrative Services Offices II	1	39.96	24	
ALS Coordinator/ Field Coordinator/ Training Coordinator	EMS Coordinator	1	46.30	24	
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist	3	35.05	24	
Trauma Coordinator					
Medical Director	Medical Director	0.23	100.00	0	
Other MD/ Medical Consultant/ Training Medical Director					
Disaster Medical Planner					

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

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/Analyst					
Quality Improvement Coordinator					
Public Information/Education Coordinator					
Executive Secretary					
Other Clerical	Office Assistant II	1	18.24	24%	
Data Entry Clerk					
Other					

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



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

EMS System: Sacramento County

Reporting Year: 2014

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1837	0		383	0*
Number of newly certified this year	272	0		42	0*
Number of recertified this year	403	0		118	0*
Total number of accredited personnel on June 1 of the reporting year			1354		
Number of certificate reviews resulting in:					
a) formal investigations	29	-	0	0	-
b) probation	0	-	0	0	-
c) suspensions	0	-	0	0	-
d) revocations	0	-	0	0	-
e) denials	0	-	0	0	-
f) denials of renewal	0	-	0	0	-
g) no action taken	29	-	0	0	-

1. Number of EMS dispatchers trained to EMSA standards: All 9-1-1 medical dispatchers are EMD certified.
2. Early defibrillation:
  - a. Number of EMT-I (defibrillation) certified – 1837
  - b. Number of public safety (defibrillation) certified (non-EMT-I) – 3088
3. Do you have a first responder-training program? No  
 \* The EMS Agency does not train/certify dispatchers

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

EMS System: Sacramento County

Reporting Year: 2015

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	2078	0		417	0*
Number of newly certified this year	241	0		34	0*
Number of recertified this year	412	0		78	0*
Total number of accredited personnel on June 1 of the reporting year			1431		
Number of certificate reviews resulting in:					
a) formal investigations	35	-	0	0	-
b) probation	1	-	0	0	-
c) suspensions	0	-	0	0	-
d) revocations	1	-	0	0	-
e) denials	0	-	0	0	-
f) denials of renewal	0	-	0	0	-
g) no action taken	33	-	0	0	-

1. Number of EMS dispatchers trained to EMSA standards: All 9-1-1 medical dispatchers are EMD certified.
2. Early defibrillation:
  - a. Number of EMT-I (defibrillation) certified – 2078
  - b. Number of public safety (defibrillation) certified (non-EMT-I) – 3192
3. Do you have a first responder-training program? No
  - \* The EMS Agency does not train/certify dispatchers



**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Sacramento County

Reporting Year: 2014 and 2015

1. Number of primary Public Safety Answering Points (PSAP)	7
2. Number of secondary PSAPs	1
3. Number of dispatch centers directly dispatching ambulances	8
4. Number of designated dispatch centers for EMS Aircraft	1
5. Do you have an operational area disaster communication system?	Y
a. Radio primary frequency 800 MHz Trunked System (multiple frequency switching)	Y
b. Other methods	Y
c. Can all medical units communicate on the same disaster communications system?	Y
d. Do you participate in OASIS?	Y
e. Do you have a plan to utilize RACES as a back-up communication system?	Y
i. Within the operational area?	Y
ii. Between the operational area and the region and/or state?	Y

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation**  
 EMS System: Sacramento County Reporting Year: 2014 and 2015

<b>TRANSPORTING AGENCIES</b>	<b>2014</b>	<b>2015</b>
1. Number of exclusive operating areas	0	0
2. Percentage of population covered by Exclusive Operating Areas (EOA)	0	0
3. Total number responses ( <u>Provided by ALS Service Providers</u> )		
a. Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	239,008	192,272
b. Number of incidents classified as medic responses where patient contact was made.	185,106	145,617
c. Number non-emergency responses. (Code 1: normal)	53,922	46,655
4. Total number of transports ( <u>Provided by ALS Service Providers</u> )		
a. Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	177,722	166,728
b. Number of incidents requiring medic transport	125,344	122,127
c. Number non-emergency transports (Code 1: normal)	52,378	44,601
Early Defibrillation Programs		
5. Number of public safety defibrillation programs		
a. Automated	2	3
b. Manual	0	0
6. Number of EMT-Defibrillation programs		
a. Automated	8	8
b. Manual	0	0
Air Ambulance Services ( <u>Provided by Air Service Providers</u> )		
7. Total number of requests	116	102
a. Number of emergency response	76	68
b. Number of non-emergency responses	40	40
8. Total number of transports	47	36
a. Number of emergency (scene) responses	23	15
b. Number of non-emergency responses	24	24

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

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

Enter the response times in the appropriate boxes.	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEM WIDE</b>
1. BLS and CPR capable first responder.	4-6 minutes	4-6 minutes	na	na
2. Early defibrillation capable responder.	4-6 minutes	4-6 minutes	na	na
3. Advanced life capable responder.	4-6 minutes	20 minutes	na	na
4. EMS transport unit.	6-8 minutes	20 minutes	na	na

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/ Critical Care**  
 EMS System: Sacramento County Reporting Year: 2014

**Trauma care system**

1. Trauma Patients:

a. Number of patients meeting trauma triage criteria	not tracked*
b. Number of patients meeting trauma triage criteria and who were admitted to a trauma center or were transferred or died.	3,350
c. Number of major trauma victims transported directly to a trauma center by ambulance	not tracked*
d. Number of major trauma victims who were admitted to a trauma center and who were transported directly to a trauma center by ambulance (includes air ambulances)	not tracked*
e. Number of major trauma patients transferred to a trauma center	not tracked*
f. Number of patients meeting triage criteria who were not treated at a trauma center	not tracked*

**Emergency departments:**

2. Total number of emergency departments	9
a. Number of referral emergency services	0
b. Number of standby emergency services	0
c. Number of basic emergency services	8
d. Number of comprehensive emergency services	1

**Receiving Hospitals**

3. Number of receiving hospitals with written agreements	5
4. Number of Base Hospitals with written agreements	4

**\*In 2014, these items were not tracked by hospitals or submitted by EMS Services providers. Not all service providers submitted data. Old data vendor did not request data.**

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/ Critical Care**  
 EMS System: Sacramento County Reporting Year: 2015

**Trauma care system**

1. Trauma Patients:

a. Number of patients meeting trauma triage criteria	not tracked*
b. Number of patients meeting trauma triage criteria and who were admitted to a trauma center or were transferred or died.	2,433
c. Number of major trauma victims transported directly to a trauma center by ambulance	not tracked*
d. Number of major trauma victims who were admitted to a trauma center and who were transported directly to a trauma center by ambulance (includes air ambulances)	not tracked*
e. Number of major trauma patients transferred to a trauma center	not tracked*
f. Number of patients meeting triage criteria who were not treated at a trauma center	not tracked*

**Emergency departments:**

2. Total number of emergency departments	8
a. Number of referral emergency services	0
b. Number of standby emergency services	0
c. Number of basic emergency services	7
d. Number of comprehensive emergency services	1

**Receiving Hospitals**

3. Number of receiving hospitals with written agreements	4
4. Number of Base Hospitals with written agreements	4

**\*In 2015, these items were not tracked by hospitals or submitted by EMS Services providers. Not all service providers submitted data. LEMSA changed to new data vendor in July 2015. This data will be submitted by all EMS Service providers starting in 2016.**

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**  
 EMS System: Sacramento County Reporting Year: 2014 and 2015

**SYSTEM RESOURCES**

1. Casualty Collections Point (CCP)
  - a. Where are your CCPs located? Airports and other as needed
  - b. How are they staffed? Paramedics, EMTs, nurses, physicians, volunteers
  - c. Do you have a supply system to support them for 72 hours? Y
2. Critical Incident Stress Debriefing (CISD)
  - a. Do you have a CISD provider with 24-hour capability? Y
3. Medical Response Team
  - a. Do you have any team medical response capability? N
  - b. For each team, are they incorporated into your local response plan?
  - c. Are they available for statewide response?
  - d. Are they part of a formal out-of-state response system?
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? Y
  - b. At what HazMat level are they trained? Specialist
  - c. Do you have the ability to do decontamination in an emergency room? Y
  - d. Do you have the ability to do decontamination in the field? Y

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (con't)**  
 EMS System: Sacramento County Reporting Year: 2014 and 2015

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?	Y
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?	6
3. Have you tested your Multi-Casualty Incident (MCI) Plan this year in a:	
a. Real event?	Y
b. Exercise?	Y
4. List all counties with which you have a written medical mutual aid agreement:	Amador, Contra Costa, Placer, San Joaquin, Solano, Yolo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	Y
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?	Y
7. Are you part of a multi-county EMS system for disaster response?	Y
8. Are you a separate department or agency?	N
9. If not, to whom do you report?	Deputy Director, Primary Health Services
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	Y

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Alpha One Ambulance **Response Zone:** NA

**Address:** 11354 White Rock Rd. #100  
Rancho Cordova, CA 95742

**Number of Ambulance Vehicles in Fleet:** 14

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

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>16199</u>	Total number of responses	<u>13279</u>	Total number of transports
<u>8501</u>	Number of emergency responses	<u>6862</u>	Number of emergency transports
<u>7698</u>	Number of non-emergency responses	<u>6417</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** American Medical Response **Response Zone:** NA

**Address:** 1101 Fee Dr.  
Sacramento, CA 95815

**Number of Ambulance Vehicles in Fleet:** 27

**Phone Number:** 916-563-0600

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>11356</u>	Total number of responses	<u>10306</u>	Total number of transports
<u>3048</u>	Number of emergency responses	<u>2707</u>	Number of emergency transports
<u>8308</u>	Number of non-emergency responses	<u>7599</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** California Shock Trauma Air Rescue (CALSTAR) **Response Zone:** NA

**Address:** 4933 Bailey Loop  
McClellan, CA 95652

**Number of Ambulance Vehicles in Fleet:** 14

**Phone Number:** 916-921-4000

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> CCT      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input checked="" type="checkbox"/> Rotary  <input checked="" type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input checked="" type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** California Highway Patrol **Response Zone:** NA

**Address:** 1801 (th Street  
Sacramento, CA 95811

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 916-322-3337

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input checked="" type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County  <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Cosumnes Fire Department **Response Zone:** NA

**Address:** 10573 East Stockton Boulevard  
Elk Grove, CA 95624

**Number of Ambulance Vehicles in Fleet:** 10

**Phone Number:** (916) 405-7100 (Fire Main)

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

10902 Total number of responses  
10902 Number of emergency responses  
           Number of non-emergency responses

9039 Total number of transports  
9039 Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Courtland Fire Protection District **Response Zone:** NA

**Address:** 145 Magnolia Ave  
Courtland, CA 95615

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

**Phone Number:** 916-755-1210

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** First Responder EMS **Response Zone:** NA

**Address:** 10161 Croydon Way Ste #1 **Number of Ambulance Vehicles in Fleet:** 24  
Sacramento, CA. 95827

**Phone Number:** \_\_\_\_\_ **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>22493</u>	Total number of responses	<u>21556</u>	Total number of transports
<u>13062</u>	Number of emergency responses	<u>12462</u>	Number of emergency transports
<u>9431</u>	Number of non-emergency responses	<u>9094</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** City of Folsom Fire Department **Response Zone:** NA

**Address:** 535 Glenn Dr  
Folsom Ca, 95630

**Number of Ambulance Vehicles in Fleet:** 4

**Phone Number:** (916) 984-2280

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input checked="" type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

<u>4032</u>	Total number of responses	<u>3385</u>	Total number of transports
<u>4032</u>	Number of emergency responses	<u>3385</u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses		Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	Total number of transports
<u>          </u>	Number of emergency responses	Number of emergency transports
<u>          </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Herald Fire Protection District **Response Zone:** NA

**Address:** P.O. Box 52  
Herald, CA 95638

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

**Phone Number:** 209-748-2322

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Medic Ambulance Service **Response Zone:** NA

**Address:** 2349 Lexington St  
Sacramento CA 95815

**Number of Ambulance Vehicles in Fleet:** 10

**Phone Number:** 916-564-9040

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

<u>3462</u>	Total number of responses	<u>3953</u>	Total number of transports
<u>2291</u>	Number of emergency responses	<u>1963</u>	Number of emergency transports
<u>1171</u>	Number of non-emergency responses	<u>990</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** NORCAL Ambulance **Response Zone:** NA

**Address:** 1815 Stockton Blvd  
Sacramento, CA 95816

**Number of Ambulance Vehicles in Fleet:** 3

**Phone Number:** 916-860-7900

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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 checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other          Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

<u>1827</u>	Total number of responses	<u>1732</u>	Total number of transports
<u>229</u>	Number of emergency responses	<u>57</u>	Number of emergency transports
<u>1598</u>	Number of non-emergency responses	<u>1675</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** ProTransport-1 **Response Zone:** NA

**Address:** 191 Lathrop way  
Sacramento, CA 95815

**Number of Ambulance Vehicles in Fleet:** 28

**Phone Number:** 877-225-9392

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

21193 Total number of responses  
131 Number of emergency responses  
21062 Number of non-emergency responses

21193 Total number of transports  
131 Number of emergency transports  
21062 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** REACH Air Medical Services, LLC **Response Zone:** NA

**Address:** R2 - San Joaquin County - 6364 S. Lindbergh Street, Stockto, CA 95206

R7 - Yuba County - 1400 Sky Harbor Drive, Olivehurst, CA 95961

**Phone Number:** R2 - 707-324-2499 R7 - 707-324-2503

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

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground</p> <p><input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air</p> <p><input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water</p> <p><input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

78 Total number of responses  
38 Number of emergency responses  
40 Number of non-emergency responses

29 Total number of transports  
5 Number of emergency transports  
24 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** River Delta Fire District **Response Zone:** NA

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

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

**Phone Number:** 916-777-8700

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Sacramento International Airport System Aircraft Rescue, Firefighting Division **Response Zone:** NA

**Address:** 7201 Earhart Drive  
Sacramento, CA 95837

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

**Phone Number:** 916-874-0648

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Sacramento Fire Department EMS **Response Zone:** NA

**Address:** 3230 J Street  
Sacramento, CA

**Number of Ambulance Vehicles in Fleet:** 22

**Phone Number:** 916-563-0600

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 13

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>66109</u>	Total number of responses	35219	Total number of transports
<u>66109</u>	Number of emergency responses	35219	Number of emergency transports
<u>        </u>	Number of non-emergency responses		Number of non-emergency transports

**Air Ambulance Services**

<u>        </u>	Total number of responses	Total number of transports
<u>        </u>	Number of emergency responses	Number of emergency transports
<u>        </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Sacramento Metropolitan Fire Department **Response Zone:** NA

**Address:** 10545 Armstrong Ave  
Mather, CA 95655

**Number of Ambulance Vehicles in Fleet:** 46

**Phone Number:** 916-859-4300

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input checked="" type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input checked="" type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

<u>76490</u>	Total number of responses	<u>53236</u>	Total number of transports
<u>76490</u>	Number of emergency responses	<u>53236</u>	Number of emergency transports
<u>      </u>	Number of non-emergency responses		Number of non-emergency transports

**Air Ambulance Services**

<u>      </u>	Total number of responses	Total number of transports
<u>      </u>	Number of emergency responses	Number of emergency transports
<u>      </u>	Number of non-emergency responses	Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Sacramento Valley Ambulance **Response Zone:** NA

**Address:** 6220 Belleau Wood #4  
Sacramento, CA 95822

**Number of Ambulance Vehicles in Fleet:** 5

**Phone Number:** 916-736-2500

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

<u>3461</u>	Total number of responses	<u>3409</u>	Total number of transports
<u>277</u>	Number of emergency responses	<u>277</u>	Number of emergency transports
<u>3184</u>	Number of non-emergency responses	<u>3132</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** TLC Transportation Inc **Response Zone:** NA

**Address:** 5751 Excelsior Rd  
Sacramento, CA 95827

**Number of Ambulance Vehicles in Fleet:** 7

**Phone Number:** 916-368-2222

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>842</u>	Total number of responses	<u>773</u>	Total number of transports
<u>14</u>	Number of emergency responses	<u>6</u>	Number of emergency transports
<u>828</u>	Number of non-emergency responses	<u>767</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	Total number of transports
<u>          </u>	Number of emergency responses	Number of emergency transports
<u>          </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** VeriHealth **Response Zone:** NA

**Address:** 2190 South McDowell Blvd  
Petaluma, CA 94954

**Number of Ambulance Vehicles in Fleet:** 44

**Phone Number:** 707-766-2400

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Walnut Grove Fire Protection District **Response Zone:** NA

**Address:** P.O. Box 1341  
Walnut Grove, CA 95690

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

**Phone Number:** 916-777-8700

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Wilton Fire Protection District **Response Zone:** NA

**Address:** 9800 Dillard Rd, Wilton, CA 95693

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

**Phone Number:** (916) 687-8413

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

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport      <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input checked="" type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Kaiser Sacramento  
**Address:** 2025 Morse ave  
Sacramento, CA 95825

**Telephone Number:** (916) 973-6626

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Kaiser South Sacramento  
**Address:** 6600 Bruceville Rd  
Sacramento, CA 95823

**Telephone Number:** 916-688-2491

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

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

**Telephone Number:** (916) 453-4428

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Carol Demaree, RN Manager

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

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

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



**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

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

**Telephone Number:** 916-983-7470

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Mercy San Juan Medical Center  
**Address:** 6501 Coyle Ave.  
Carmichael, CA 95608

**Telephone Number:** 916-864-5550

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Methodist Hospital of Sacramento  
**Address:** 7500 Hospital Drive  
Sacramento, CA 95823

**Telephone Number:** 916-423-3000

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Sutter General Hospital  
**Address:** 2801 L Street  
Sacramento, CA 95816

**Telephone Number:** 916-454-2222

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Sutter Memorial Hospital  
**Address:** 5151 F Street  
Sacramento, CA 95819

**Telephone Number:** 916-454-3333

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

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

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Sutter Roseville Medical Center  
**Address:** 1 Medical Plaza  
Roseville, CA 95661

**Telephone Number:** (916) 781-1800

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

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

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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I do not know if there is currently a written contract.

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

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** UC Davis Medical Center, Emergency Department  
**Address:** 2315 Stockton Blvd.  
Sacramento, Ca. 95817

**Telephone Number:** 916-734-5323 (pre-hospital) 916-734-2011 (main)

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

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

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

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

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

County: Sacramento

Reporting Year: 2014

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

Training Institution: <u>Alpha One Ambulance Medical Services</u>		Telephone Number: <u>916-215-1866</u>	
Address: <u>11354 White Rock Road</u>			
<u>Rancho Cordova, CA 95742</u>			
Student Eligibility*:	Personnel only _____	**Program Level	<u>EMT-P</u>
	Cost of Program:		<u>EMT</u>
	Basic: <u>0</u>	Number of students completing training per year:	<u>102</u>
	Refresher: <u>0</u>	Initial training:	<u>63</u>
		Refresher:	_____
		Continuing Education:	<u>39</u>
		Expiration Date:	_____
		Number of courses: <u>20</u>	
		Initial training:	<u>15</u>
		Refresher:	_____
		Continuing Education:	<u>5</u>
Training Institution: _____		Telephone Number: _____	
Address: _____			
_____			
Student Eligibility*:	_____	**Program Level	_____
	Cost of Program:		
	Basic: _____	Number of students completing training per year:	_____
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses: _____	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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



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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>American River College</u>	Telephone Number:	<u>916-484-8843</u>
Address:	<u>4700 college Oak Drive, Sacramento, CA 95841</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT-1</u>
Cost of Program:		Number of students completing training per year:	<u>190</u>
Basic:	<u>46/unit</u>	Initial training:	<u>190</u>
Refresher:	<u>46/unit</u>	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	<u>7</u>
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

Training Institution:	<u>American River College</u>	Telephone Number:	<u>916-484-8843</u>
Address:	<u>4700 college Oak Drive, Sacramento, CA 95841</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT-P</u>
Cost of Program:		Number of students completing training per year:	<u>24</u>
Basic:	<u>SAA</u>	Initial training:	<u>24</u>
Refresher:	<u>SAA</u>	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	<u>1</u>
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>CALSTAR</u>	Telephone Number:	<u>916-921-4066</u>
Address:	<u>4933 Bailey Loop</u>		
	<u>McClellan, CA 95652</u>		
Student Eligibility*:	<u>Public</u>	Cost of Program:0	**Program Level <u>EMT/EMT-P'</u> <u>MICN/RN</u>
		Basic: _____	Number of students completing training per year: <u>0</u>
		Refresher: _____	Initial training: _____
			Refresher: _____
			Continuing Education: _____
			Expiration Date: _____
			Number of courses: _____
			Initial training: _____
			Refresher: _____
			Continuing Education: <u>0</u>

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>Cosumnes Fire Department</u>			Telephone Number:	<u>(916)405-7100</u>
Address:	<u>10573 East Stockton Boulevard</u>				
	<u>Elk Grove, CA 95624</u>				
Student Eligibility*:	<u>CFD Employees only</u>	Cost of Program:	**Program Level	<u>CE for EMT; EMT-P</u>	
		Basic: <u>N/A</u>	Number of students completing training per year: <u>468 (156 per course)</u>		
		Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>468</u>	
			Expiration Date:	<u>N/A</u>	
			Number of courses: <u>3</u>		
			Initial training:	<u>N/A</u>	
			Refresher:	<u>N/A</u>	
			Continuing Education:	<u>N/A</u>	

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

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

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

County: Sacramento

Reporting Year: 2014

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

Training Institution: <u>California Regional Fire Academy</u>		Telephone Number: <u>916-475-1660</u>	
Address: <u>9320 Tech Drive</u>			
<u>Sacramento, CA. 95826</u>			
Student Eligibility*:	Cost of Program:	**Program Level	<u>EMT-P</u>
<u>General Public</u>			<u>EMT</u>
	Basic: <u>1400/1195</u>	Number of students completing training per year:	<u>192</u>
	Refresher: <u>185</u>	Initial training:	<u>149</u>
		Refresher:	<u>7</u>
		Continuing Education:	<u></u>
		Expiration Date:	<u>1/1/17</u>
		Number of courses: <u>6</u>	
		Initial training:	<u>5</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u></u>

Training Institution: _____		Telephone Number: _____	
Address: _____			
_____			
Student Eligibility*:	Cost of Program:	**Program Level	_____
_____			
	Basic: _____	Number of students completing training per year:	_____
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses: _____	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>Cosumnes River College</u>		Telephone Number:	<u>916-691-7906</u>
Address:	<u>8401 Center Parkway</u>			
	<u>Sacramento, CA 95823</u>			
Student Eligibility*:	<u>Open public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$500</u>	Number of students completing training per year:	<u>55</u>
	Refresher:	<u>          </u>	Initial training:	<u>55</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>          </u>
		Number of courses:	<u>2</u>	
		Initial training:	<u>4</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution: Dignity Health Collaborative Learning Center Telephone Number: 916-733-6330  
 Address: 1700 Tribute Road, Suite 100  
Sacramento, CA. 95815

Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT-P</u>
				<u>MICN</u>
		Basic: <u>\$70-200</u>	Number of students completing training per year:	<u>77</u>
		Refresher: <u>\$70-200</u>	Initial training:	<u>70</u>
			Refresher:	<u>7</u>
			Continuing Education:	<u>77</u>
			Expiration Date:	<u>                    </u>
			Number of courses:	<u>3</u>
			Initial training:	<u>3</u>
			Refresher:	<u>3</u>
			Continuing Education:	<u>3</u>

Training Institution: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Student Eligibility*:	_____	Cost of Program:	**Program Level	_____
		Basic: _____	Number of students completing training per year:	_____
		Refresher: _____	Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	_____
			Number of courses:	_____
			Initial training:	_____
			Refresher:	_____
			Continuing Education:	_____

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution: <u>Methodist Hospital of Sacramento</u>		Telephone Number: <u>916-423-5914</u>	
Address: <u>7500 Hospital Drive</u>			
<u>Sacramento, CA 95823</u>			
Student Eligibility*:	Open to general public	Cost of Program:	**Program Level <u>EMT-1, EMT-P, MICN</u>
		Basic: <u>\$0.00</u>	Number of students completing training per year: <u>39</u>
		Refresher: <u>\$0.00</u>	Initial training: _____
			Refresher: _____
			Continuing Education: <u>X</u>
			Expiration Date: <u>06/16/2018</u>
		Number of courses: <u>4</u>	
		Initial training: _____	
		Refresher: _____	
		Continuing Education: <u>X</u>	

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

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



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

County: Sacramento

Reporting Year: 2014

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

Training Institution: <u>Mercy San Juan Medical Center</u>		Telephone Number: <u>916- 963-8721</u>	
Address: <u>6501 Coyle Ave</u>			
<u>Carmichael, CA 95608</u>			
Student Eligibility*: <u>Restricted</u>	**Program Level <u>MICN</u>		
Cost of Program:	Number of students completing training per year: <u>24</u>		
Basic: <u>\$300</u>	Initial training: <u>24</u>		
Refresher: _____	Refresher: _____		
	Continuing Education: _____		
	Expiration Date: _____		
	Number of courses: <u>2</u>		
	Initial training: <u>2</u>		
	Refresher: _____		
	Continuing Education: _____		

Training Institution: <u>Mercy San Juan Medical Center</u>		Telephone Number: <u>916-963-8721</u>	
Address: <u>6501 Coyle Ave</u>			
<u>Carmichael, CA 95608</u>			
Student Eligibility*: <u>General Public</u>	**Program Level <u>CE- EMT, EMT-P, RN</u>		
Cost of Program:	Number of students completing training per year: <u>229</u>		
Basic: <u>0</u>	Initial training: _____		
Refresher: _____	Refresher: _____		
	Continuing Education: <u>229</u>		
	Expiration Date: _____		
	Number of courses: <u>9</u>		
	Initial training: _____		
	Refresher: _____		
	Continuing Education: <u>9</u>		

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:		<u>NorCal Emergency Medical Training</u>		Telephone Number:	<u>(916) 787-1787</u>
Address:		<u>1512 Eureka Road, Suite 105</u>			
		<u>Roseville CA 95661</u>			
Student Eligibility*:	<u>Public</u>	Cost of Program:	**Program Level	AHA classes for all skills levels	
		Basic: <u>\$55-\$240</u>	Number of students completing training per year: <u>3374</u>		
		Refresher: <u>\$55-\$160</u>	Initial training:	<u>2675</u>	
			Refresher:	<u>699</u>	
			Continuing Education:	<u>0</u>	
			Expiration Date:	<u>8/7/2015</u>	
			Number of courses: <u>7</u>		
			Initial training:	<u>4</u>	
			Refresher:	<u>3</u>	
			Continuing Education:	<u>0</u>	

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>Sacramento Fire Department</u>	Telephone Number:	<u>916 808 1654</u>
Address:	<u>3230 J St</u>		
	<u>Sacramento CA 95816</u>		
Student Eligibility*:	<u>Employee only</u>	**Program Level	<u>EMT-P-EMT</u>
	Cost of Program:	Number of students completing training per year:	<u>498</u>
	Basic: <u>n/a</u>	Initial training:	<u>                    </u>
	Refresher: <u>n/a</u>	Refresher:	<u>                    </u>
		Continuing Education:	<u>498</u>
		Expiration Date:	<u>                    </u>
		Number of courses: 30	
		Initial training:	<u>                    </u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>30</u>

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>Sacramento International Airport Fire and Rescue (ARFF)</u>		Telephone Number:	<u>916 874-0648</u>
Address:	<u>7201 Earhart Blvd</u>			
	<u>Sacramento, CA 95837</u>			
Student Eligibility*:	<u>Restricted to ARFF EMT</u>	Cost of Program:	**Program Level	<u>CE</u>
		Basic: <u>NA</u>	Number of students completing training per year:	<u>(35)</u>
		Refresher: <u>NA</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	<u>35</u>
			Expiration Date:	_____
			Number of courses:	<u>2</u>
			Initial training:	_____
			Refresher:	_____
			Continuing Education:	<u>(2) prog per year-up to 48 hrs. CE per prog</u>

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>Sacramento State Prehospital Education Program</u>		Telephone Number:	<u>916-278-5984</u>
Address:	<u>3000 State University Drive Sacramento, CA 95819</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>Paramedic</u>	
	Cost of Program:	Number of students completing training per year:	<u>53</u>	
	Basic: <u>\$12K</u>	Initial training:	<u>53</u>	
	Refresher: _____	Refresher:	_____	
		Continuing Education:	_____	
		Expiration Date:	_____	
		Number of courses: <u>3</u>		
		Initial training:	_____	
		Refresher:	_____	
		Continuing Education:	_____	

Training Institution:	<u>Sacramento State Prehospital Education Program</u>		Telephone Number:	<u>916-278-5984</u>
Address:	<u>3000 State University Drive Sacramento, CA 95819</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:	Number of students completing training per year:	<u>114</u>	
	Basic: <u>1,200</u>	Initial training:	<u>114</u>	
	Refresher: <u>free</u>	Refresher:	_____	
		Continuing Education:	_____	
		Expiration Date:	_____	
		Number of courses: <u>5</u>		
		Initial training:	<u>5</u>	
		Refresher:	_____	
		Continuing Education:	_____	

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

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

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

**County:** Sacramento

**Reporting Year:** 2014

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

Training Institution:	<u>Sacramento Metropolitan Fire District</u>		Telephone Number:	<u>916-859-4300</u>
Address:	<u>10545 Armstrong Ave., Suite 200</u>			
	<u>Mather, CA 95655</u>			
Student Eligibility*:	<u>Closed to Metro personnel</u>	**Program Level	<u>EMT / EMTP</u>	
	Cost of Program:		Number of students completing training per year: _____	
	Basic: <u>0</u>		Initial training: _____	
	Refresher: <u>0</u>		Refresher: _____	
			Continuing Education: <u>486</u>	
			Expiration Date: _____	
		Number of courses: _____	_____	
		Initial training: _____	_____	
		Refresher: _____	_____	
		Continuing Education: _____	<u>38</u>	

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

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

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

County: Sacramento County

Reporting Year: 2014

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

Name:	<u>Alpha One Ambulance</u>	Primary Contact: <u>Jack Finnegan</u>
Address:	<u>11354 White Rock Rd. #100</u> <u>Rancho Cordova, CA 95748</u>	
Telephone Number:	<u>916-635-2011</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: <u>7</u> EMD Training <u>1</u> EMT-D <u>3</u> ALS <u>    </u> BLS <u>    </u> LALS <u>    </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	<u>NORCAL Ambulance</u>	Primary Contact: <u>Eric Larimer</u>
Address:	<u>1815 Stockton Blvd</u> <u>Sacramento, CA 95816</u>	
Telephone Number:	<u>916-860-7900</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>2</u> EMD Training <u>    </u> EMT-D <u>    </u> ALS <u>    </u> BLS <u>    </u> LALS <u>    </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

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

County: Sacramento County

Reporting Year: 2014

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

Name:	<u>California Shock Trauma Air Rescue (CALSTAR)</u>		Primary Contact:	<u>Danielle Lance and Julie McGinnis,</u>	
Address:	<u>4933 Bailey Loop</u>				
	<u>McClellan, CA 95652</u>				
Telephone Number:	<u>800-252-5050</u>				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>11</u> EMD Training	<u>        </u> EMT-D	<u>        </u> ALS
			<u>        </u> BLS	<u>        </u> LALS	<u>        </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

Name:	<u>American Medical Response</u>		Primary Contact:	<u>Rich Silva,</u>	
Address:	<u>1041 Fee Drive</u>				
	<u>Sacramento, CA 95815</u>				
Telephone Number:	<u>800-913-9112</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>67</u> EMD Training	<u>        </u> EMT-D	<u>        </u> ALS
			<u>        </u> BLS	<u>        </u> LALS	<u>        </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			



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

County: Sacramento County

Reporting Year: 2014

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

Name:	<u>Pro Transport-1</u>	Primary Contact: <u>Devon Luce</u>
Address:	<u>191 Lathrop way Suite N</u> <u>Sacramento, CA 95815</u>	
Telephone Number:	<u>(877) 225-9392</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: <u>15</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	<u>First Responder EMS</u>	Primary Contact: <u>Dorthy Rodriguez</u>
Address:	<u>10161 Croydon Way Ste #1</u> <u>Sacramento, CA. 95827</u>	
Telephone Number:	<u>916-256-5144</u>	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>8</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

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

County: Sacramento County

Reporting Year: 2014

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

Name:	Sacramento County Regional Fire EMS Dispatch Center	Primary Contact: Joe Thuesen
Address:	10230 Systems Pkwy.	
	Sacramento, CA 95827	
Telephone Number:	916-228-3070	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: <sup>38</sup> _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:		Primary Contact: _____
Address:		
Telephone Number:		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Alpha One Ambulance **Response Zone:** NA

**Address:** 11354 White Rock Rd. #100  
Rancho Cordova, CA 95742

**Number of Ambulance Vehicles in Fleet:** 18

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

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>12697</u>	Total number of responses	<u>10199</u>	Total number of transports
<u>7779</u>	Number of emergency responses	<u>6301</u>	Number of emergency transports
<u>4918</u>	Number of non-emergency responses	<u>3898</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** American Medical Response **Response Zone:** NA

**Address:** 1101 Fee Dr.  
Sacramento, CA 95815

**Number of Ambulance Vehicles in Fleet:** 27

**Phone Number:** 916-563-0600

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>9415</u>	Total number of responses	<u>8529</u>	Total number of transports
<u>2460</u>	Number of emergency responses	<u>2139</u>	Number of emergency transports
<u>6955</u>	Number of non-emergency responses	<u>6390</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	Total number of transports
<u>          </u>	Number of emergency responses	Number of emergency transports
<u>          </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** California Shock Trauma Air Rescue (CALSTAR) **Response Zone:** NA

**Address:** 4933 Bailey Loop  
McClellan, CA 95652

**Number of Ambulance Vehicles in Fleet:** 14

**Phone Number:** 916-921-4000

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** California Highway Patrol **Response Zone:** NA

**Address:** 1801 (th Street  
Sacramento, CA 95811

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 916-322-3337

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** CHP-Valley Division Air Operations **Response Zone:** NA

**Address:** 2434 Lindbergh St  
Auburn, CA

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

**Phone Number:** (530)823-4535

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

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input checked="" type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input checked="" type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input checked="" type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Cosumnes Fire Department **Response Zone:** NA

**Address:** 10573 East Stockton Boulevard  
Elk Grove, CA 95624

**Number of Ambulance Vehicles in Fleet:** 10

**Phone Number:** (916) 405-7100 (Fire Main)

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

9529 Total number of responses  
9529 Number of emergency responses  
           Number of non-emergency responses

7914 Total number of transports  
7914 Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Courtland Fire Protection District **Response Zone:** NA

**Address:** 145 Magnolia Ave  
Courtland, CA 95615

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

**Phone Number:** 916-755-1210

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

County: Sacramento Provider: Falck Response Zone: NA

Address: 2190 South McDowell Blvd  
Petaluma, CA 94954

Number of Ambulance Vehicles in Fleet: 54

Phone Number: 707-766-2400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> CCT      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

<u>637</u>	Total number of responses	<u>633</u>	Total number of transports
<u>31</u>	Number of emergency responses	<u>31</u>	Number of emergency transports
<u>606</u>	Number of non-emergency responses	<u>602</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>        </u>	Total number of responses	<u>        </u>	Total number of transports
<u>        </u>	Number of emergency responses	<u>        </u>	Number of emergency transports
<u>        </u>	Number of non-emergency responses	<u>        </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** First Responder EMS **Response Zone:** NA

**Address:** 10161 Croydon Way Ste #1  
Sacramento, CA. 95827

**Number of Ambulance Vehicles in Fleet:** 24

**Phone Number:** (916) 733-5100

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> CCT      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

<u>14381</u>	Total number of responses	<u>13757</u>	Total number of transports
<u>5031</u>	Number of emergency responses	<u>4768</u>	Number of emergency transports
<u>9350</u>	Number of non-emergency responses	<u>8989</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** City of Folsom Fire Department **Response Zone:** NA

**Address:** 535 Glenn Dr  
Folsom Ca, 95630

**Number of Ambulance Vehicles in Fleet:** 4

**Phone Number:** (916) 984-2280

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

<u>3087</u>	Total number of responses	<u>2630</u>	Total number of transports
<u>3087</u>	Number of emergency responses	<u>2630</u>	Number of emergency transports
<u>      </u>	Number of non-emergency responses		Number of non-emergency transports

**Air Ambulance Services**

<u>      </u>	Total number of responses	Total number of transports
<u>      </u>	Number of emergency responses	Number of emergency transports
<u>      </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Herald Fire Protection District **Response Zone:** NA

**Address:** P.O. Box 52  
Herald, CA 95638

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

**Phone Number:** 209-748-2322

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Medic Ambulance Service **Response Zone:** NA

**Address:** 2349 Lexington St  
Sacramento CA 95815

**Number of Ambulance Vehicles in Fleet:** 10

**Phone Number:** 916-564-9040

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>2470</u>	Total number of responses	<u>2110</u>	Total number of transports
<u>1635</u>	Number of emergency responses	<u>1398</u>	Number of emergency transports
<u>835</u>	Number of non-emergency responses	<u>712</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** NORCAL Ambulance **Response Zone:** NA

**Address:** 1815 Stockton Blvd  
Sacramento, CA 95816

**Number of Ambulance Vehicles in Fleet:** 12

**Phone Number:** 916-860-7900

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></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 checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

<u>4122</u>	Total number of responses	<u>4040</u>	Total number of transports
<u>428</u>	Number of emergency responses	<u>56</u>	Number of emergency transports
<u>3694</u>	Number of non-emergency responses	<u>3984</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	<u>          </u>	Total number of transports
<u>          </u>	Number of emergency responses	<u>          </u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses	<u>          </u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** ProTransport-1 **Response Zone:** NA

**Address:** 191 Lathrop way  
Sacramento, CA 95815

**Number of Ambulance Vehicles in Fleet:** 28

**Phone Number:** 877-225-9392

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

17121 Total number of responses  
141 Number of emergency responses  
16980 Number of non-emergency responses

17121 Total number of transports  
141 Number of emergency transports  
16980 Number of non-emergency transports

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** REACH Air Medical Services, LLC **Response Zone:** NA

**Address:** R2 - San Joaquin County - 6364 S. Lindbergh Street, Stockto, CA 95206

R7 - Yuba County - 1400 Sky Harbor Drive, Olivehurst, CA 95961

**Phone Number:** R2 - 707-324-2499 R7 - 707-324-2503

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

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input checked="" type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

76 Total number of responses  
42 Number of emergency responses  
40 Number of non-emergency responses

26 Total number of transports  
5 Number of emergency transports  
24 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** River Delta Fire District **Response Zone:** NA

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

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

**Phone Number:** 916-777-8700

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Sacramento International Airport System Aircraft Rescue, Firefighting Division **Response Zone:** NA

**Address:** 7201 Earhart Drive  
Sacramento, CA 95837

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

**Phone Number:** 916-874-0648

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Sacramento Fire Department EMS **Response Zone:** NA

**Address:** 3230 J Street  
Sacramento, CA

**Number of Ambulance Vehicles in Fleet:** 22

**Phone Number:** 916-563-0600

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>53250</u>	Total number of responses	<u>28234</u>	Total number of transports
<u>53250</u>	Number of emergency responses	<u>28234</u>	Number of emergency transports
<u>          </u>	Number of non-emergency responses		Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	Total number of transports
<u>          </u>	Number of emergency responses	Number of emergency transports
<u>          </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento      **Provider:** Sacramento Metropolitan Fire Department      **Response Zone:** NA

**Address:** 10545 Armstrong Ave  
Mather, CA 95655

**Number of Ambulance Vehicles in Fleet:** 44

**Phone Number:** 916-859-4300

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 23

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>62101</u>	Total number of responses	43368	Total number of transports
<u>62101</u>	Number of emergency responses	43368	Number of emergency transports
<u>        </u>	Number of non-emergency responses		Number of non-emergency transports

**Air Ambulance Services**

<u>        </u>	Total number of responses	Total number of transports
<u>        </u>	Number of emergency responses	Number of emergency transports
<u>        </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Sacramento Valley Ambulance **Response Zone:** NA

**Address:** 6220 Belleau Wood #4  
Sacramento, CA 95822

**Number of Ambulance Vehicles in Fleet:** 5

**Phone Number:** 916-736-2500

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> CCT      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County <input type="checkbox"/> State      <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

<u>3152</u>	Total number of responses	<u>2879</u>	Total number of transports
<u>131</u>	Number of emergency responses	<u>131</u>	Number of emergency transports
<u>3021</u>	Number of non-emergency responses	<u>2448</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	Total number of transports
<u>          </u>	Number of emergency responses	Number of emergency transports
<u>          </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** TLC Transportation Inc **Response Zone:** NA

**Address:** 5751 Excelsior Rd  
Sacramento, CA 95827

**Number of Ambulance Vehicles in Fleet:** 7

**Phone Number:** 916-368-2222

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>310</u>	Total number of responses	<u>298</u>	Total number of transports
<u>14</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>296</u>	Number of non-emergency responses	<u>298</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>          </u>	Total number of responses	Total number of transports
<u>          </u>	Number of emergency responses	Number of emergency transports
<u>          </u>	Number of non-emergency responses	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Walnut Grove Fire Protection District **Response Zone:** NA

**Address:** P.O. Box 1341  
Walnut Grove, CA 95690

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

**Phone Number:** 916-777-8700

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**

Reporting Year: 2015

**Response/Transportation/Providers**

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

**County:** Sacramento **Provider:** Wilton Fire Protection District **Response Zone:** NA

**Address:** 9800 Dillard Rd, Wilton, CA 95693

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

**Phone Number:** (916) 687-8413

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

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport      <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT         </p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p> <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other            Explain:         </p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input checked="" type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>
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**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Kaiser Sacramento  
**Address:** 2025 Morse ave  
Sacramento, CA 95825

**Telephone Number:** (916) 973-6626

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Kaiser South Sacramento  
**Address:** 6600 Bruceville Rd  
Sacramento, CA 95823

**Telephone Number:** 916-688-2491

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

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

**Telephone Number:** (916) 453-4428

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Carol Demaree, RN Manager

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

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

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

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

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

**Telephone Number:** 916-983-7470

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Mercy San Juan Medical Center  
**Address:** 6501 Coyle Ave.  
Carmichael, CA 95608

**Telephone Number:** 916-864-5550

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Methodist Hospital of Sacramento  
**Address:** 7500 Hospital Drive  
Sacramento, CA 95823

**Telephone Number:** 916-423-3000

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Sutter General Hospital  
**Address:** 2801 L Street  
Sacramento, CA 95816

**Telephone Number:** 916-454-2222

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** Sutter Roseville Medical Center  
**Address:** 1 Medical Plaza  
Roseville, CA 95661

**Telephone Number:** (916) 781-1800

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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I do not know if there is currently a written contract.

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

**Table 9: Resources Directory**

**Facilities**

**County:** Sacramento County

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

**Facility:** UC Davis Medical Center, Emergency Department  
**Address:** 2315 Stockton Blvd.  
Sacramento, Ca. 95817

**Telephone Number:** 916-734-5323 (pre-hospital) 916-734-2011 (main)

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

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

**County:** Sacramento      **Reporting Year:** 2015 Quarter 1-3

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

Training Institution: <u>Alpha One Ambulance Medical Services</u>		Telephone Number: <u>916-215-1366</u>	
Address: <u>11354 White Rock Road</u>			
<u>Rancho Cordova, CA 95742</u>			
Student Eligibility*:	Cost of Program:	**Program Level	<u>EMT-P</u>
<u>Personnel only</u>			<u>EMT</u>
	Basic: <u>0</u>	Number of students completing training per year:	<u>122</u>
	Refresher: <u>0</u>	Initial training:	<u>91</u>
		Refresher:	_____
		Continuing Education:	<u>121</u>
		Expiration Date:	_____
		Number of courses: <u>30</u>	
		Initial training:	<u>18</u>
		Refresher:	_____
		Continuing Education:	<u>12</u>
Training Institution: _____		Telephone Number: _____	
Address: _____			
_____			
Student Eligibility*:	Cost of Program:	**Program Level	_____
_____			
	Basic: _____	Number of students completing training per year:	_____
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses: _____	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

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

**County:** Sacramento    **Reporting Year:** 2015 1<sup>st</sup>-3<sup>rd</sup> Quarter

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

Training Institution:	<u>CALSTAR</u>	Telephone Number:	<u>916-921-4066</u>
Address:	<u>4933 Bailey Loop</u> <u>McClellan, CA 95652</u>		
Student Eligibility*:	<u>Public</u>	Cost of Program:	
		**Program Level	<u>EMT/EMT-P</u> <u>MICN/RN</u>
	Basic: _____	Number of students completing training per year:	<u>  0  </u>
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses: _____	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	<u>  0  </u>

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

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

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

**County:** Sacramento      **Reporting Year:** 2015 1<sup>st</sup>-3<sup>rd</sup> Quarter

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

Training Institution:	<u>Cosumnes Fire Department</u>		Telephone Number:	<u>(916) 405-7100</u>
Address:	<u>10573 East Stockton Boulevard</u>			
	<u>Elk Grove, CA 95624</u>			
Student Eligibility*:	<u>CFD employees only</u>	**Program Level	<u>EMT; EMT-P</u>	
	Cost of Program:	Number of students completing training per year: <u>760</u>		
	Basic: <u>N/A</u>	Initial training:	<u>N/A</u>	
	Refresher: <u>N/A</u>	Refresher:	<u>N/A</u>	
		Continuing Education:	<u>760</u>	
		Expiration Date:	<u>N/A</u>	
		Number of courses: <u>30</u>		
		Initial training:	<u>N/A</u>	
		Refresher:	<u>N/A</u>	
		Continuing Education:	<u>30</u>	

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

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

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

**County:** Sacramento    **Reporting Year:** 2015 1<sup>st</sup>-3<sup>rd</sup> Quarter

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

Training Institution:	<u>Cosumnes River College</u>	Telephone Number:	<u>916-691-7906</u>
Address:	<u>8401 Center Parkway</u>		
	<u>Sacramento, CA 95823</u>		
Student Eligibility*:	<u>Open public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	<u>25</u>
Basic:	<u>\$500</u>	Initial training:	<u>25 (up to 3<sup>rd</sup> quarter)</u>
Refresher:	<u>                    </u>	Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>                    </u>
		Number of courses:	<u>2</u>
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

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

**County:** Sacramento      **Reporting Year:** 2015 Quarter 1-3

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

Training Institution: Address:	<u>California Regional Fire Academy</u> <u>9329 Tech Center Drive</u> <u>Rancho Cordova, CA. 95826</u>	Telephone Number: <u>916-475-1660</u>
Student Eligibility*:  <u>General Public</u>	Cost of Program: Basic: <u>1400</u> Refresher: <u>185</u>	**Program Level <u>EMT-P</u> <u>EMT</u>  Number of students completing training per year: <u>74</u> Initial training: <u>74</u> Refresher: <u>TBA</u> Continuing Education: <u>0</u> Expiration Date: <u>1/17/17</u>  Number of courses: <u>4</u> Initial training: <u>4</u> Refresher: <u>1</u> Continuing Education: _____
Training Institution: Address:	_____ _____ _____	Telephone Number: _____
Student Eligibility*:  _____	Cost of Program: Basic: _____ Refresher: _____	**Program Level    _____  Number of students completing training per year: _____ Initial training: _____ Refresher: _____ Continuing Education: _____ Expiration Date: _____  Number of courses: _____ Initial training: _____ Refresher: _____ Continuing Education: _____

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

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

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

**County:** Sacramento      **Reporting Year:** 2015 Quarter 1-3

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

Training Institution: <u>Dignity Health Collaborative Learning Center</u>		Telephone Number: <u>916-733-6330</u>	
Address: <u>1700 Tribute Road, Suite 100</u>			
<u>Sacramento, CA. 95815</u>			
Student Eligibility*:	Personnel only _____	Cost of Program:	**Program Level <u>EMT-P</u> <u>EMT</u>
		Basic: <u>\$0-200</u>	Number of students completing training per year: <u>1307</u>
		Refresher: <u>SAA</u>	Initial training: <u>999</u>
			Refresher: _____
			Continuing Education: <u>308</u>
			Expiration Date: _____
			Number of courses: <u>50</u>
			Initial training: <u>31</u>
			Refresher: _____
			Continuing Education: <u>19</u>
Training Institution: _____		Telephone Number: _____	
Address: _____			
_____			
Student Eligibility*:	_____	Cost of Program:	**Program Level _____
		Basic: _____	Number of students completing training per year: _____
		Refresher: _____	Initial training: _____
			Refresher: _____
			Continuing Education: _____
			Expiration Date: _____
			Number of courses: _____
			Initial training: _____
			Refresher: _____
			Continuing Education: _____

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



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

**County:** Sacramento      **Reporting Year:** 2015 1<sup>st</sup>-3<sup>rd</sup> Quarter

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

Training Institution: <u>Methodist Hospital of Sacramento</u>		Telephone Number: <u>916-423-5914</u>	
Address: <u>7500 Hospital Drive</u>			
<u>Sacramento, CA 95823</u>			
Student Eligibility*:	Open to general public	Cost of Program:	**Program Level <u>EMT-1, EMT-P, MICN</u>
		Basic: <u>\$0.00</u>	Number of students completing training per year: <u>17</u>
		Refresher: <u>\$0.00</u>	Initial training: _____
			Refresher: _____
			Continuing Education: <u>X</u>
			Expiration Date: <u>06/16/2018</u>
		Number of courses: <u>5</u>	
		Initial training: _____	
		Refresher: _____	
		Continuing Education: <u>X</u>	

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

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

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

**County:** Sacramento      **Reporting Year:** 2015 Quarter 1-3

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

Training Institution: <u>Mercy San Juan Medical Center</u>		Telephone Number: <u>916-962-8721</u>	
Address: <u>6501 Coyle Ave Carmichael, CA 95608</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT, EMT-P MICN</u>
	Cost of Program:		
	Basic: <u>0</u>	Number of students completing training per year:	<u>110</u>
	Refresher: <u>0</u>	Initial training:	<u>                    </u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>110</u>
		Expiration Date:	<u>                    </u>
		Number of courses: <u>2</u>	
		Initial training:	<u>                    </u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>2</u>

Training Institution: <u>Mercy San Juan Medical Center</u>		Telephone Number: <u>916-962-8721</u>	
Address: <u>6501 Coyle Ave Carmichael, CA 95608</u>			
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>MICN</u>
	Cost of Program:		
	Basic: <u>\$300</u>	Number of students completing training per year:	<u>12</u>
	Refresher: <u>                    </u>	Initial training:	<u>12</u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>
		Expiration Date:	<u>                    </u>
		Number of courses: <u>                    </u>	
		Initial training:	<u>2</u>
		Refresher:	<u>                    </u>
		Continuing Education:	<u>                    </u>

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

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

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

**County:** Sacramento    **Reporting Year:** 2015 1<sup>st</sup>-3<sup>rd</sup> Quarter

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

Training Institution:		<u>NorCal Emergency Medical Training</u>		Telephone Number:	<u>(916) 787-1787</u>
Address:		<u>1512 Eureka Road, Suite 105</u>			
		<u>Roseville CA 95661</u>			
Student Eligibility*:	<u>Public</u>	Cost of Program:	**Program Level	<u>AHA classes for all skills levels</u>	
		Basic: <u>\$55-\$240</u>	Number of students completing training per year: <u>3541</u>		
		Refresher: <u>\$55-\$160</u>	Initial training:	<u>2688</u>	
			Refresher:	<u>853</u>	
			Continuing Education:	<u>0</u>	
			Expiration Date:	<u>8/7/2019</u>	
			Number of courses: <u>7</u>		
			Initial training:	<u>4</u>	
			Refresher:	<u>3</u>	
			Continuing Education:	<u>0</u>	

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

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



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

**County:** Sacramento    **Reporting Year:** 2015 1<sup>st</sup>-3<sup>rd</sup> Quarter

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

Training Institution:	<u>Sacramento International Airport Fire and Rescue (ARFF)</u>		Telephone Number:	<u>916 874-0648</u>
Address:	<u>7201 Earhart Blvd</u>			
	<u>Sacramento, CA 95837</u>			
Student Eligibility*:	Restricted to <u>ARFF EMT</u>	**Program Level	<u>CE-BLS</u>	
	Cost of Program:	Number of students completing training per year: Approx 35		
	Basic: <u>NA</u>	Initial training:	_____	
	Refresher: <u>NA</u>	Refresher:	_____	
		Continuing Education:	<u>1</u>	
		Expiration Date:	_____	
		Number of courses: _____		
		Initial training:	_____	
		Refresher:	_____	
		Continuing Education:	<u>(1) 48</u>	
			<u>hr. prog</u>	

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

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

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

**County:** Sacramento      **Reporting Year:** 2015 Quarter 1-3

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

Training Institution:	<u>Sacramento State Prehospital Education Program</u>	Telephone Number:	<u>916-278-5984</u>
Address:	<u>3000 State University Drive Sacramento, CA 95819</u>		
Student Eligibility*:	<u>Open</u>	**Program Level	<u>Para medic</u>
Cost of Program:		Number of students completing training per year:	<u>37</u>
Basic:	<u>12K</u>	Initial training:	<u>37</u>
Refresher:	<u>          </u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>          </u>
		Number of courses:	<u>3</u>
		Initial training:	<u>3</u>
		Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>

Training Institution:	<u>Sacramento State Prehospital Education Program</u>	Telephone Number:	<u>916-278-5984</u>
Address:	<u>3000 State University Drive Sacramento, CA 95819</u>		
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT-Basic</u>
Cost of Program:		Number of students completing training per year:	<u>114</u>
Basic:	<u>1,200</u>	Initial training:	<u>114</u>
Refresher:	<u>free</u>	Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>
		Expiration Date:	<u>          </u>
		Number of courses:	<u>5</u>
		Initial training:	<u>5</u>
		Refresher:	<u>          </u>
		Continuing Education:	<u>          </u>

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

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

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

**County:** Sacramento    **Reporting Year:** 2015 1<sup>st</sup>-3<sup>rd</sup> Quarter

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

Training Institution:	<u>Sacramento Metropolitan Fire District</u>		Telephone Number:	<u>916-589-4300</u>
Address:	<u>10545 Armstrong Ave., Suite 200</u>			
	<u>Mather, CA 95655</u>			
Student Eligibility*:	<u>Closed to metro personnel</u>	**Program Level	<u>EMT / EMTP</u>	
	Cost of Program:	Number of students completing training per year:	_____	
	Basic: <u>0</u>	Initial training:	_____	
	Refresher: <u>0</u>	Refresher:	_____	
		Continuing Education:	<u>490</u>	
		Expiration Date:	_____	
		Number of courses: _____		
		Initial training:	_____	
		Refresher:	_____	
		Continuing Education:	<u>35</u>	

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

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

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

**County:** Sacramento      **Reporting Year:** 2015 Quarter 1-3

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

Training Institution: Address:	<u>Department of Emergency Medicine, UC Davis Medical Center</u> <u>2315 Stockton Boulevard 1SESP934</u> <u>Sacramento, CA 95817</u>	Telephone Number: <u>916-734-5323</u>
Student Eligibility*: <u>Restricted</u>	Cost of Program: Basic: <u>\$300</u> Refresher: _____	**Program Level <u>MICN</u>  Number of students completing training per year: <u>18</u> Initial training: <u>18</u> Refresher: _____ Continuing Education: _____ Expiration Date: _____ Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: _____ Continuing Education: _____

Training Institution: Address:	<u>Department of Emergency Medicine, UC Davis Medical Center</u> <u>2315 Stockton Boulevard 1SESP934</u> <u>Sacramento, CA 95817</u>	Telephone Number: <u>916-734-5323</u>
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: <u>0</u> Refresher: _____	**Program Level <u>MICN EMT</u> <u>EMT-P</u>  Number of students completing training per year: <u>46</u> Initial training: _____ Refresher: _____ Continuing Education: <u>46</u> Expiration Date: _____ Number of courses: <u>4</u> Initial training: _____ Refresher: _____ Continuing Education: <u>4</u>

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



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

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

County: Sacramento County

Reporting Year: 2015

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

Name:	<u>Alpha One Ambulance</u>	Primary Contact: <u>Jack Finnegan</u>
Address:	<u>11354 White Rock Rd. #100</u> <u>Rancho Cordova, CA 95748</u>	
Telephone Number:	<u>916-635-2011</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: <u>7</u> EMD Training <u>1</u> EMT-D <u>3</u> ALS <u>    </u> BLS <u>    </u> LALS <u>    </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	<u>NORCAL Ambulance</u>	Primary Contact: <u>Eric Larimer</u>
Address:	<u>1815 Stockton Blvd</u> <u>Sacramento, CA 95816</u>	
Telephone Number:	<u>916-860-7900</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>2</u> EMD Training <u>    </u> EMT-D <u>    </u> ALS <u>    </u> BLS <u>    </u> LALS <u>    </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

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

County: Sacramento County

Reporting Year: 2015

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

Name:	<u>California Shock Trauma Air Rescue (CALSTAR)</u>	Primary Contact: <u>Danielle Lance and Julie McGinnis,</u>
Address:	<u>4933 Bailey Loop</u> <u>McClellan, CA 95652</u>	
Telephone Number:	<u>800-252-5050</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: <u>11</u> EMD Training <u>        </u> EMT-D <u>        </u> ALS <u>        </u> BLS <u>        </u> LALS <u>        </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	<u>American Medical Response</u>	Primary Contact: <u>Rich Silva,</u>
Address:	<u>1041 Fee Drive</u> <u>Sacramento, CA 95815</u>	
Telephone Number:	<u>800-913-9112</u>	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>67</u> EMD Training <u>        </u> EMT-D <u>        </u> ALS <u>        </u> BLS <u>        </u> LALS <u>        </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

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

County: Sacramento County

Reporting Year: 2015

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

Name:	<u>Pro Transport-1</u>	Primary Contact: <u>Devon Luce</u>
Address:	<u>191 Lathrop way Suite N</u> <u>Sacramento, CA 95815</u>	
Telephone Number:	<u>(877) 225-9392</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: <u>15</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	<u>First Responder EMS</u>	Primary Contact: <u>Dorthy Rodriguez</u>
Address:	<u>10161 Croydon Way Ste #1</u> <u>Sacramento, CA. 95827</u>	
Telephone Number:	<u>916-256-5144</u>	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>8</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

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

County: Sacramento County

Reporting Year: 2015

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

Name:	Sacramento County Regional Fire EMS Dispatch Center	Primary Contact: Joe Thuesen
Address:	10230 Systems Pkwy.	
	Sacramento, CA 95827	
Telephone Number:	916-228-3070	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster
Ownership: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: <sup>38</sup> _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other
		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	_____	Primary Contact: _____
Address:	_____	
	_____	
Telephone Number:		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other
		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal